



COUNCIL OF GOVERNORS

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Tuesday 6 August 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	Sue Taylor
George Clark	Kaye Meegan	Graham Thompson
Anne Eckford	David Owens	Michael Warner
Caroline Irving	Kathleen Parker	
Joyce Justice	Hetta Phipps	

STAFF GOVERNORS

Frank Edenborough	Chris Monk	Craig Stevenson
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PARTNER GOVERNORS

Nicola Smith	Jeremy Wight
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APOLOGIES

Ben Curran	Heather MacDonald	David Throssell
John Donnelly	Kaye Meegan	Paul Wainwright
Vickie Ferres	Vic Powell	John Warner
Annette Laban	Neil Priestley	Claudia Westby
John Laxton	Leigh Sorsbie	Tony Weetman

IN ATTENDANCE

Sir Andrew Cash	Nick Massey	Andy Riley
Hilary Chapman	Jane Pellegrina	Neil Riley
Mark Gwilliam	Julie Phelan	Martin Temple
Shirley Harrison	Trevor Rees (for item 5)	Julie Wright
Kirsten Major		

COG/13/21

Welcome

The Chairman welcomed Sue Taylor to her first Council of Governors Meeting. It was noted that Nick Massey was deputising for the Medical Director and Julie Wright was deputising for the Finance Director.

COG/13/22

Declaration of Interests

There were no declarations of interest.

COG/13/23

Minutes of the Council of Governors Meeting held on Tuesday 30 April 2013

The Minutes of the Meeting held on Tuesday 30 April, 2013, were agreed and signed as a correct record by the Chairman.

COG/13/24

Matters Arising

(a) Patient Experience and Involvement Annual Report 2012 (COG/13/14)

(i) STH low participation rate in the hip replacement audit compared to the England average

The Deputy Medical Director said that although there has been some success in improving participation rates in the national hip replacement audit the Trust is considering the possibility of working with the University of Manchester and the King's Fund to investigate why some STH patients choose not to participate in the survey. The Chairman asked for an update on the situation early in 2014.

(ii) Mystery Shopping – poor telephone response to callers, update on improvements

The Chief Nurse/Chief Operating Officer said that the Care Group is working with the switchboard to ensure that enquiries are routed appropriately. Also customer care issues in relation to the Orthopaedic Enquiry Line are being addressed including staff training and development. Further mystery shopping will be undertaken.

(b) Francis Report – Update on Trust Position

(COG/13/15) The Trust Secretary said that discussions had taken place with a range of stakeholder groups regarding key aspects of the delivery of Francis' recommendations. The Trust will be embedding four key elements into its current Corporate Strategy:

- Learn from patient experience
- Ensure appropriate nurse and midwifery staffing levels
- Support and develop staff teams
- Demonstrate great leadership

He also reminded Governors that other major national reports have emerged recently, including Keogh and Berwick, with the NHS now challenged with upwards of 1000 recommendations.

In answer to a Governor's question regarding discussions with staff groups the Trust Secretary confirmed that wide-ranging engagement had taken place, and that the Board is welcoming insight from Governors and other stakeholders. Dialogue will continue. The Chief Executive said that he had held 20 staff meetings which had been well attended.

Responding to a question regarding results of the Friends and Family Test the Chief Nurse/Chief Operating Officer said that in a benchmarking exercise against Shelford Group Trusts STH were placed second out of ten.

COG/13/25

External Audit: Annual Governance Report including 2012/13 External Assurance on the Quality Report

The Chairman introduced Mr Trevor Rees a Partner at KPMG, the Trust's statutory auditor.

Mr Rees said that this was KPMG's second year as the Trust's External Auditor and the purpose of his presentation was to report to Governors on the work completed during the year, to present the Annual Governance Report and the 2012/13 External Assurance on the Quality Report.

Mr Rees said he intended to cover the following areas in his presentation:

1. Financial Statements Audit
2. Financial Performance
3. Use of Resources
4. Quality Report

Key points of note were as follows:

1. Financial Statements Audit

- There were no material adjusted audit differences
- The Annual Report was consistent with financial statements and complied with Monitor's Annual Reporting Manual
- There was one medium priority recommendation relating to pharmacy stock
- There was one low priority recommendation relating ESR access

2. Financial Performance

- Through the year Monitor had allocated the Trust a financial risk rating of 4, this rating had been adjusted to a rating of 3 in May 2013.
- The Trust kept within Monitor's Prudential Borrowing Limited and reported compliance with the Prudential Borrowing Code
- The Trust reported a surplus from continuing operations of £2.416m and delivered cost improvements of £23m – slightly under target.

3. Use of Resources

Key risks identified:

- Achievement of efficiency plans
- Work/investigations/reviews by other regulators
- Changes to commissioning landscape

No significant issues were identified which impacted on KPMG's conclusion on the Trust's

use of resources for 2012/13.

4. Quality Report

Mr Rees said the Quality Report is becoming increasingly significant.

The Audit had three objectives:

- Limited assurance report on the content of the Quality Report
- Limited assurance report on two mandated performance indicators – 62 day cancer waits and hospital re-admission within 28 days of discharge
- Limited testing on one local performance indicator – safety incidents

No data errors had been identified on the two mandated indicators. However, issues had been identified with the safety incident indicator which Mr Rees reported were common across all Trusts largely due lack of clarity of definitions provided by Monitor.

The Auditors had issued a limited assurance opinion on the content of the Trust's Quality Report and the mandated indicators.

Areas for consideration overall in 2013/14 included:

- Financial Statements:
 - Impact of the changing roles of commissioners and department funding
 - Achievement of cost improvement plans
- Use of Resources:
 - Achievement of cost improvement plans
 - Impact of matters arising from Francs and Keogh reviews
- Quality Report:
 - Impact of matters arising from Francis and Keogh reviews
 - Quality Governance Framework

Mr Rees said that from the Auditor's perspective 2012/13 had been a good year for STH.

A Governor asked for clarification regarding data concerning processes for reporting of incidents resulting in severe harm to ensure consistency with Monitor's guidance. Mr Rees said that Monitor's description of serious harm was unclear resulting in subjective and inconsistent reporting nationally however he considered that the Trust had used sound judgement in what was an area of some uncertainty nationally.

Caroline Irving thanked Mr Rees for an informative and understandable presentation. The Council of Governors **APPROVED** the Annual Audit Letter.

COG/13/26

Safer Nursing Care – Presentation

The Chief Nurse/Chief Operating Officer provided a presentation (attached to these Minutes) on the approach and implementation of the Safer Nursing Care tool within STH. The following key issues were highlighted:

- Safer nursing care is a theme in Francis, Keogh and Berwick

- Literature evidences links between low staffing levels and adverse patient outcomes and cites its impact on the workforce including poor morale, high sickness/absence and high turnover of staff
- The Trust uses an evidence-based methodology that calculates nurse staffing requirements on a ward based on patients' acuity and dependency linked to nurse sensitive outcomes. The methodology is now called the Safer Nursing Care tool.
- The methodology continues to be developed with work in progress on a long-stay elderly care multiplier, an A&E tool, Assessment Unit multipliers and Community, Mental Health and Learning Disability workstreams.

The Chief Nurse/Chief Operating Officer responded to the following issues raised by Governors:

- Is the tool used regularly? The tool is used in January and June every year
- How is the tool's threshold level set? The thresholds are set based on multipliers which were generated as a result of an extensive research project involving the observation of millions of care interactions. The thresholds are consistent wherever the tool is applied thus enabling benchmarks across different organisations.
- Is team working affected if nurses are moved to accommodate fluctuating staff requirements? Permanent moves involving choice are often welcomed but short term moves are less popular. However the Trust has a duty of care to patients and the need for flexibility is understood.
- Is it possible to know from year to year that we have the correct number of nurses across the organisation and in exceptional circumstances is the methodology sufficiently flexible? We are currently in a period of transition as the multipliers and the patient groups have been changed based on recent research.

COG/13/27

Operational Pressures

The Chief Nurse/Chief Operating Officer reported as follows:

Accident & Emergency:

- Following an extremely busy winter staffing levels have been expanded with 15 additional nurses and 4 consultants
- Extensive refurbishment has been carried out; including the introduction of a Clinical Decisions Unit and an Urgent Care Centre is planned.
- Work to improve community services is ongoing.
- Microsystems technology is being introduced in Respiratory Medicine and GSM.
- Work is being undertaken to improve Patientcentre.

Winter 2013/14:

- There have been opportunities to learn from a review of winter 2012/13.
- Planning for this winter is community-wide, ensuring better patient flow through STH will be important.

COG/13/28

Governors' Matters

- (a) Council of Governors' Nominations and Remuneration Committee
 - (i) Ratification of re-appointment of Professor Antony Weetman as a Non-Executive Director

The Chairman said that he had written to the Vice-Chancellor of the University of Sheffield asking the University to nominate a Non-Executive Director for the University's seat on the Trust Board of Directors when Professor Weetman's term of office as a Non-Executive Director ended on 30 June 2013. The University had nominated Professor Weetman and the Council of Governors Nominations and Remuneration Committee had approved Professor Weetman's reappointment as a Non-Executive Director. The Council of Governors **RATIFIED** the re-appointment of Professor Weetman for four years from 1 July 2013.

(ii) Non-Executive Director Appraisal

The Council of Governors' **NOTED** that the Council of Governors Nominations and Remuneration Committee had been involved in the appraisal of Non-Executive Directors.

The Chairman also reported that the Council of Governors Nominations and Remuneration Committee had reviewed the remuneration of the Chair and other Non-Executive Directors and had agreed to make no changes in the current financial year. The position would be reviewed in 2014.

(b) Notes of Governors' Forum Meeting held on 18 June 2013

Andrew Manasse referred to the Notes of the Governors' Forum held on 18 June 2013 (Enclosure C) previously circulated. He highlighted the following points:

- Governors are keen to be involved in taking forward plans for updating the Trust website particularly the Members' pages.
- Governors want to investigate ways in which they can contribute in a timely and appropriate manner to the Trust's Annual Plan to Monitor.
- Consideration is to be given to an evaluation of the Council of Governors meeting with plans to pilot holding the Governors' Forum meeting soon after the Council Meeting.
- A recent Forum Time Out had discussed:
 - Developing a formal Governor Job/Role Description
 - Governor/NED relationship
 - Improving the GoodHealth Members' publication
 - Planning for the Annual Members Meeting
- Various visits and presentations continue to form an important part of the work programme of Governors.

COG/13/29

Trust Operations

(a) Chief Executive's Report

The Chief Executive referred to his written report (enclosure D) and highlighted the following points:

- On the whole 2012/13 had been a good year, with financial targets achieved including the planned surplus to be reinvested in the Trust's capital programme. While cancer targets had been met emergency services targets were challenging and thanks to the considerable efforts by staff across the Trust the overall performance had been 93.2% was only slightly less than the target of 95%.
- Quarter 1 of the current financial year has started well.
- Infection Control:
 - MRSA – the year to date performance is one case of MRSA bacteraemia in April and none since then

- C.Diff – there have been 21 cases against a target of 19
- Regrettably there had been two never events in the year to date. The events are being thoroughly and forensically investigated.

A Governor requested an explanation for the significant number of operations cancelled on the day? The Chief Executive said that operations are often cancelled for clinical reasons but he emphasised that we have to work harder to ensure operations are not cancelled for non-clinical reasons.

(i) Management Arrangements: presentation

The Chief Executive highlighted changes to the Trust's Management Arrangements (a copy of the presentation is attached to these Minutes). Outlining the context he said that the changes respond to national drivers such as the Francis Report, full implementation of the Health and Social Care Act 2012, particularly the new commissioning landscape, and the CQC's new inspection regime, set out in the CQC's draft strategy "A New Start – Consultation on changes to the way CQC regulates, inspects and monitors care" and also to local drivers including the Right First Time Programme and Working Together.

He said that in order to strengthen clinical leadership across the Trust even further and to assist in delivering the best clinical outcomes 55 – 60 Clinical Leads are to be formally established from the existing Consultant body. There would be a strengthening of Human Resources services, staff engagement activity would be increased and leadership developed further. The Chief Nurse would focus on the patient experience with the Estates Directorate becoming part of her portfolio. The Director of Strategy and Planning would be renamed Director of Strategy and Operations. The post of Deputy Chief Operating Officer would be renamed Chief Operating Officer and report to the Director of Strategy and Operations. A dedicated Board Committee, chaired by a Non-Executive Director, would ensure a renewed focus on the delivery of excellent research, education and innovation.

Other changes were reported as follows:

- Clinical Directors would report to the Medical Director
- General Managers would report to the Director of Strategy and Operations
- The Medical Director assumes responsibility for Information Technology
- The Capital Investment Director would report to the Director of Finance
- The Trust Secretary would be named Assistant Chief Executive and assume responsibility for leadership development

The new arrangements take effect from 2 September 2013.

A Governor questioned the affordability of the additional Clinical Leads. The Chief Executive said these are existing posts with additional management responsibilities not new posts.

(b) Update on Right First Time Programme – presentation

The Chief Executive updated Governors (a copy of the presentation is attached to these Minutes) on the current position of the Right First Time work. He reminded Governors that this is a City-wide partnership between GPs, local hospitals, mental and community health teams, the City Council and voluntary organisations with a remit to ensure that Sheffield residents continue to receive the best possible health services. The following key issues were highlighted:

- Phase 1
 - Goal is to transform the health and social care system to be less hospital centric, with the following key aims:
 - Improving clinical outcomes for older people with complex needs
 - Making better use of limited resources
 - Improving the patient experience
 - Split into 3 projects:
 1. Development and prototyping of Integrated Care Teams
 2. Redesigning the front door
 3. Discharge/assessment process
 - Impact so far:
 - Project 1:
 - 95% of the registered population is now risk stratified
 - Significant alignment in place for primary and community services
 - Some testing for how Integrated Care Teams could work
 - Project 2:
 - Significant success with reducing avoidable admissions of frail elderly patients
 - Improved mortality rates, reduced length of hospital stay and reduced readmission rates for frail elderly patients requiring emergency care
 - Project 3:
 - Complex patients' discharge process streamlined
 - Reduced number of patients with long lengths of stay
 - Though Sheffield rates are higher than average the process to for patients going into long term care has been fast tracked
- Phase 2 – plan for the next 3 years:
 - Broaden the scope to include mental health, children's unscheduled care and parts of planned care
 - Raise the ambition to significantly reduce avoidable emergency admissions
 - Aim for further integration of community services
 - Develop public communication and engagement programme
 - Establish a reference group comprising members of the public, patients, carers etc
 - Develop organisational development strategy
 - Develop IT strategy

The Chief Executive highlighted the importance of striving to achieve city-wide seven-day working but he said that this will take time. The Chairman emphasised that this work is about operating in a completely different way and the aims of the programme will not be achieved overnight. He assured Governors that they would be kept up to date with progress.

COG/13/30

For the Approval of the Council of Governors

(a) Council of Governors' Terms of Reference

A Governor highlighted that the document continues to refer to 'Partner' Governors, it was NOTED that as previously agreed this should be 'Appointed' Governors.

The Council of Governors **APPROVED** the Terms of Reference.

- (b) Council of Governors' Nominations and Remuneration Committee's Terms of Reference

A Governor highlighted that the document continues to refer to 'Partner' Governors, it was NOTED that as previously agreed this should be 'Appointed' Governors

The Council of Governors **APPROVED** the Terms of Reference

COG/13/31

To Receive and Note

- (a) Results of 2013 Elections to Council of Governors

The Council of Governors **NOTED** the Election results set out in Enclosure G circulated with the Agenda papers.

- (b) Date and time of the Annual Members' Meeting

The Council of Governors **NOTED** that the Annual Members' Meeting would be held at 1:30 pm on Tuesday 10th September 2013,

- (c) Report on Governors' Visit to the Audiology Department at the Royal Hallamshire Hospital on 19 April 2013

The Council of Governors **NOTED** the report on the visit.

COG/13/32

Any Other Business

Julie Wright explained that the Trust Audit Committee had completed its planned review of the performance of the External Auditors and was content with their performance at this point in their contract. Julie asked if the Council of Governors were content to approve the Audit Committee's recommendation for the continued appointment of KPMG as Trust External Auditors for 2013/14.

The Council of Governors **APPROVED** the recommendation for the continued appointment of KPMG as Trust External Auditors.

COG/13/33

Date of Next Meeting

5:00 pm on Tuesday 22 October 2013 in the Undergraduate Common Room in the Medical Education Centre at the Northern General Hospital.