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Sheffield Teaching Hospitals **NHS**  
NHS Foundation Trust

## COUNCIL OF GOVERNORS

**Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Tuesday 11<sup>th</sup> February, 2014, the Undergraduate Common Room, Medical Education Centre, Northern General Hospital**

**PRESENT:** Mr. T. Pedder (Chair)

### **PATIENT AND PUBLIC GOVERNORS**

Richard Barrass  
Georgina Bishop  
George Clark  
Anne Eckford  
Caroline Irving

John Laxton  
Andrew Manasse  
David Owens  
Kathleen Parker  
Hetta Phipps

Shirley Smith  
Graham Thompson  
Paul Wainwright  
John Warner  
Michael Warner

### **STAFF GOVERNORS**

Frank Edenborough  
Christina Herbert

Chris Monk  
Craig Stevenson

Claudia Westby

### **PARTNER GOVERNORS**

Heather MacDonald

Nicola Smith

### **APOLOGIES**

Roz Davies  
John Donnelly  
Vickie Ferres  
Joyce Justice

Kaye Meegan  
Leigh Sorsbie  
Sue Taylor  
Martin Temple

Tony Weetman  
Jeremy Wight

### **IN ATTENDANCE**

Paul Buckley  
Sir Andrew Cash  
Andy Challands  
Hilary Chapman  
Sue Coulson (Minutes)

Mark Gwilliam  
Shirley Harrison  
Annette Laban  
Kirsten Major  
Jane Pellegrina

Julie Phelan  
Vic Powell  
Neil Priestley  
Neil Riley  
David Throssell

### **COG/14/01**

#### **Declarations of Interest**

No declarations of interest were made.

### **COG/14/02**

#### **Minutes of the Council of Governors Meeting held on 22<sup>nd</sup> October 2013**

The Minutes of the Meeting held on 22<sup>nd</sup> October, 2013, were agreed and signed as a correct record by the Chairman.

## COG/14/03

### Matters arising:

#### (a) Operational Pressures – Winter 2013/14

(COG/13/38) The Director of Strategy and Operations reported that since the last meeting of the Council of Governors the Winter Plan had been put into place and had been working successfully. The Trust had met the 4 hour target in Quarter 3 and therefore had achieved the target for three consecutive quarters.

She reported that the performance in January was satisfactory but February was looking extremely difficult as a result of a rise in Norovirus (which had led to the closure of a number of beds) and also a significant rise in the number of delayed discharges in the Trust. The Right First Time Board had met a couple of weeks ago to address the number of delays in the City and the partners were taking action to improve the situation.

It was noted that Monday 10<sup>th</sup> February, 2014, had been a particularly difficult day on the Northern General Hospital site which had resulted in a substantial number of breaches in Accident and Emergency. There had been 100 patients in Accident and Emergency at any one time.

The Director of Strategy and Operations reported that the Trust had become much better at recovering after particularly difficult days and she emphasised that staff were working extremely hard to maintain performance.

In response to a question the Director of Strategy and Operations explained that research had been undertaken in the past into why patients attended at Accident and Emergency and the Trust had agreed with the Clinical Commissioning Group that it would take an audit of admissions from December 2013 and ask an expert panel to consider whether they would have admitted those patients.

In response to a question the Director of Strategy and Operations explained that it was not patients attending with minor problems that caused the delays but the high numbers of extremely sick patients presenting at the Accident and Emergency Department.

#### (b) Partnership arrangements with United Lincolnshire Hospitals NHS Trust and North Lincolnshire and Goole Hospitals NHS FT

(COG/13/39) The Assistant Chief Executive explained that the partnership arrangements with United Lincolnshire Hospitals NHS Trust and North Lincolnshire and Goole Hospitals NHS FT were about adding value to those organisations but reiterated not at the detriment to Sheffield Teaching Hospitals NHS Foundation Trust (STHFT). He reported that:

- (a) work programmes were now in place with both organisations and were updated regularly
- (b) a monthly update was presented to the Board of Directors
- (c) the financial support available for these arrangements was now clear and it had been agreed that the Trust would receive £250,000 to support the work with each organisation.

It was noted that the arrangements were still in the early days but a difference was being made especially with NLAG as the Trust had been able to identify some significant areas on which to work with them. However ULHT had some historical problems across the county as a whole which was making improvements more difficult and was a far bigger challenge for STHFT and Commissioners.

**Responding to the Government’s Response to the Francis Report**

The Medical Director gave a presentation (copy attached to the Minutes) on the *Hard Truths: The Journey to Putting Patients First* which built upon *Patients First and Foremost* which was the Government’s initial response to the Francis Report. It also responded to the six independent reviews commissioned by the Government to consider some of the key issues identified by the Francis Inquiry.

Since the Inquiry reported, the Government had already instigated a number of significant changes which would improve inspection, increase transparency, put a clear emphasis on compassion, standards and safety, increase accountability for failure, and build capability. One example was the new CQC Strategy and Inspection Regime.

The Trust had reviewed and consulted widely on the key statements from the report and had allocated them to the following categories:

**New action** The Trust would need to establish a new work stream to address the issues in this category. The issues would also be incorporated into the Trust’s Final Response Plan.

**Due regard** Existing work stream was in place – project leads would be requested to take due regard of the contents and recommendations within the Mid-Staffordshire and associated Reports and ensure those aspects were included within the improvement work.

**Watching brief** Executive Leads to monitor national developments through professional networks and NHS England communications and incorporate actions into the overall plan as required.

The work would be undertaken in alignment with the Trust’s corporate strategy *Making a Difference* and delivered against the five key objectives:

- Deliver the best clinical outcomes
- Provide patient centred services
- Employ caring and cared for staff
- Spend public money wisely
- Deliver excellent research, education and innovation.

The timeline for response by the Trust was:

Dec 2013	Proposed process agreed by HCGC and Board of Directors
Feb 2014	Internal and external communication and discussions
Mar 2014	Analysis of responses and collation of final plan
April 2014	Final plan to HCGC for consideration / agreement
May 2014	Board of Directors approval of final plan

Following discussion, it was **AGREED** that the Medical Director and Chief Nurse would give a further update at the Council of Governors on 6<sup>th</sup> May, 2014, prior to the final response being submitted to the Board of Directors on 21<sup>st</sup> May, 2014 for final approval.

**Action: David Throssell/Hilary Chapman/Neil Riley**

**Monitor's 2014/2015 Planning Process**

Paul Buckley, Deputy Director of Strategy and Planning, referred to Enclosure C circulated with the agenda papers which set out the Trust's proposed approach to the involvement of Governors in the completion of the 2014/15 planning process. The key points to note were:

- Sheffield Teaching Hospital NHS Foundation Trust (STH) was required to submit forward planning information to Monitor each financial year. The change this year was that the Trust was required to produce a 2-year operational plan by 4<sup>th</sup> April, 2014 (for 2014/15 – 2015/16) in addition to a 5-year strategic plan by 30<sup>th</sup> June 2014 (for 2014/15 – 2018/19).
- In preparing the plan Directors must have regard to the views of the Council of Governors.
- The Council of Governors' role was to ensure that the interests of members and of the public were considered in the process.
- Due to the operational nature of the 2-year plan and the tight timescale in which to deliver it, it was proposed that the focus of attention for the Governors should be the 5-year strategic plan (for 2014/15 to 2018/19) as the timeframe for delivering that would allow for the views of the Governors and members to be considered appropriately.
- The proposed process for 2014/15 was for Governors to canvass the opinions of members and of the public. That would be done by including a short briefing in the spring edition of *GoodHealth* asking Members for comments on the areas which should be considered by the Trust when developing the forward planning priorities. Governors would feed members' comments into a Workshop to be held with the Governors and the Board of Directors on 14<sup>th</sup> April, 2014. The workshop would provide Governors with the opportunity to discuss and debate the Trust's key priorities and contribute to the Trust's 5-year plan.

The following points were made during discussion:

- Paul Buckley agreed to circulate the Trust's key priorities to Governors in advance of the Workshop on 14<sup>th</sup> April, 2014.  
**Action: Paul Buckley**
- The Board of Directors would be spending some time at their strategic session in March 2014 considering the 5-year plan.
- It was noted that Commissioners had also been asked to produce a 2-year operational plan and a 5-year strategic plan.
- Paul Buckley stated that he was more than happy to hold a pre-meeting with Andrew Manasse and Governors in advance of the Workshop if Governors would find that helpful.  
**Action: Paul Buckley**
- GoodHealth had proved a successful way of obtaining people's view on the Trust's Corporate Strategy *Making a Difference* and therefore it was felt it would also be a good vehicle to use to seek people's views on the Trust's priorities. The edition of GoodHealth containing the briefing was due out next week.

The Council of Governors:

- **NOTED** Monitor's forward plan requirements for 2014/15.
- **AGREED** to the proposed approach for engagement with Governors and Members and arranging a Workshop at 5.30 pm to 7.30 pm on Monday 14<sup>th</sup> April, 2014.

#### **COG/14/06**

##### **Governors' Matters**

- (a) Council of Governors' Nominations and Remuneration Committee – Chair Appraisal

This item was deferred until the end of the meeting.

- (b) Notes of Governors' Forum Meeting held on 14<sup>th</sup> January 2014

Andrew Manasse presented the Notes of the Governors' Forum Meeting and highlighted the following points:

- Kath Parker had been elected as Deputy Forum Convenor
- Governors had had a useful meeting with the Director of Strategy and Operations and the Director of Estates about the involvement of Governors in capital projects.
- Governors found the Board Briefing sessions extremely valuable.
- Governors were encouraged to attend at least one Board meeting.
- Governors had held an informal get-together with the Non-Executive Directors which had been very successful. It was hoped to arrange a further similar occasion in the Summer.
- The Annual Members Meeting held on 10<sup>th</sup> September 2013 had been successful and a Planning Group had been set up to prepare for this year's meeting.
- Thought needed to be given on how to make the role of Staff Governor more attractive.
- Governors felt that more work was needed on Sustainability. It was **AGREED** that Phil Brennan, Estates Director and Kevin O'Regan, Hotel Services Director, would be invited to give a presentation to the May meeting of the Council of Governors. The Chief Nurse reported that a paper on Sustainability was to be considered by the Trust Executive Group at their next meeting and following that, would be circulated to Governors.

**Action: Hilary Chapman/Neil Riley**

The Council of Governors **RECEIVED** and **NOTED** the notes of the Governors Forum held on 14th January, 2014.

#### **COG/14/07**

##### **Provision of External Audit Service**

The Director of Finance referred to his written paper (Enclosure F) circulated with the agenda papers.

He explained that the purpose of the report was to ask the Council of Governors to consider the recommendation from the Audit Committee to extend the current External Audit Services contract, held with KPMG, past its initial expiry date of September 2014. He reported that the current contract permitted a 2-year extension of the arrangement, up until September 2016. At that point, under the Monitor Audit Code, a full contract re-tender exercise would be required.

The Audit Committee felt that the Trust received a good, cost effective and professional service from KPMG and there was little merit in going out to tender at the present time.

In response to a question, the Director of Finance reported that the Chairman of the Audit Committee had discussed the matter of the KPMG partner's attendance at Audit Committee meetings with him and he had undertaken to attend all meetings in future.

The Council of Governors **APPROVED** the Audit Committee's recommendation for a 2-year extension of the current External Audit appointment until September 2016.

## **COG/14/08**

### **Trust Operations – Chief Executive's Report**

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

- 18 Week Wait - the increase in referrals had been a key factor in creating challenges such that the Trust was unable to meet the non-admitted target in November and December 2013. The Trust had decided to undertake a piece of work to review the whole area of 18 weeks including, therefore, validation of patients on incomplete pathways. That work was taking place during February and March 2014. The Director of Strategy and Operation would be presenting a paper on the matter at the Board's Public meeting on 19<sup>th</sup> February 2014.

Annette Laban, Non Executive Director, would Chair a Task and Finish Group to oversee that piece of work.

The Director of Strategy and Operations **AGREED** to attend a meeting of the Governors Forum and give a presentation on the matter should that be agreed.

#### **Action: Governors Forum**

- Emergency Services performance – The Trust had achieved the target in Quarter 3 with a performance of 95.47% despite some challenging days. The Quarter 4 to date position was 96.4%.
- Financial position – following the release of reserves, the month 9 position was a modest deficit of £494.7k. Challenges remained in the financial position of 7 Clinical Directorates and under-delivery of 20% on the Trust's efficiency plan. Action was being taken through the Performance Management Framework
- C.Difficile Performance – The Trust had recorded 13 cases in Quarter 3 and the year to date performance was 71 against an end of year target of 77.
- Chair – Yorkshire and Humber Academic Health Science Network (Y&HAHSN) - Professor William Pope had been appointed as the first Chairman of the Y&HAHSN. Professor Pope has previously been the Chair of the East of England Development Agency and Chairman of NHS Northamptonshire and Milton Keynes.
- New Year's Honours – A number of Trust employees had received recognition in the New Year Honours List:
  - Professor Pamela Shaw, Consultant Neurologist (Damehood)
  - Professor Kate Gerrish, Professor of Nursing Research (CBE)
  - Professor Wendy Tindale, Scientific Director and Clinical Director of the National Institute for Health Research Devices for Dignity Healthcare Technology Co-operative (OBE)
  - Professor Moira Whyte, Professor and Honorary Consultant in Respiratory Medicine (OBE)

During discussion the following points were made:

- David Owens asked whether the Performance Framework was sufficient to address the problems of the 7 Clinical Directorates which were under delivering. The Director of Finance explained that the Performance Framework was a process which identified problems both financial and others and the Trust was constantly looking at what more could be done to assist those Directorates.
- Caroline Irving expressed concern that the number of operations cancelled on the day was rising. The Chief Executive and the Trust Executive Group shared Governors concerns about the rise in cancellations and the matter was being looked into. The Medical Director reported that this was also something that the Surgical Board was examining. Governors felt that it would be helpful if the information could be further broken down in future summaries.

**Action: Neil Riley**

### **COG/14/09**

#### **To Receive and Note:**

(a) Report of Governors' Visit to Frailty Unit at NGH - 5<sup>th</sup> September 2013

The Council of Governors **RECEIVED** and **NOTED** the Governors' Report on the visit to the Frailty Unit at the Northern General Hospital on 5<sup>th</sup> September, 2014.

Andrew Manasse reported that Governors were very impressed with the Unit and highlighted the following two main issues experienced by the Unit:

- the availability of patient transport
- the ability to discharge to assess as the necessary facilities were often not available when the patient was ready to be discharged.

(b) Quarterly Patient Experience Report July–September 2013

The Chief Nurse presented the Patient Experience Report and highlighted the following points:

- As in previous reports Staff Attitude remained the top positive theme and top negative theme.
- An update on the Friends and Family Test was presented to the Public Board meeting each month although it does require some explanation as the methodology behind the scores was complicated.
- 336 new complaints were received between July and September 2013 which reflected a 2% decrease in comparison with the number of complaints received in the same period last year. However the number of Patient Service Team (PST) enquiries suggests a higher number of concerns were being resolved quickly at ward/department level and recorded as PST contacts

The Council of Governors **RECEIVED** and **NOTED** the Patient Experience Report for the period July to September 2013. The following points were highlighted:

### **COG/14/10**

#### **Draft Code of Conduct for Governors**

The Assistant Chief Executive referred to the Draft Code of Conduct for Governors (Enclosure J) circulated with the agenda papers. He explained that as part of the Review of

the Trust's Constitution completed last year a number of other documents required revising and updating and the Code of Conduct for Governors was one of those documents.

The purpose of the Code was to provide clear guidance on the standards of conduct and behaviour expected of all STH Governors.

He explained that the plan was to hold a seminar with Governors on how the Code would work in practice.

During discussion some of those present felt that the wording of Section 12 was rather strong.

The Assistant Chief Executive **AGREED** to:

- look at the wording of Section 12
- look at other guidance which Governors may find helpful
- set up a seminar for Governors to discuss openness and transparency including the Draft Code of Conduct

## **COG/14/11**

### **Any Other Business**

#### (a) Learning from John Lewis Culture

Graham Thompson commented that Governors had not received an update on the learning from John Lewis for some time. The Director of Human Resources reported that it had been incorporated into the work of the Staff Engagement Group but **AGREED** to give an update at the next Council of Governors Meeting in May 2014.

**Action: Mark Gwilliam**

#### (b) Customer Care

Anne Eckford commented that Governors had not received a progress report for some time on customer care.

The Chief Nurse reported that the initiative had been piloted in the Surgical Directorate and was being rolled out across the Trust. She agreed to attach an update on the project to the Minutes of today's meeting.

**Action: Hilary Chapman**

#### (c) Theatres 3 and 4, Royal Hallamshire Hospital

The Medical Director reported that it had been necessary to temporarily cease arthroplasty surgery in Theatres 3 and 4 at the Royal Hallamshire Hospital as it had become clear at the end of October/early November that the Trust was experiencing higher than expected deep infection rates following primary hip and knee arthroplasty surgery. To date 22 deep joint infections had been confirmed from a cohort of approximately 1500 patients who had undergone surgery.

He reported that the Trust had invited an expert (Peter Hoffman, Public Health England) to look at the problem and his view was that the most likely problem was the connecting ante-room between the two theatres in which the frequency of airflow changes was lower than expected and not in theatres 3 and 4 themselves. The connecting ante-room was used as a short-term storage area for prosthetic joints and it was felt possible that the outer wrappings of the prosthesis were being contaminated during storage with subsequent contamination of the operative field when the packs were opened.



The following action had been taken:

- Two Working Groups had been set up; an Incident Group looking at the Governance elements of the incident (Chaired by Nick Massey, Deputy Medical Director) and an Orthopaedic Operation Delivery Group (Chaired by Kirsten Major, Director of Strategy and Operations) looking at how to maintain activity levels including undertaking some activity off site.
- Arthroplasty surgery had been moved back to the Northern General Hospital site
- The Trust had communicated with patients and General Practitioners and each patient had had a discussion with their respective Surgeon.

The Medical Director reported that in the longer term the Trust would be looking at modifying the theatres to enable primary arthroplasty surgery to be transferred back to the Royal Hallamshire Hospital.

The matter was on the agenda for discussion at the Public Meeting of the Board of Directors on Wednesday 19<sup>th</sup> February, 2014.

At this point of the meeting Tony Pedder, Chairman left the room so that the following item could be discussed and Vic Powell, Vice Chairman, took over as Chair of the meeting:

#### **COG/14/12**

##### **Governors' Matters**

(a) **Council of Governors' Nominations and Remuneration Committee – Chair Appraisal**

The Assistant Chief Executive referred to Enclosure D circulated with the agenda papers relating to the Chairman's Appraisal. He stated that the one page paper did not give justice to the very elaborate review of the Chairman's performance which had taken place.

He explained that the Chairman's appraisal system was based on performance feedback from the Council of Governors Nominations and Remuneration Committee, Executive Directors and Non Executive Directors. All feedback received was brought together into a single view.

Governors felt that it would have been helpful to have been provided with a copy of the appraisal process. The Assistant Chief Executive agreed to attach a copy of it to the Minutes of today's meeting.

**Action: Neil Riley**

George Clarke, Vice Chairman of the Council of Governors Nominations and Remuneration Committee reassured Governors that the process undertaken had been extremely robust.

The Council of Governors **NOTED** the outcome of the Chairman's appraisal process.

**COG/14/13**

**Date of next Meeting**

The next meeting of the Council of Governors would be held at 5:00 pm on Tuesday 6<sup>th</sup> May, 2014, in the Undergraduate Common Room, in the Medical Education Centre at the Northern General Hospital