



COUNCIL OF GOVERNORS

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Wednesday 6th December 2016, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. A. Pedder (Chairman)

PATIENT AND PUBLIC GOVERNORS

Mick Ashman	Martin Hodgson	Kath Parker
Jennifer Booth	Jacquie Kirk	Harold Sharpe
George Clark	Joyce Justice	Sue Taylor
Sally Craig	Ian Merriman	Graham Thompson
Peter Hewkin	Lewis Noble	John Warner

STAFF GOVERNORS

Dylan Caffell	Irene Mabbott
Cath Hemingway	Craig Stevenson

PARTNER GOVERNORS

Amanda Forrest

IN ATTENDANCE

Tony Buckham	Sue Coulson (Minutes)	Kirsten Major
Andrew Cash	Mark Gwilliam	Jane Pellegrina
Sandi Carman	David Hughes	Julie Phelan
Hilary Chapman	Annette Laban	Neil Priestley

Tracey Scotter (item COG/16/37(a))

APOLOGIES

Paul Corcoran	John O'Kane	John West
Spencer Pitfield	Pam Shaw	Sarah Williamson
Dawn Moore	David Throssell	

OBSERVER

1 member of staff

Prior to the commencement of the meeting the Chairman welcomed Harold Sharpe who had replaced Dick Williams. He also reported that Sarah Williamson had replaced Nicola Smith but she was not able to attend today's meeting.

COG/16/33

Declarations of Interest

There were no declarations of interest.

COG/16/34

Minutes of the Meeting of the Council of Governors held on 13th September 2016

The Minutes of the Meeting held on 13th September, 2016, were agreed and signed by the Chairman as a correct record.

COG/16/35

Matters arising

(a) Junior Doctors' Contract

(COG/16/24(b)) The Director of Human Resources reported that the Junior Doctors had accepted the new contract in principle and that the Junior Doctors Negotiating Committee continued to work closely with NHS Employers.

He reported that relationships within the Trust were good and that a Guardian of Safe Working had been appointed and part of the role was to develop a close connection with junior doctors.

He also reported that four Listening into Action (LiA) events focussing on junior doctors had been set up. Two were being held in December 2016 and two in January 2017.

(b) Short Term Intervention Team (STIT) Service

(COG/16/28) The Director of Strategy and Operations reported that this matter continued to be challenging for the Trust. The Trust continued to work closely with the Local Authority and escalation teleconferences took place on a daily basis.

She reported that the Trust had the highest number of STIT delays since April 2016 which would create real challenges as the Trust headed into the winter months. She also reported that the Board of Directors had discussed the problem in detail at their meeting in November 2016 and she had been tasked with drawing up an action plan. The action plan would be taken back to the Board at the December 2016 meeting. She pointed out that the Trust was not alone in experiencing those levels of STIT delays

The Director of Strategy and Operations reported that the Trust had recruited a number of clinical support workers and had appointed them to the Rehabilitation Pathway. Amanda Forrest asked if the Trust was appointing people who were already employed in a social care organisation. The Director of Strategy and Operations explained that the Trust had considered that risk when recruiting. She assured Governors that there were only a handful of people who had been appointed from other social care organisations.

The Chairman emphasised that the position was causing the Trust significant challenges.

Amanda Forrest stated that this was also a significant issue for the Clinical Commissioning Group.

A Governor asked what would happen in the worst case scenario and the hospital did not have any beds. The Director of Strategy and Operations said that the Trust would have to cancel elective admissions and some clinics. Although she emphasised that that decision would not be taken lightly and it was very risky to assume that elective admission patients did not also require urgent treatment.

COG/16/36

Governors' Matters

(a) Notes of Governors' Forum Meeting held on 10th November 2016

Kath Parker referred to the Notes of the Governors' Forum Meeting held on 10th November, 2016 and highlighted the following points:

- Governors now had access to the Trust's Wi Fi
- A process to appoint a new Governors' Forum Convenor was underway as she was standing down as Convenor at the end of June 2017.

(b) Feedback from Annual Members' Meeting held on 22nd September 2016

Kath Parker reported that the Annual Members' Meeting had gone well and had been well attended and the visit to the Helipad had been well received.

(c) Planning for Annual Members' Meeting to be held on 21st September 2017

Kath Parker reported that planning for the 2017 Annual Members Meeting had started. The proposal was to hold the meeting at the Royal Hallamshire Hospital and to arrange for members to visit to the new Theatres on Q Floor which she understood were due to be handed over to the Trust around September 2017.

The Director of Finance reported that the refurbishment of the Q Floor Theatres were not due for completion before February 2018 so an alternative location would need to be identified.

(d) Governors' Visit/Presentation Reports

(i) Feedback from Presentation from Director of Human Resources held on 28th October 2016

Martin Hodgson reported that the presentation given by the Director of Human Resources had been open, welcomed and very helpful. Governors had also been impressed by the amount of data handled by and available to Human Resources. Governors would welcome a further presentation in the future.

(ii) Feedback from visit to Estates Department at NGH held on 4th November 2016

Ian Merriman expressed his thanks to Phil Brennan, Estates Director, Chris Mann, Senior Estates Manager, and the Estates Team for arranging an extremely interesting and enlightening visit to the Estates Department. He stated that the Estates Department should be applauded for the savings they had made on energy.

He also drew attention to the disappointing position that the Trust was not able to retain Estates apprentices following completion of their apprenticeships and that Governors believed this to be an area of concern.

(e) Feedback from GovernWell Training Session held on 15th November 2016

John Warner reported that the GovernWell Training Session had been a very useful and informative event and covered a lot of ground, perhaps too much for one session. He stated that it was useful to share the event with another Trust and as the Sustainability and Transformation Plan developed consideration should be given to having a joint event with other organisations.

In future, he felt that it would be better to run the session over two half days rather than one full day.

John commended the NHS Providers Website to Governors as it contained a great deal of information including toolkits and articles.

COG/16/37

Governors' Open Forum Discussion

(a) Cyber Security

Tracey Scotter, Informatics Director, was in attendance for this item and gave a presentation and overview on cyber security. She emphasised that the Trust took cyber security very seriously. The Trust focussed on the following three areas in order to minimise the risk of a cyber attack:

- Network perimeter defences - Can block insecure or unnecessary services, or only permitted websites to be accessed
- Patch Management - Apply patches at the earliest possibility to limit exposure to known software vulnerabilities
- User training and education - User training was extremely valuable in reducing the likelihood of successful social engineering attacks.

Governors asked if the Trust had been audited on this and whether any testing had been carried out. Tracey Scotter confirmed that the Trust had been audited and had carried out testing on a number of occasions. She also reported that the Trust scored relatively highly on the Information Governance Toolkit.

Amanda Forrest highlighted the affect such problems could have on IT systems as demonstrated by the recent national email problem which paralysed the NHS email system. Tracey Scotter pointed out that that event was not a cyber attack but a mistake by an employee in another NHS Trust and fixes had been put in place to stop it happening again.

(b) Infection Control

The Chief Nurse referred to her report (Enclosure C) circulated with the agenda papers and highlighted the following points:

- The Trust has had zero cases of Trust Attributable MRSA bacteraemia during October 2016.
- *C.diff* target performance was off trajectory against both the internal and NHS Improvement *C.diff* plan.

- MSSA performance was off trajectory against the MSSA plan. The Trust was exploring whether patients in some clinical areas should undergo decolonisation similar to the arrangements for MRSA and pilot studies were being carried out in a couple of areas.
- Ecoli - Previously the Trust has not been set a reduction target for E.Coli bacteraemia, as E.Coli bacteraemia was often not directly associated with healthcare. The recently published Government response to the Review on Antimicrobial Resistance (2016) states that the government was aiming to reduce healthcare associated Gram-negative bloodstream infections (and E.Coli was the main Gram-negative bug) in England by 50% by 2020. The Government intend to do that by publishing guidance on preventing Gram negative infections and publishing locally comparable data on key infections. That target would be extremely challenging and not all cases of E.Coli were healthcare associated.
- Norovirus –Norovirus had affected a number of bays and wards but action was being taken to minimise the impact.

In response to a question from Mick Ashman about how the Trust compared to other organisations, the Chief Nurse confirmed that the Trust was not significantly out of line with other organisations.

COG/16/38

Chief Executive's Report

(a) South Yorkshire and Bassetlaw Sustainability and Transformation Plan (SY&BSTP)

The Chief Executive updated Governors on the SY&BSTP and highlighted the following key points:

- The SY&BSTP has been published on 11th November 2016 and set out the vision, ambitions and priorities for the future of health and care in the region and was the result of many months of discussions across the STP partnership, including patient representative groups and the voluntary sector.
- The Plan was being shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services in the region.
- The three main high level aims of the Plan were:
 - Prevention was at the heart of future health care delivery
 - Invest in, reshape and strengthen Primary and Community Health Services
 - Standardise hospital services for the population that it serves so that no matter where people live they get the same standards, experience and outcomes for their care and treatment.
- The Plan was about working together better and was based on five 'places' within South Yorkshire and Bassetlaw – Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. The five "placed based plans" were the foundation of what would be delivered in each area and they set out how the improvements from the new ways of working and prevention would be made. The place based plans focussed on aligning primary and community care, putting the greatest emphasis on helping people in their neighbourhoods and managing demand on services. They also focussed on improving health and wellbeing and the other

factors that affect health, such as employment, housing, education and access to green spaces.

- In terms of governance interim arrangements had been agreed and would be in place until April 2017.
- The Trust was in the process of refreshing its Corporate Strategy and that would need to be undertaken taking into account the SY&BSTP and the new ways of working.

A wide ranging discussion then followed with Governors:

- Which areas would give the most savings?

The Chief Executive stated that the obvious savings may be realised from more streamlined ways of working in areas such as corporate services.

A review of hospitals services would be undertaken across the footprint along with a review of commissioning to look at how commissioning works and if it could be delivered differently.

- Would Neighbourhoods be defined by local parliamentary wards?

The Chief Executive stated that may be the case but they would be definitely be defined locally.

- How would the Trust manage if services were located at STH NHS FT?

The Chief Executive stated that all the above were good points but it was all a general picture and direction of travel at the moment. Any future plans would be developed in collaboration and would undergo full consultation. Services had to be driven by quality of provision and business cases would have to be drawn up and would include the impact on the receiving organisation.

- Peter Hewkin asked about the Governance Arrangements and whether there were any current plans to ensure the governance arrangements would be overseen by elected representatives?

The Collaborative Partnership Board would meet monthly and would manage the review on behalf of the oversight group. Its membership included all Trust Chief Executive Officers and Accountable Officers, and key Arms Length Bodies senior staff. It would ensure the review progressed as planned and would receive regular reports from the Review Steering Group.

STP Oversight Group membership included all Trust Chairs and Health and Wellbeing Board Chairs (Local Authority members) and Clinical Commissioning Group Chairs and met on a quarterly basis. It had the responsibility for overseeing the high level processes and approving both stages of the review process and would receive the final report and recommendation.

(b) Trust Operations

- Lorenzo – The Director of Strategy and Operations gave an update on the progress and development of the system.

It is planned to go live with E-Prescribing in early January 2017 in a few areas.

- Staff uptake of flu vaccination – The Director of Human Resources reported that the current uptake of flu vaccination stood at 68.5% so was still short of the 75% target. The Trust had until the end of December 2016 to achieve the target.

Governors raised the issue of Non Entitlement of NHS Care which had been in the national and local news recently. The Communications and Marketing Director reported that she had circulated an email to Governors the previous day on the subject.

The Director of Finance reported that the matter had been discussed at the Finance, Performance and Workforce Committee. The rules had been around for a number of years and the Trust had a team of people who worked hard to make sure that all overseas visitors were identified and that charges were recovered.

The Trust's bill to overseas patients was in the region of £800,000 and the outstanding debt was less than £260k and that primarily related to emergency patients who required lifesaving treatment and a period of time in critical care.

COG/16/39

Strategy and Planning

(a) Delivering the Trust's Corporate Strategy

The Director of Strategy and Operations referred to the paper (Enclosure E) circulated with the agenda papers which provided Governors with an update on the progress with regard to refreshing the Trust's Corporate Strategy.

She reported that Paul Buckley, Deputy Director of Strategy and Planning, had met with a Sub Group of Governors to discuss the Corporate Strategy and a further meeting had been arranged on 20th December 2016 at which the topics listed in Appendix 1 of Enclosure E would be discussed. Governors' views would be considered for inclusion in the final Corporate Strategy which would be completed by the end of February 2017.

The outcome of the Strategy Workshop held on 16th November 2016 with the Trust's senior leadership was currently being written up and would be fed into the final Corporate Strategy and also shared with Governors at the meeting on 20th March 2017.

(b) Draft Operational Plan 2017 – 2019

The Director of Strategy and Operations tabled a copy of the Draft Operational Plan which was submitted to NHS Improvement on 24th November 2016. She explained that it was tabled as it was still in draft format and therefore was in confidence and should not be circulated wider.

The Director of Strategy and Operations also gave a presentation (copy attached to the minutes) which covered the following areas:

- Guidelines and requirements
- Activity and capacity plans
- Quality plans
- Workforce Plans
- Financial Plans
- STH Major Priorities

She stated that the two-year Operational Plan covered activity, workforce and performance assumptions and also needed to be consistent with the Sustainability and Transformation Plan submission. She highlighted the following nine “must do’s”:

- Implement Sustainability and Transformation Plan milestones and trajectories
- Deliver financial control totals, demand reduction and efficiency measures
- Primary care – GP Forward View
- Urgent and Emergency Care Review, 4 hours, seven-day services
- RTT - 92% incompletes, 100% e-referral by April 2018, outpatient redesign, national maternity services review
- Implement the Cancer taskforce report
- Mental Health – 24/7 access to mental health liaison
- Learning disabilities – reduce premature mortality, improving access
- Improving quality - using NQB resource, publication of avoidable death rates

It was noted that in preparing the Draft Operational Plan 2017-19 a discussion was held with a sub group of Governors on 5th October, 2016 and a further meeting with the sub group was arranged for 20th December 2016 in support of the Final Operational Plan which was to be submitted on 23rd December 2016. The sub group would also be involved in preparation of a summary version of the Final Operational Plan to NHSI in January 2017 which would be available to the public.

The following questions/points were raised by Governors during discussion:

- Sally Craig asked whether it was realistic to move forward with E-Prescribing in the current difficult Information Technology climate. The Director of Strategy and Operations explained that E-Prescribing needed to be moved forward and implemented as there would be associated benefits. It would be introduced gradually commencing with some smaller specialities such as the Pulmonary Hypertension Department.
- Mick Ashman asked if it is cost effective, even with insufficient on-site capacity, to carry out work off-site? The Director of Strategy and Operations stated that the Trust would always prefer to carry out work in house but it was necessary to sub contract some work but she pointed out that the Trust did not pay more than the tariff price for work carried out off site.
- Lewis Noble asked whether it was appropriate to suggest that the Primary Care Service, which was already under pressure, could be asked to do more work as part of the Sustainability and Transformation Plan? The Chairman acknowledged that it was going to be very challenging and Amanda Forrest reported that the Clinical Commissioning Group was looking at ways to tackle this too.

COG/16/40

Review of Trust Constitution

The Assistant Chief Executive reported that the annual review of the Trust’s Constitution had been completed and both the material and non-material amendments were set out in the paper (Enclosure F) circulated with the agenda papers.

Following approval by the Council of Governors the revised version would be presented to the Board of Directors in December 2016 for final approval before notifying NHS Improvement of the revised version.

George Clarke queried what would happen if a Governor's term of office was terminated and there was not a reserve candidate to approach about whether they wished to assume the vacant office. The Assistant Chief Executive confirmed that if that was the case a bi-election would take place.

COG/16/41

Any Other Business

(a) Apprenticeships

Graham Thompson asked how the Trust intended to retain apprentices following completion of their training in Estates as there was evidence that it was losing the majority of apprentices to the private sector where salaries were considerably higher? The Director of Human Resources explained that he was aware of the problem and the Trust was looking into developing employment packages (including personal development, education, and pension) to encourage apprentices to stay.

(b) Meeting Venue

Governors felt that the Undergraduate Common Room was a much better venue for COG meetings than the Chatsworth Room in the Rivermead Training Centre as the acoustics were better. The Chairman shared that view and every effort would be made to secure that room for future meetings.

(c) CQC Action Plan

Annette Laban, Chair of the Healthcare Governance Committee, reported that the Healthcare Governance Plan on embedding the CQC Action Plan would be presented to the next Council of Governors meeting. She explained that every effort has been made to make it as less bureaucratic as possible.

(Jane Pellegrina/Sandi Carman)

(d) Terminology

Governors remarked that in recent times there had been a change in the terminology used by the Trust when describing its position in terms of delayed discharges. Governors acknowledged the stress that the position was causing staff at all levels and wished that there was more they could do to help. Governors acknowledged the significant efforts being made by the Trust to deal with the difficulties.

COG/16/42

Dates of Meetings in 2017

Meetings of the Council of Governors would be held on the following dates in 2017 commencing at 5.00 pm:

- Tuesday 21st March 2017 – in Seminar Room 1, R Floor, Royal Hallamshire Hospital
- Tuesday 27th June, 2017 – in the Undergraduate Common Room, Northern General Hospital
- Tuesday 5th September 2017 – in the Undergraduate Common Room, Northern General Hospital
- Tuesday 6th December 2017 – in the Undergraduate Common Room, Northern General Hospital