



UNADOPTED
GOVERNORS' FORUM
NOTES OF A MEETING HELD ON
Thursday 22 November 2018 in the NGH Board Room
3pm Pre-meeting with the Chairman and a Non-Executive Director
followed at 4pm by the Formal Meeting

Present:	Sally Craig (SC) Convenor	Tim Furness (TF)	Brendan Molloy (BM)
	Mick Ashman (MA)	Martin Hodgson (MH)	Lewis Noble (LN)
	Barbara Bell (BB)	Steve Jones (SJ)	Kath Parker (KP)
	George Chia (GC)	Joyce Justice (JJ)	Cressida Ridge (CR)
	Michelle Cook (MC)	Irene Mabbott (IMab)	Joe Saverimoutou (JS)
	Emily Edmunds (EE)	Ian Merriman (IM)	Harold Sharpe (HS)
Apologies:	Jennifer Booth	Amanda Forrest	Sue Taylor
	Wendy Bradley		
In Attendance:	Tony Buckham (TB) item 2	Kirsten Major (KM) item 2	Tony Pedder (TP) item 2
	Jane Pellegrina (JP) Notes		

1. Welcome and Apologies

Sally Craig (SC) welcomed everyone to the meeting.

The above apologies were noted.

2. Discussion with the Chairman and Tony Buckham (NED)

SC welcomed Tony Pedder (**TP**) Tony Buckham (**TB**) to the pre-meeting. **TP** thanked Governors for the invitation; he said that Kirsten Major (**KM**) had joined them today to outline for Governors the position regarding the work need on the Robert Hadfield Wing (RHW).

TP invited **TB** to say something about himself and his role as a NED.

TB said that he had been a NED at the Trust for over three years and finds the role interesting and busy but very enjoyable. Prior to retirement **TB** had worked for HSBC. He has over 40 years' experience in IT and corporate real estate. He is a member of the Trust's Finance and Performance Committee and the Audit Committee he has also been asked to Chair the Human Resources and Organisational Development Committee. Additionally **TB** sits on appointment panels and chairs grievances.

TP said that with **KM** and **TB** he would be updating Governors on the current position regarding the RHW. He reminded Governors that the RHW is a PFI building which had opened in April 2007; the contract for the building between the Trust and Kajima has 18 years to run. **KM** said that following exploratory work on the walls of the building the Fire Service had advised that additional fire prevention measures are required. She said that this remedial work necessitated the relocation of patients and staff which will cause disruption during the busy winter period. Moving patients has to be very carefully planned and coordinated and the executive and clinical teams had been exploring options to mitigate the impact wherever possible. **KM** said that patient safety continues to be the priority during the relocation prior to any works being undertaken. **TB** reported that high level discussions with the owners of the building are taking place and legal advice will be sought. **KM** said that the response to this from staff has been exceptional. **TB** endorsed this, adding that staff at all levels had worked very hard.

Following further detailed discussion **TP** said that Governors would continue to be updated on the situation.

SC thanked **TP**, **TB** and **KM** and they left the meeting.

3. Notes of the Forum Meeting held on 6-9-18 and Matters Arising

SC referred to the presentation from Andy Turner about the Retail Group and asked whether any Governors had agreed to be involved in the work. **JP** said that there had been no interest from Governors. Following discussion **JJ** and **BB** said that they would like to take part in the work. **JP** said that she would discuss this with **JJ** and **BB** outside the meeting.

The Notes were **AGREED** and there were no further matters arising.

4. Council of Governors Meetings

4.1 Further reflection on new style CoG meeting

Attendees at the CoG meeting on 22 May had been invited to provide feedback on the new arrangements. The feedback had been collated and an evaluation was circulated. During discussion the following points were noted:

- More direction prior to the round table discussion time would be welcomed. It was thought that perhaps the Chair could provide more focus around the topic(s) for discussion and the manner of feeding back. Without more focus one hour for this element of the meeting was felt by some to be too long.
- Feedback from the round table discussion should be limited to a short summary from each table. No one individual table's feedback should dominate.
- To avoid conversations spilling over the tables should be spread out further.
- The provision of the light lunch prior to the Board of Directors in public was much appreciated.
- A cup of coffee/tea during the break between the Board and CoG was all that was needed.
- The break between the BoD and CoG was felt to be quite short.

On the whole it was agreed that the new style was working very well and the view was that it should continue.

4.2 Review of draft Minutes of CoG held on 25-9-18

There were no comments on the draft Minutes.

4.3 Draft Agenda for CoG meeting to be held on 18-12-18

Following discussion the following were noted:

- Governors would like information about the terms of reference for the strategic work being undertaken by Kirsten Major/Anne Gibbs on car parking and the wider issue of transport generally. (**IM**, **MC** and others)
- Mental Health welfare provision of services for staff, particularly enabling staff to share concerns with confidence (**KS**)
- Patient Booking Hub (**SJ**) – **EE** offered to help arrange information/visit
- Electronic booking system (**HS**)
- Outstanding Outpatients (**KP**)
- The brief CEO summary report provided **KM** at the last meeting had been valued

ACTION JP to pass this on to Sandi Carman

5. Update from CoG Nominations and Remuneration Committee

MH reported that the Committee had met three times since the last Forum meeting and highlighted the following:

- Pete Tanker (Staff Governor) had joined the Committee.
- A skills matrix presented to the Committee provided a self-assessment of the skills of the NEDs. The matrix highlighted considerable strength in organisational development and staff management. When debating the recruitment of a NED to replace Dawn Moore (an HR professional) the Committee had considered these strengths with the Chairman and had agreed that it was not essential to recruit a NED with HR and OD skills but that the candidate brief should emphasise diversity and a preference for a candidate living locally.

- With input from the Supplies Department the Committee had evaluated tenders from two executive recruitment agencies to assist the Committee in the upcoming NED appointment process.
- Following the tender evaluation process the Committee had met with the preferred provider to seek assurance in relation to some points in question. Following the meeting the Committee were satisfied and agreed to engage the preferred provider.
- It was anticipated that an NED appointment would be made early in the New Year.

MH said that dates are being sought for a second meeting between Nom Rem Com members and Annette Laban (Senior Independent Director)

ACTION: JP to check dates with Annette Laban and Nom Rem Com members

6. Governors' activities/involvement

6.1 The report on activities (attached) of all Governors since the last Forum meeting was **NOTED**.

6.2 Additional information provided by Kath Parker (Patient Governor)

KP said that in addition to her regular activists she had been invited to the official opening of the Q Floor theatres at RHH and the Eye Centre at NGH, she said that these events are always well worth attending as there is generally a tour of the facility involved and an opportunity to meet all grades of staff. **KP** had been a member of two interview panels for the post of Deputy Chief Nurse and for the Deputy Nurse Director of OSCCA. **KP** had also taken on a new commitment representing Governors on the Trust's Infection Prevention and Control Committee (IPCC). She said that discussion at these meetings appear quite complex and will require significant concentration to ensure her participation. The IPCC membership is extensive and includes Medics, specialist nurses, laboratory staff, domestic supervisors, laundry manger and staff from the Estates Department. **KP** said that a regular meeting that she attends is the Transformation Board at Weston Park Hospital. This Group has recently been reconfigured and is now chaired by Anne Gibbs, Director of Strategy and Planning. The Group looks at the needs of patients attending WPH into the 21st Century. It is split into sub-committees reviewing different aspects of care; **KP** is part of the Estates workstream looking at ward refurbishment, the walkway from WPH to RHH, redesigning and building a new OP department, relocating the pharmacy sterile unit and car parking. **KP** is also a member of the CoG Nominations and Remuneration Committee which is currently engaged in the recruitment of a new Non-Executive Director.

6.3 Additional information provided by Irene Mabbott (Staff Governor for Nursing & Midwifery)

IMab said that she is in her second term of office as Staff Governor. She is based in the Learning and Development Department. Half her Governor activities are undertaken in work time but half are undertaken in her own time. She is a member of the CoG Nominations and Remuneration Committee. **IMab** is one of the Trust's Freedom to Speak Up Guardians (FTSU). All Trusts must have FTSUs, at STH the Guardians are Staff Governors. There are two Guardians at STH, currently Irene and Emily Edmunds. The process is underpinned by the Raising Concerns at Work Policy, the mechanism for raising concerns is very clear. As part of the process STH has recruited FTSU Advocates and more Advocates are being recruited and trained, the Advocates will supplement the Guardians. There is a National Guardians Office in London that supports Guardians; at STH Guardians also have good support from HR.

SC thanked **KP** and **IMab**.

7. Feedback from Governors' Time Out Planning Meeting held on 6-11-18

7.1 **KP** said that the planning group, consisting of **KM; MH; SC; JJ; BB; JS; ST**, had met and proposed the following for the Time Out early next year:

- Preferred date to be in either week commencing 14 Jan or week commencing 21 Jan
- Venue to be the Undergraduate Common Room (UGCR)
- Registration and Coffee from 9:30 am for a 10am prompt start

Proposed Draft Agenda

10:00	Welcome and opening words	Tony Pedder
10:05	Observing at Board Committee	Tony Pedder and All Governors
11:00	Governor Training	All Governors
12:00	Presentations for Governors	All Governors
12:30	Lunch	
13:30	Governors' Visits	Sue Butler and All Governors
14:30	Annual Members' Meeting	Kirsten Major and All Governors
15:30	Topics for another day	All Governors
	- Communications	
15:45	Conclusions	

MH added that it had been discussed and agreed that any actions agreed or conclusions drawn by Governors at the Time Out would be final. In the past it had proved difficult to go on to implement actions due to newly elected Governors coming in and wishing to question or revisit decisions made by Governors at earlier meetings. There was to be no rewinding of the clock, decisions taken at the Time Out will be final and would be implemented.

KP said that availability of the preferred venue was being checked along with availability of the Executives. Further information would be circulated as soon as possible.

The above proposals were **AGREED**.

ACTION JP to progress as agreed.

8. Governors' Visits/Presentations

8.1 Feedback from:

8.1.1 Second Visit to Central Production Unit (CPU) 27-9-18

IM explained that CPU, which is based at NGH, is where all food is prepared and cooked, then chilled and distributed to wards and dining rooms across the Trust where it is then reheated and served. The visit had been excellent; CPU staff had provided an interesting and informative tour of the facilities and had made Governors very welcome. Any Governors wishing to visit should let **JP** know and dates can be checked.

8.1.2 Presentation on Sepsis 8-10-18

HS said that this had been a comprehensive session, very well presented. Attendees had learned a great deal. Governors agreed that an update would be valuable in 12 to 18 months.

ACTION JP to arrange an update

8.2 Upcoming Visits/Presentations

SC reminded Governors that there was to be a presentation on Winter Plans the next day (23 November) and the regular Finance Briefing for Governors was being held on 13 December. Governors were disappointed that, due to Andy Vernon leaving the Trust, the IT update on 6 December had been cancelled.

8.3 Visit Reports

8.3.1 Visit to the Spinal Injuries Unit - 23-7-18

The final report was tabled. **HS** was complimented on an excellent report on the visit. The report had now been reviewed by the Trust Executive Group and TEG comments were noted. **TF** requested that updates should be sought as progress is made.

8.3.2 Visit to the Charles Clifford Dental Hospital - 13-4-18

Governors were concerned at the lack of a report on the visit. **BB** and other Governors who had provided their feedback/comments after the visit for inclusion in a report requested that moves should be made to chase the report up. **SC** said that she had approach the Governor who had agreed to write the report. Governors requested that **SC** follow this up again

ACTION SC to chase up the report.

8.3.3 Future Visits//Presentations

LN asked whether Governors would be interested in a presentation from the Medical Examiner, Alan Fletcher. Governors **AGREED** that this would be very interesting. **LN** was asked to take this forward.

ACTION LN to contact the Medical Examiner for some possible dates in the New Year

9. Equality Diversity and Inclusion (EDI)

MH said that he is a member of this workstream. Paula Ward, Organisational Development Director, is the lead. **MH** has been involved in a recruitment panel for a Trust EDI manager, there were four candidates, all with an NHS background, two internal and two external. **HS** enquired to what extent EDI is covered in staff induction. **MH** said it is covered in a half an hour slot. **HS** also asked about disability equality standards. **MH** said that the Trust is setting up a disability network.

10 Updates from Staff Governors

KS said that she is Staff Governor for Allied Health Professions (AHPs), Scientists and Technicians. She said that our hospitals are so much more than nurses and doctors, 14 professions make the AHP grouping and Ministers had given a clear steer that the profile of the group should be raised locally and nationally. **KS** said that STH is on board with this and is setting up an AHP Executive.

11. Christmas Get Together for Governors

KP said that historically Governors have had a small, informal Christmas get together. A room is booked in the Trust and Governors provide the food. She passed round a schedule of possible dates and asked Governors to indicate their availability. **JP** was asked to circulate the dates to all Governors and confirm the best date once it becomes clear. **JP** was also asked to book the room when the date was decided.

ACTION JP to progress

12. Any Other Business

LN said that he had recently completed a very challenging cycle ride and had been encouraged to ask Governors if they would be prepared to sponsor him for Prostate Cancer UK. Governors should contact **LN** for further information.

13. Dates of Meetings in 2019

14 February; 1 May; 29 July and 18 November.

Governors' Forum Meeting

22 November 2018

Report on individual Governor's activities **6 September – 22 November 2018**

BACKGROUND

The Council of Governors comprises Public, Patient, Staff and Appointed Governors, with 33 seats allocated as follows: 13 Public; 7 Patient; 6 Staff and 7 Appointed. In addition to attending quarterly Council of Governors' Meetings individual Governors are involved in a wide range of additional activities across the Trust.

REPORTS BY SOME GOVERNORS ON THEIR ACTIVITIES SINCE THE LAST GOVERNORS' FORUM MEETING

No report received this quarter from: Wendy Bradley, Karen Smith and Nev Wheeler

MICK ASHMAN - PUBLIC GOVERNOR		
Attended		
• CoG 25 September	• Governors' Forum Sep	• Clinical Effectiveness Co

BARBARA BELL - PATIENT GOVERNOR		
Attended		
• Governors' HR Briefing	• Governors' Time Out planning	• PROUD Meeting
• Governors' Board Briefings		
Observed		
• Healthcare Governance Com	• HR & OD Committee	• Board of Directors Meetings
Other Activities		
• Thank You Awards Ceremony	• Met with Nicola Hartley (HR)	•

JENNIFER BOOTH - PATIENT GOVERNOR		
Attended		
• CoG 25 Sep	• Governors' Finance Briefings	• Sepsis Presentation
• Governors' Board Briefings	• Governors' HR Briefing	• Food Management Meeting
• Governors' Forum 6 Sep		
Observed		
• Board of Directors Meetings	• HR & OD Committee	• Clinical Effectiveness Com
• Finance & Performance Com		
Other Activities		
• Thank You Awards Ceremony	• Personal IT Training Sessions	•

MICHELLE COOK - PUBLIC GOVERNOR		
Attended		
• CoG 25 Sep	• Sepsis Presentation	• Governors' Forum 6 Sep
• Opening of Eye Centre		
Observed		
• Board of Directors	•	•
Other Activities		
• Thank You Awards Ceremony	•	•

GEORGE CHIA – PATIENT GOVERNOR		
Attended		
• CoG 25 Sep	• Sepsis Presentation	• Governors' Finance Briefings
• Governors' Board Briefings	• Governors' Forum 6 Sep	• Opening of Eye Centre
Observed		
• HR & OD Committee x 2	• Healthcare Governance Com	• Board of Directors Meetings

SALLY CRAIG - PUBLIC GOVERNOR		
Attended		
<ul style="list-style-type: none"> • CoG 25 September • Annual Members' Meeting • Governors' HR Briefing • Governors' Board Briefings • Governors' Forum 6 Sep 	<ul style="list-style-type: none"> • Governors' Finance Briefing • Planning for next Forum Meeting • Patient Experience Committee • Mental Health Committee 	<ul style="list-style-type: none"> • Sepsis Presentation • CoG Nom Rem Com • End of Life Care Group Meeting • Psychology Board • Opening of Eye Centre
Observed		
<ul style="list-style-type: none"> • Healthcare Governance Com. 	<ul style="list-style-type: none"> • Board of Directors 	<ul style="list-style-type: none"> •

LUC DE WITTE – APPOINTED GOVERNOR – UNIVERSITY OF SHEFFIELD		
Attended		
<ul style="list-style-type: none"> • CoG 25 September 	<ul style="list-style-type: none"> • Governors' Finance Briefing 	<ul style="list-style-type: none"> •
Observed		
<ul style="list-style-type: none"> • Board of Directors Meeting 		

EMILY EDMUNDS – STAFF GOVERNOR (MANAGEMENT, ADMIN & CLERICAL)		
Attended		
<ul style="list-style-type: none"> • Governors' Forum 6 Sep 	<ul style="list-style-type: none"> • CoG 25 Sep 	<ul style="list-style-type: none"> • Governors' Board Briefings
Observed		
<ul style="list-style-type: none"> • Board of Directors Meeting 		
Other Activities		
<ul style="list-style-type: none"> • Started in role as FTSU Guardian 	<ul style="list-style-type: none"> • Thank You Awards Ceremony 	<ul style="list-style-type: none"> •

AMANDA FORREST - APPOINTED GOVERNOR SHEFFIELD CCG		
Attended		
<ul style="list-style-type: none"> • CoG 25 Sep • CoG Nom Rem Com 	<ul style="list-style-type: none"> • CoG Nom Rem Com tender evaluations 	

TIM FURNESS - APPOINTED GOVERNOR VOLUNTARY ACTION SHEFFIELD		
Attended		
<ul style="list-style-type: none"> • CoG Nom Rem Com • Governors' Finance Briefing 	<ul style="list-style-type: none"> • CoG Nom Rem Com tender evaluations 	<ul style="list-style-type: none"> • Board Briefing Sessions • Governors' Forum

MARTIN HODGSON – PUBLIC GOVERNOR		
Attended		
<ul style="list-style-type: none"> • CoG 25 Sep • Annual Members' Meeting • BAME joint event with SHSCT • Governors' Forum 6 Sep 	<ul style="list-style-type: none"> • CoG Nom Rem Com • Governors' Board Briefings x 3 • HR Strategy EDI WGs x 2 incl drafting training paper 	<ul style="list-style-type: none"> • CoG Nom Rem Com tender evaluations • Governors' Time Out Planning
Observed		
<ul style="list-style-type: none"> • Board of Directors Meeting x 2 	<ul style="list-style-type: none"> • HR & OD Committee x 2 	
Other Activities		
<ul style="list-style-type: none"> • Thank You Awards Ceremony 	<ul style="list-style-type: none"> • Recruitment of EDI Manager 	<ul style="list-style-type: none"> •

STEVE JONES – PATIENT GOVERNOR		
Attended		
<ul style="list-style-type: none"> • CoG 25 Sep 	<ul style="list-style-type: none"> • Governors' Finance Briefing 	<ul style="list-style-type: none"> • Governors' HR Briefing

• Governors' Board Briefings	• Governors' Forum 6 Sep	
Observed		
• Board of Directors Meeting	•	
JOYCE JUSTICE – PUBLIC GOVERNOR		
Attended		
• CoG 25 Sep • Governors' Forum 6 Sep	• Sepsis Presentation • Opening of Eye Centre	• Governors' HR Briefing
Observed		
• Board of Directors	•	

IRENE MABBOTT - STAFF GOVERNOR (NURSING AND MIDWIFERY)		
Attended		
• Annual Members' Meeting • CoG Nom Rem Com	CoG Nom Rem Com Tender evaluations	• Governors' Forum
Observed		
• HR & OD Committee	•	
Other Activities		
• Freedom to Speak Up (FTSU) Meeting with other Staff Governors for recruiting purposes	• Monthly meetings to progress full implementation of FTSU Policy (FTSU Steering Group) • Thank You Awards Ceremony	• Delivered bespoke training for FTSU advocates with HR colleagues

IAN MERRIMAN – PUBLIC GOVERNOR		
Attended		
• CoG 25 Sep • Annual Members' Meeting • Governors' Forum 6 Sep	• Governors' Finance Briefing • Governors' HR Briefing	• Visit to CPU • Sepsis Presentation
Observed		
• Board of Directors		
Other Activities		
• Thank You Awards Ceremony	•	•

BRENDAN MOLLOY - PUBLIC GOVERNOR		
Attended		
• CoG 25 Sep • Governors' Forum 6 Sep	• Governors' HR Briefing	• Governors' Board Briefings
Observed		
• Board of Directors	• Audit Committee	

LEWIS NOBLE – PUBLIC GOVERNOR		
Attended		
• Annual Members' Meeting • Six Big Room Meetings	• End of Life Care Group • Psychology Board	• Sepsis Presentation • Governors' Board Briefings

KATH PARKER – PATIENT GOVERNOR		
Attended		
• CoG 25 Sep • Governors' Finance Briefing • CoG Nom Rem Com • CoG Nom Rem Com Tender evaluations	• Annual Members' Meeting • Infection Control Committee • Governors' Board Briefings x 3 • WPH Transformation Board • Governors' Forum 6 Sep	• Governors' HR Briefing • Sepsis Presentation • Governors' Time Out Planning
Observed		

• Board of Directors x 2	• Finance & Performance Com	• HR&OD Committee
Other Activities		
• Thank You Awards Ceremony	• Opening of Eye Centre	• Interviews Deputy Nurse
• Interviews Deputy Chief Nurse	• Opening of Q Floor Theatres	• Director

CRESSIDA RIDGE – STAFF GOVERNOR (ANCILLARY, WORKS AND MAINTENANCE)		
Attended		
• Annual Members’ Meeting	• Staff Governors’ Meeting with Chair	• Governors’ Forum 6 Sep
• Governors’ HR Briefing		
Observed		
• Board of Directors	• Healthcare Governance Com	
Other Activities		
• Thank You Awards Ceremony		

JOE SAVERIMOUTOU – PUBLIC GOVERNOR		
Attended		
• CoG 25 Sep	• Governors’ Board Briefings	• Governors’ Finance Briefing
• Annual Members’ Meeting	• Governors’ Forum 6 Sep	• Visited Labs and CPU
• Governors’ HR Briefing	• Time Out Planning meeting	• PROUD Forum
Observed		
• Board of Directors Meetings	• Finance & Performance Com	• HR & OD Committee
• Audit Committee	• Healthcare Governance Com	

HAROLD SHARPE – PATIENT GOVERNOR		
Attended		
• CoG 25 Sep	• Governors Board Briefings	• CoG Nom Rem Com tender evaluation
• CoG Nom Rem Com	• Annual Members’ Meeting	
• Sepsis Presentation	• Governors’ Forum 6 Sep	
Observed		
• Board of Directors Meeting		
Other Activities		
• Meetings with Jane Pellegrina	• Opening of Eye Centre	

PETE TANKER – STAFF GOVERNOR (PRIMARY AND COMMUNITY SERVICES)		
Attended		
• CoG 25 Sep	• CoG Nom Rem Com	• Staff Governors’ Meeting with Chair
• Governors’ Board Briefing	• Governors’ Forum 6 Sep	
Observed		
• Board of Directors Meeting	• HR & OD Committee	
Other Activities		
• Meet with HR & Freedom to Speak up Guardian re this work		

SUE TAYLOR – PUBLIC GOVERNOR		
Attended		
• CoG 25 Sep	• Governors’ HR Briefing	• Patient Experience Committee
• Annual Members’ Meeting	• Sepsis Presentation	• Pharmacy Management Board
• Governors’ Time Out Planning	• Governors’ Forum 6 Sep	
Observed		
• Board of Directors		

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

EXECUTIVE SUMMARY: REPORT TO THE COUNCIL OF GOVERNORS AND THE TRUST EXECUTIVE GROUP

Subject:	Princess Royal Spinal Injuries Unit, 23 July 2018
Supporting Director:	Sandi Carman, Assistant Chief Executive
Author:	Harold Sharpe (Patient Governor), et al

PURPOSE OF THE REPORT:

To provide feedback to the Council of Governors on the visit and highlight the challenges for the Centre and its work.

KEY POINTS:

- A positive, confident and renowned service provided by dedicated staff.
- Service evolving to meet the changing population group it cares for.
- In the long term funding for non-spinal cord injury patients may be an issue.
- Disabled car parking arrangements creating challenges.
- Storage space at a premium.
- A strategy for managing patients with very difficult behaviour issues needs to be addressed

OBSERVATIONS/RECOMMENDATION(S):

Governors comments	Directorate Response	TEG Response
1. Is the Trust concerned about the potential changes to funding arrangements?	NHS England Specialised Commissioning have sought to standardise the payment mechanism for Spinal Cord Injury Centres (SCICs) for a number of years. There is significant variation in how SCICs are currently funded and there is an on-going review into this area. The Directorate have raised concerns about the preliminary proposals of the new funding mechanism with the NHSE project team, namely they do not adequately capture the varying degree of complexity of patients and the impact this has on their length of stay and the limited recognition of subsequent readmissions (particularly for surgical procedures). A further concern is that the unit has historically and continues to provide services to patients that do not have a Spinal Cord Injury and would therefore fall outside the scope of this exercise e.g. pressure sore repair surgery on non-spinal cord injury patients. As part of developing a recovery plan and strategy for the SCIC, the Directorate are reviewing options around alternative pathways and funding streams for these patients.	TEG are fully apprised of the proposals and are committed to working with NHSE and the Directorate to identify a positive solution.
2. Can anything be done to improve links to facilities in the main hospital for patients and staff?	We understand that some preliminary investigations into constructing some form of link have been made, but it became immediately apparent that the cost would be prohibitive and the work extremely disruptive.	TEG note the challenges presented by the building location, however, they note that the electric bus (site shuttle) does have wheelchair access.

	<p>It is difficult to envisage how access to the main site can be easily improved. Unfortunately the electric site bus is not accessible to wheelchair users.</p>	<p>It is also understood that the Spinal Injuries Unit have use of a single wheelchair occupancy vehicle ("Barbara bus").</p>
<p>3. What can be done to alleviate the car parking problems, particularly around outpatient DNAs?</p>	<p>Although this has been previously discussed with the Hotel Services Directorate, we acknowledge the continuing issue and will attempt to reopen the discussion.</p>	<p>It is recognised that parking pressures do remain at NGH.</p> <p>Concerns have been expressed by the Directorate that Trust staff have 25 spaces allocated and there are 3 Consultant spaces. If staff parking was converted 16 extra disabled spaces could be provided. Unfortunately, at present, no suitable areas can be identified to relocate loss of staff spaces.</p> <p>The trust will shortly be undertaking a strategic review of car parking, across both campuses, led by the Director of Strategy and Planning.</p>
<p>4. Are there any plans to redecorate the Centre?</p>	<p>We agree that some areas of the Centre could do with redecoration. This would be undertaken as part of the Estates rolling plan for redecoration/refurbishment. For information, the Arts Coordinator (Mir Jansen) and Sarah Coates our Patient Facilities Coordinator, have had a funding bid approved by Sheffield Hospitals Charity, as part of their Award Grants, to redecorate part of the first floor corridor outside the dining room in advance of the installation of a display of patient and artist artwork resulting from the 'In and Out of Hospital' art project. Estates are looking into updating the signage in this area following the redecoration, which is due to take place next week (28th-31st August). The redecoration will be in keeping with the Trust's agreed colour scheme.</p>	<p>TEG noted the on-going work to improve the environment for patients and their families.</p>
<p>5. Is it possible to improve the unutilised roof top area?</p>	<p>There have been considerable discussions with the charity Horatio's Garden (HG), to try to arrange for them to redevelop the Centre's outdoor areas, including this area. However, the collaboration has now ended and the project will not go ahead due to differences in working practices between HG and Sheffield Hospitals Charity. Following this, it has been discussed that we would like to undertake this project ourselves on a smaller scale (HG projects are huge and require hundreds of thousands of pounds) and use this area (and others) to provide a pleasant outdoor area for patients and visitors to enjoy. It will require significant fundraising, then design and installation. This project is on the agenda of Sarah Coates as something to progress when her current projects are nearer completion (a new patient relaxation room and a pilot massage therapy service).</p>	<p>TEG understand that discussions have been on-going for a number of years and Sheffield Hospitals Charity had previously explored potential arrangement with another charity. However collaborative arrangements could not be agreed and fund raising on Trust premises needs to be in accordance with the Trust's Fundraising Policy.</p> <p>It is understood there were also concerns with regards to the original proposed plans and the weight-bearing ability of the area.</p> <p>The Directorate can submit new proposals via the Charitable Funds Management Committee as and when required.</p>

<p>6. Are there any long term plans to overcome the storage problems?</p>	<p>There are currently no plans in place to address the storage issues but a recognition that these need to be developed. Whilst there are no simple solutions to this, the building does have a fairly extensive under-croft which is already used for storage, but there is the potential for this to be reorganised.</p>	<p>Noted.</p>
<p>7. Has the Centre investigated the Trust's Volunteer companionship service?</p>	<p>We have a number of volunteers in the Centre, who fulfill various roles such as visiting patients, assisting with mealtimes and helping with patient activity sessions. All our volunteers are provided through Sheffield Teaching Hospitals' Voluntary Services Team. We also have visitors from and direct patients to our partner organisations' services, such as the Spinal Injuries Association's peer support and Back Up's mentoring service.</p> <p>However, it would be fair to say that we have not explored the possibility of identifying specific volunteers to act as companions to specific patients.</p>	<p>Noted.</p>

Governors' Visit to Princess Royal Spinal Cord Injuries Centre, Northern General Hospital

23 July 2018

Governors

Barbara Bell
Jennifer Booth
George Chia
Sally Craig
Luc De Witte
Tim Furness
Martin Hodgson

Steve Jones
Ian Merriman
Brendan Molloy
Cressida Ridge
Joe Saverimoutou
Harold Sharpe
Pete Tanker
Sue Taylor

Unit Staff

Dr Andrew Beechey
Matron Sarah Browton

Governors were welcomed to the Centre by Matron Sarah Browton and Dr Andrew Beechey.

Background

At a briefing prior to the tour of the Centre we were informed that there had been a Spinal Cord Injuries Centre in Sheffield since 1954, from October 1994 this had been sited in the purpose built accommodation. The Centre has 60 beds and is funded on a bed-night basis by specialised commissioners. It was reported to governors that changes to the current commissioning arrangements are being considered, which could create a risk to the service, in terms of greater uncertainty about funding.

There are approximately 200 staff working in the Centre: 13 medical staff (all grades); 130 nursing staff; 20 physiotherapists and occupational therapists; 22 admin staff along with domestics and other support staff including speech and language therapists; dieticians; radiographers and porters etc.

There are 12 spinal cord injury centres in the UK and Southern Ireland, the other centres are Belfast; Cardiff; Dublin; Glasgow; Middlesbrough; Oswestry; Pinderfields; Salisbury; Southport; Stanmore and Stoke Mandeville. Sheffield has the largest catchment area in England encompassing South Yorkshire; Derbyshire; Lincolnshire; Nottinghamshire; Leicestershire; Cambridgeshire and Norfolk and Norwich and as some Centres are unable to accommodate ventilated patients individuals from further afield are also accepted. Last year the Centre had 798 admissions, with approximately 120 of these being new patients on the acute/rehabilitation pathway. Approximately 5,500 follow up and 350 new patients are also seen in Outpatients.

Within the acute/rehab pathway the Centre cares for trauma patients who have sustained spinal cord injuries caused, for example, by falls, road traffic accidents, and sports injuries alongside non-trauma cases such as patients with infections. The readmission ward also cares for some patients with other neurological conditions such as spina bifida and multiple sclerosis. The Centre does not take respite patients.

Governors noted that three to nine months is the average length of stay for the majority of acute/rehab pathway patients while readmission patients vary depending on their treatment, many urology patients only stay for two days. Other treatments such as pressure ulcer repairs may require longer, up to two months. With a high percentage of DNA's (around 10%) clinic appointments are overbooked enabling other patients to be seen and also to ensure no loss of income.

The Centre has evolved since 1994 to meet the needs of its changing population group, caring for an ageing population with many patients having other pre-existing conditions and fewer acute patients require bed rest on arrival at the Centre. In addition to medical, nursing and therapy the governors were told that the importance of psychology services is increasingly recognised and the Centre has a part time psychologist and psychology assistant and if required psychiatric assistance is provided through the Trust Liaison Psychiatry Service. The Trust's Chaplaincy Service also provides input to the Centre.

We were told about activities for patients including gardening, education and physio sports sessions, bingo, quizzes and an art group with artists work currently on display in the Millennium Gallery (until September). The patient lounge contains books, DVDs, games and puzzles with WiFi and multi-channel TV provided free of charge, trips out with family and friends are also facilitated.

Governors were impressed that overnight accommodation for carers and visitors is available and this is provided free of charge for the first week of admission and charged at £20 per night after that.

Observations

Governors were impressed by this positive and confident service. Staff were open and welcoming and raised our awareness and appreciation of the complex work carried out in the Centre. Staff clearly benefit professionally from working in this high-quality and nationally recognised Centre. Whilst the Centre deals with patients that have suffered life changing injuries it does its utmost to support individuals through the traumatic event and help them back to a positive attitude and with the skills and mind-set to adapt to their new situation and this was evidenced during an inspiring patient Q&A session.

Governors understand that the Centre's primary cohort of patients have spinal cord injuries but we were informed that it also takes a significant number of people with non-spinal cord injuries and funding for the care of these patients can be an issue. Currently, due to the goodwill of the Trust, this is managed but in the long term if this clinical care is to continue to be provided more formal arrangements should be established. It was also noted that the Centre does not treat children (under 16's) but liaises with Sheffield Children's Hospital which can create challenges.

The location of the Centre, away from the main hospital, was viewed on the one hand as positive with the autonomy providing a degree of independence while on the negative side it can be isolating and remote for patients, particularly long stay patients, with no (or limited) mobility to access facilities such as shops and refreshments provided in the main hospital. It seems that further efforts could be made to link patients to the main hospital and its activities and to enable staff to feel more connected to the Trust networks.

We were told that car parking is a significant issue for the Centre and it is not unusual for patients, some of whom travel long distances, to DNA as a result of not being able to find anywhere to park. Although parking is an issue generally throughout the Trust estate it is particularly problematic for the Centre due to the fact that its patients are more likely to have a physical disability and mobility problems than elsewhere in the Trust and many of its patients are precious about their independence and need to access the Centre autonomously in as hassle-free manner as possible. However because of the parking issue this is compromised and many wheelchair users have great difficulty due to the lack of adequate disabled parking facilities. We were advised that the new parking contractors are less flexible than the previous company and this has increased the difficulties. Governors consider that more disabled parking spaces should be a priority and parking contractors should be more sensitive to the limitations of the majority of the Centre's patients.

Governors heard that very occasionally staff have to deal with patients who experience extreme frustration relating to their life changing circumstances. While generally this is managed very well in a minority of cases patients have displayed behaviour that is so challenging that it presents a danger to themselves, other patients and staff and in such circumstances these patients have had to be removed from the Centre. This is an unfortunate situation and governors wonder if the existing psychological services could be expanded to provide support and they also feel that the Centre should be assisted to develop a long-term strategy that, while supportive of staff, seeks also to help support such patients in a more effective way.

Governors were interested to learn that a mobile dentist from the community visits the Centre to treat patients and that this is very successful.

We were told that, as with other areas in the Trust, lack of storage is a developing difficulty that requires medium and long term solutions. The storage problem was evidenced when we saw a couple of beds waiting for repair being stored in the corridor. This can be particularly problematic for wheelchair users and others with impaired mobility.

We were shown an attractive courtyard area on the ground floor where patients and visitors were sitting but in contrast we also noted the underused (and unattractive) roof top space outside the wards. This space has enormous potential but unfortunately we were told that due to infrastructure issues and financial constraints it seems the problems outweigh any hopes of upgrading the area and this is a shame. Generally governors noted an open and airy atmosphere around the Centre but some areas the décor is looking tired and ready for attention.

Governors were impressed that there is a multi-disciplinary team meeting involving the patient where appropriate to discuss patients' welfare during their stay and prior to discharge. There is a strong sense of continuing professional development for staff bringing focus on updating current medical information. Staff are also offered some psychological support but more would be highly desirable, for staff and patients alike. Governors believe that the Centre is doing fantastic work but is under pressure, as with other areas, with regard to recruitment of staff and ensuring an appropriate skills mix. Staff morale appeared to be high, but some governors commented that pressures resulting from staffing issues will inevitably affect staff morale.

Governors also wondered whether the Centre was viewed as a popular place to work for newly qualified nurses and how many select the Centre as their first choice on their application forms.

Governors heard about input to the Centre from charities including providing services such as assistive technologies; peer support; wheelchair skills; benefits advice staffed by the Citizens Advice Bureau. Governors observed that assistive technology is extremely important for people with a spinal cord injury to enable them to go on to live an independent life and were disappointed to note that more attention is not given to the provision of assistive technology and that this important service is delivered by a volunteer organisation, and in particular by one volunteer.

Although there is an open hours visiting policy governors were disappointed to see that many patients were alone, presumably for long periods of time. It is acknowledged that this is in part due to the Centre being a specialised provider and that therefore some patients are hospitalised some distance from their home area. Nonetheless it must be quite daunting for a bed-bound patient to spend many hours alone, more so in the knowledge that mental health problems can be an issue for the cohort of patients. Some governors felt that it would have been interesting to hear whether the Centre works with the volunteer service to arrange volunteers to visit patients.

In summary overall governors were very impressed with the Centre, the staff are incredibly dedicated and provide top class care resulting in a positive experience for patients who are often coping with significant trauma and life changing circumstances. Governors commented on the positive ethos of the Centre and on the care and support provided by the Centre which enabled many patients to return to their community and go on to build positive, enjoyable and constructive lives in their changed situation.

Governors would like to thank Sarah and Andrew and all the other staff who gave their time.

HAROLD SHARPE JP
Patient Governor