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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, 2nd June, 2015, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital

PRESENT:

Mr. A. Pedder (Chairman)

PATIENT AND PUBLIC GOVERNORS

Sally Craig	Jacquie Kirk	Shirley Smith
Anne Eckford	Andrew Manasse	Sue Taylor
Dorothy Hallatt	David Owens	Graham Thompson
Cath Hemingway	Kath Parker	Paul Wainwright
Christina Herbert	Nick Payne	John Warner
Caroline Irving	Hetta Phipps	Michael Warner
Joyce Justice		

STAFF GOVERNORS

Chris Monk	Craig Stevenson
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PARTNER GOVERNORS

Amanda Forrest	Nicola Smith
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APOLOGIES

Georgina Bishop	Kaye Meegan	Neil Riley
Hilary Chapman	Dawn Moore	Martin Temple
George Clark	Vic Powell	

IN ATTENDANCE

Sir Andrew Cash	Annette Laban	Julie Phelan
Andy Challands	Kirsten Major	Neil Priestley
Sue Coulson (Minutes)	Chris Morley	David Throssell
Mark Gwilliam	John O'Kane	Tony Weetman
Shirley Harrison	Jane Pellegrina	

OBSERVER

1 Member of the Public

COG/15/12

Welcome and Apologies

The Chairman welcomed everyone to the meeting including two new Governors, Amanda Forrest (Partner Governor) and Cath Hemingway (Staff Governor, Primary and Community Services)

COG/15/13

Declarations of Interest

No declarations of interest were made.

COG/15/14

Minutes of the Meeting of the Council of Governors held on 10th March 2015

The Minutes of the meeting held on 10th March, 2015 were agreed as a correct record However the Chairman referred to the item 5.2 later on the agenda relating to minutes of COG meetings raised by Paul Wainwright and Andrew Manasse.

Paul Wainwright felt that reference to a couple of points he made at the last meeting had been missed in the minutes. The Chairman apologised for that and emphasised that it was not a deliberate act to miss out items and every effort was made to ensure that the minutes reflected the discussions.

Andrew Manasse explained that it was important that comments made by Governors were included in the minutes in order to reflect their contribution to discussions.

It was agreed that Paul Wainwright would agree the necessary changes with Andy Challands outside the meeting.

Action: Paul Wainwright/Andy Challands

The Chairman stated that every effort would be made to make the minutes as comprehensive as possible without making them excessive long.

COG/15/15

Matters arising:

(a) **Reconfiguration of Care Pathways**

(COG/15/04(c)) The Director of Strategy and Operations explained that it had not been possible to bring a paper on the changes to today's meeting but one would be presented at the September COG meeting. However she reported that an integrated Musculoskeletal Care Group had been created which was comprised of four Directorates. The Trust was currently in the process of appointing the Clinical Directors for the Directorates.

(b) **Protected Meal Times for Patients**

(COG/15/10) Chris Morley reported that since the last meeting there had been a dedicated session for Governors on the Nursing Assurance Toolkit which included protected meal times. He stated that there was no doubt that protected meal times had a part on some wards and it was something the Trust would continue to promote through the Nursing Assurance Toolkit.

COG/15/16

Governors' Matters

(a) Notes of Governors' Forum Meeting held on 30th April, 2015

Kath Parker referred to the Notes of the Governor' Forum Meeting held on 30th April 2015, and highlighted the following points:

- Jacquie Kirk had been appointed as Deputy Convenor of the Forum
- Steady progress was being made with Governor links to Directorates. She stated that some Directorates were unsure of how to use Governors and Sue Butler, Head of Patient Services, was helping with that work. COG would be kept up to date on progress.
- There would be no more than 2 Governors observing at Board Committee meetings. A simple proforma had been developed for completion following meetings which would be circulated to Governors and Board members.
- A programme of Governor visits was in the process of being finalised and would be circulated to Board members for information. Board members were welcome to join Governors on any of the visits if they wished.
- Governors had found the presentation on Medical Staffing by the Medical Director extremely interesting and he would be giving a further presentation in the Autumn.
- Jacquie Kirk and Kath Parker had attended the recent NHS Governor Focus Conference in London and had found the breakout sessions more relevant and interesting than the plenary session. From listening to Governors from around the country it was clear that they experienced more problems than STH Governors.

(b) Minutes of Council of Governors Meetings

This item was dealt with earlier in the meeting under Minutes of the previous meeting (COG/15/14).

(c) Annual Members Meeting: Wednesday 23rd September 2015

Kath Parker reported that arrangements were on going for the Annual Members Meeting to be held on Wednesday 23rd September, 2015. The meeting would be in a similar format to last year and advertised in GoodHealth.

COG/15/17

2014/15 Outturn Financial Position and 2015/16 Financial Plan

Neil Priestley reported that 2014/15 had been a good year and the Trust had finished the year with an £8 million surplus which was a good result as the financial plan was to break even with a very small surplus. It was important to recognise how far the Trust had come since the beginning of April 2015 when it was looking at a deficit in 2015/16 of £40m The key points to note were:

- The Trust had a turnover of £1 billion
- On 22nd April 2015 the DoH allocated the Trust a £7.6 m Infrastructure Payment
- Patient services income grew by 4.9%
- The Trust under delivered on Efficiency Plans by £5.4m (19%)
- In the 2015/16 Financial Plan submitted to Monitor the Trust had reported an £11 m deficit. However, £7m of that was for the T3 project costs and for which the funds were already accounted for in the Capital Programme. Therefore the Trust had a £4m Operating Deficit which would be funded from the 2014/15 surplus and there were no service consequences in 2015/16.

- The £4m deficit was made up of:
 - Directorate deficits
 - Tariffs
 - CQUIN Deflater
 - Contract losses
 - SIFT losses/SR Funding/Pressures

During discussion the following comments were made:

- John Warner stated that what the Trust had achieved was remarkable and commendable. However what was emerging in the media was that Monitor was going to undertake some aggressive scrutiny of Acute Trusts and asked whether the Trust had any more information on that point. The Director of Finance reported that Monitor were due to visit the Trust on 25th/26th June 2015 in response to the submission of the Draft Operational Plan and the size of the deficit and that STH was in the 40 worse performing Foundation Trusts. However the positive thing was that the Trust's financial position for 2015/16 was looking good and therefore the Trust would not be on their "worry" list and would accept the Trust's assumptions as being sensible and he hoped they would come with a positive approach. The future beyond the current year was looking uncertain.
- Nick Payne asked how the £822 billion deficit in the NHS was being managed nationally and would there be a national "bail out". Neil Priestley reported that some organisations had received cash injections to help pay their bills and cover deficits.

The Chairman remarked that the message from the Government was very clear that they had allocated the money to the NHS to manage its services and it was down to Trusts to succeed. He also stated that given how difficult it would be to identify more efficiencies, the Trust needed to start looking at how it could work more closely with the Clinical Commissioning Group, Working Together and Sheffield City Council under the 'Right First Tim' programme and also neighbouring acute Trusts under 'Working Together'.

The Chief Executive stated that Specialised Services was a third of the Trust's portfolio and currently were provided by over 300 providers. How those services were provided in the future would change.

COG/15/18

2014 National Staff Survey Results

The Director of Human Resources referred to the 2014 NHS Staff Survey Results (Enclosure D) circulated with the agenda papers. The key points to note were:

- There had been considerable improvements across a range of indicators with 13 of the 29 Key Findings now in the top 20% of Acute Trusts (which was 2 more than in 2013).
- It was particularly pleasing to report that staff recommending the Trust as a place to receive treatment and to work was now in the top 20% of acute trusts and was a good indicator that staff felt strongly about the organisation. In addition, the team working key finding has moved from the bottom 20% in 2013 to above average which reflected the effort the leadership development team had put into addressing this across the Trust through the use of INSIGHTS and other team development days.
- The staff engagement score had moved from an average score to above average (3.81) but there were still areas in which the Trust needed to make improvements. A staff engagement score had been calculated for each directorate and the directorate staff engagement action plans revised in light of the directorate survey results which would be monitored via the TEG performance review process.

- Of the 4 key findings which remained in the bottom 20% two relating to mandatory training and staff engagement were already being addressed. Another related to the new key finding relating to whether staff felt secure to raise concerns. The Trust's Raising Concerns at Work Policy would be reviewed in line with the recent recommendations from the Francis "Freedom to Speak Up" review

The following points were made during discussion:

- John Warner pointed out that the percentage of staff having had an appraisal in the last 12 months was still quite low and he asked if the Trust had set a target to improve on that during the next 12 months. The Director of Human Resources explained that the Trust had set itself the following targets for improvement:

Quarter 1 – 85% to have had an appraisal

Quarter 2 - 90% to have had an appraisal

Quarter 3 – 95% to have had an appraisal

He explained that the ultimate objective was to make sure that every employee had an appraisal with their line manager and also to ensure that managers were appropriately trained to enable them to carry out quality appraisals.

The Director of Human Resources pointed out that during Quarter 2 the Trust would be running a massive training programme in T3 so therefore it was important for managers to spread staff appraisals out throughout the year.

David Owens felt that the quality of the appraiser was crucial and asked if there was a mechanism for the appraisee to provide feedback on the quality of the appraiser. The Director of Human Resources explained that appraisal was a two-way process and the appraisee was given an opportunity to say how they found the experience.

- Nicola Smith pointed out that the Trust scored poorly on the percentage of staff agreeing that patient feedback was used by the Trust to make informed decisions. She felt that the Trust worked extremely hard to collect patient feedback and it was disappointing to see that it was not sufficiently valued.
- Amanda Forrest asked what the indicator "% of staff agreeing that they would feel secure raising concerns about unsafe clinical practice" was saying. The Director of Human Resources acknowledged that some questions may not be clear. However he explained that staff were encouraged to raise matters of concern with their line managers and there were many instances where that had been the case.
- Paul Wainwright commented that the results were positive and asked the Director of Human Resources what concerned him the most. The Director of Human Resources explained that the Trust was on a journey and the staff survey results were just one of the metrics it could measure progress. Other measures include sickness rates and staff turnover. Staff engagement was a key area he looked at to see if staff were confident in the services provided by the Trust and also to identify any trends across the survey.

The Chief Executive reported that wrapped around all of this was the challenge to implement new leadership behaviours which was being addressed as part of the Trust's Leadership Programme. He explained that one of the issues that had come out of the Mid Staffordshire Inquiry was that they had not listened to the staff survey results.

COG/15/19

Detailed Operational Annual Plan to Monitor

The Director of Strategy and Operations referred to the Summary Operational Plan for 2015/16 (Enclosure E) circulated with the agenda papers. She reported that the Operational Plan was submitted to Monitor on 14th May 2015 and would be published on Monitor's website. She explained that the views of Governors had been considered in the development of the Plan and included where possible within the framework set out by Monitor.

She explained that given how things had moved on in terms of the Trust's financial position since April 2015, the Trust had included a confirmed response for sustainability for 1, 3 and 5 years and availability of resources but suitably caveated that the declaration was based on the pricing of the tariff for specialised services being resolved.

The Chairman stated that it was a challenging plan which would not be easy to deliver but was realistic.

During discussion the following comments were made:

- Anne Eckford asked about private patient income. The Director of Strategy and Operations explained that private patient income was only a very small percentage of the Trust's income. She stated that the Trust had no plans at present to increase private patient income but if an opportunity arose to secure additional income the Trust would consider it.

The Chairman reported that the Board had recently ratified a Private Patient Policy which sets out conditions that the Trust would consider and emphasised that no NHS provision would be disadvantaged by any private patient plan. However there were some real opportunities that the Trust needed to consider.

- Anne Eckford asked what was going to happen to the paper copies of patients' case notes following the implementation of the Electronic Patient Record. The Medical Director reported that once a patient's case notes had been scanned and put on the system they would be destroyed, through a professional specialist company, unless there was any reason not to do so e.g. required for research purposes. The advantage of that was not having to provide a huge library to store case notes. When the new system was up and running, paper case notes would cease to be generated.
- Sally Craig asked if the Trust had given any consideration to slowing down clinical activity when T3 goes live. The Medical Director reported that the Trust had considered that matter but had no plans to drastically reduce activity on the days T3 goes live. However contingency plans would be put in place to mitigate any problems.

COG/15/20

Trust Operations including:

The Chief Executive referred to his report (Enclosure F) circulated with the agenda papers and highlighted the following items:

- The Trust's mortality rate remained constant.
- The full year performance was 93 cases of *C.diff* against an internal threshold of 78 and a Monitor threshold of 94.
- Length of Stay had dropped.
- The Trust continued to have difficulty in recruiting Registered Nurse although it had no problems recruiting Care Staff.

- Sickness absence in March 2015 fell to 4.45% from 4.9% in February 2015 resulting in a year end position for 2014/15 of 4.48% against a target of 4%.
- The Trust ended 2014/15 with an I&E surplus of £8.39m which was 0.8% of turnover of just over £1 billion which overall was a good result although the Trust faced underlying challenges going forwards.
- The Trust had achieved the targets for both the non admitted and incomplete pathways but had not achieved the admitted pathway. The plan was to achieve organisational compliance from 1st July 2015
- Accident and Emergency activity was 4.2% above target in March 2015 and performance for the year was 0.9% above target. In March 2015, 92.3% of attendances were seen within 4 hours giving a year to date performance of 92.9%, against a target of 95%. He explained that up to October 2014 the Trust had achieved the A&E target for 6 consecutive quarters. However after then it had failed to achieve the target in Quarters 3 and 4 of 2014/15 which was also in line with most other organisations.

For Quarter 1 of 2015/16 the Trust was just under 95% in April, 2015. However since April 2015 data there had been an improvement and that was continuing into June 2015,

The Trust was undertaking a big strategic review of its emergency pathway and a Steering Group had been set up to look at how it could be improved. There would be 4 workstreams:

- Actions within the A&E Department itself
- Improved assessment areas/arrangements
- Improved discharge arrangements
- Further understanding the wealth of data available concerning the emergency services performance and whether this has fundamentally altered in the recent period.

He stated that it would be good to trial some of the recommendations which come out of the review during the "Give a Go Week" in September/October 2015.

- The Trust achieved all the cancer targets.
- In terms of research the Trust was one of the top performing Trusts in Yorkshire and Humber.
- Working Together Programme would be looking at bank and agency costs across the 7 organisations involved in the programme. They were also looking very closely at clinical services such as ENT, Maxillofacial and Ophthalmology.
- The Trust Executive Group was in the process of considering ways of reducing the Trust's spend on bank and agency staff.
- The Trust was hosting a Microsystem Coaching Annual event which would be attended by 250 people for other organisations. It was agreed that a copy of the programme would be attached to the Minutes of the meeting.

Action: Andrew Cash

During discussion the following comments were made:

- Anne Eckford reported that she had recently attended a Careers Event put on by the Trust in the Medical Education Centre at the Northern General Hospital. She stated that the event was excellent and all the staff involved were professional, informative and helpful.

Chris Morley explained that the event was to showcase the organisation to try and attract student nurses to work at STH. Approximately one hundred people attended the event and it would be interesting to find out how many people applied to work at the Trust from attending the event.

- Caroline Irving was concerned that the Trust's plans would be hampered by decisions taken by other organisations such as the Sheffield City Council which were outside its control.
- Kath Parker asked if there was anything to report on the joint procurement initiative. The Chief Executive reported that a further scoping exercise was being carried out across all the organisations in terms of procurement and also back office functions.
- Paul Wainwright asked if the Trust had considered setting up its own staff bank. It was explained that the Trust already had its own bank for nursing staff (NHS Professionals) and junior medical staff.

COG/15/21

Governors' Open Forum Time

(a) 2015/16 Capital Programme

The Director of Finance gave a presentation on the 2015/16 Capital Programme and 5 Year Plan (a copy of which is attached to the minutes). He highlighted the following points:

- The current Capital Programme stood at £51 million and was spread across medical equipment (£15 m), IT (£15m), Service Developments (£10m) and the Infrastructure (£11m).
- The major medical equipment schemes were:
 - 5th/6th MRI Scanners
 - 3 CT Scanner Replacements
 - 1 Linac Replacement
 - New and Replacement Cardiac Cath Labs
- Other potential large schemes included:
 - Weston Park Hospital refurbishment/upgrade
 - Doncaster Radiotherapy Centre
 - IT Infrastructure
 - Outpatient Upgrades/Redesign
 - Car Parking
 - Critical Care Capacity
- The Service Developments included:
 - Theatre refurbishments/expansion
 - Haematology Single Rooms (Ward O1)
 - Helipad,
 - Special Care Baby Unit
 - Radiology, Royal Hallamshire Hospital
 - Huntsman Entrance
 - Aseptic Units.

During discussion the following comments were made:

- Kath Parker asked if there were any new builds included in the Plan. The Director of Finance stated that most of the developments with the exception of the Helipad and the Doncaster Radiotherapy Centre was about using existing buildings.
- Kath Parker asked where the Trust was planning to locate the new Cataract Centre. The Director of Finance stated that it was still to be determined.
- Kath Parker asked when the refurbishment of Weston Park Hospital was due to commence. The Director of Finance stated that it would be some time in the Autumn. The Trust was currently going out to tender for the Assessment Unit and when that had been completed refurbishment of the wards would start and the plan was that work would be completed by the end of 2016.

COG/15/22

To Note

- (a) Quarterly Complaints and Feedback Report: October to December 2014

The COG noted the Quarter Complaints and Feedback Report for the period October to December 2014.

- (b) Elections to Council of Governors

The COG noted the update on the 2015 Elections to the Council of Governors.

COG/15/23

Report from Council of Governors' Nominations and Remuneration Committee

- (a) Appointment of two Non-Executive Directors

The Chairman reported that the process for the appointment of 2 new Non Executive Directors to succeed Shirley Harrison and Vic Powell was well underway. The Nominations and Remuneration Committee had completed the shortlisting process and 6/7 candidates would be interviewed on 11th June 2015.

The Chairman left the meeting at this point and Annette Laban took up the Chair while the following two items were discussed.

- (b) Outcome of Chairman's Appraisal 2014

In the absence of George Clark, Vice Chairman of the Governors Nominations and Remuneration Committee, Andrew Manasse introduced this item and referred to the paper (Enclosure I) circulated with the agenda papers which set out the outcome of the Chairman's Appraisal.

Governors Nominations and Remuneration Committee were very happy with the Chairman's performance and no learning/development needs were identified.

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

- (c) Reappointment of the Chairman

In the absence of George Clark, Vice Chairman of the Governors Nominations and Remuneration Committee, Andrew Manasse introduced this item and referred to the paper (Enclosure J) circulated with the agenda papers which set out the outcome of the Governors Nominations and Remuneration Committee's consideration of the reappointment of the Chairman after his first term of office comes to an end on 31st

December 2015. As the outcome of the Chairman's appraisal was entirely satisfactory the Governors Nominations and Remuneration Committee's recommendation to the Council of Governors was to reappoint the Chairman for a second term of office without a competitive reselection in line with the Monitor Code of Governance and the Trust's Constitution.

The Council of Governors were pleased to **RATIFY** the recommendation of the Governors Nominations and Remuneration Committee.

The Chairman returned to meeting and took back the Chair.

COG/15/24

Any Other Business

(a) Governors

The Chairman stated that there were a number of Governors for whom today's meeting would be their last as members of the COG and on behalf of the Council he thanked them all for their contribution and wished them well in the future. The Governors in question were:

- Frank Edenborough
- Christina Herbert
- Andrew Manasse
- David Owens
- Shirley Smith
- Paul Wainwright

He also reported that Shirley Harrison and Vic Powell, Non Executive Directors, were also retiring at the end of June 2015.

(b) Venue

The Chairman apologised for the environment and acoustics of the venue and asked that arrangements be made to hold future meetings on the Northern General Hospital site if at all possible.

COG/15/25

Date of Next Meeting

The next meeting would be held at 5.00 pm on Tuesday 1st September 2015, in the Undergraduate Common Room, Northern General Hospital