



COUNCIL OF GOVERNORS

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Tuesday, 10th March, 2015, in the Chatsworth Suite, Rivermead Training Centre, Northern General Hospital

PRESENT: Mr. A. Pedder (Chairman)

PATIENT AND PUBLIC GOVERNORS

George Clark	Andrew Manasse	Graham Thompson
Sally Craig	Kaye Meegan	Paul Wainwright
Anne Eckford	David Owens	Michael Warner
Joyce Justice	Kath Parker	
Jacquie Kirk	Sue Taylor	

STAFF GOVERNORS

Chris Monk	Craig Stevenson
------------	-----------------

PARTNER GOVERNORS

Heather MacDonald	Nicola Smith
-------------------	--------------

APOLOGIES

Georgina Bishop	Mark Gwilliam	Hetta Phipps
Frank Edenborough	John O'Kane	John Warner
Christina Herbert	Nick Payne	Tony Weetman
Caroline Irving	Shirley Smith	Jeremy Wight

IN ATTENDANCE

Karen Barnard	Sue Coulson (Minutes)	Jane Pellegrina
Sue Butler (item COG/15/04)	Shirley Harrison	Neil Priestley
Sir Andrew Cash	Annette Laban	Neil Riley
Andy Challands	Kirsten Major	Martin Temple
Hilary Chapman	Dawn Moore	David Throssell

COG/15/01

Welcome and Apologies

The Chairman welcomed everyone to the meeting.

COG/15/02

Declarations of Interest

No declarations of interest were made.

COG/15/03

Minutes of the Council of Governors Meeting held on 2nd December 2014

The Minutes of the Meeting held on 2nd December 2014 were agreed and signed by the Chairman as a correct record.

COG/15/04

Matters arising

(a) Report on Customer Services Training

(COG/14/11) The Chief Nurse introduced the item and Sue Butler, Head of Patient Partnership was in attendance.

Sue Butler referred to her paper circulated with the agenda papers (Enclosure B) which set out the introduction and background of the customer services training programme and also provided an interim evaluation of the programme to date.

She highlighted the following points:

- Following the successful development of customer services standards and training for reception staff during 2012/13 the training, called 'Improving Patient Experience' had been rolled out to all staff.
- The training had evaluated very well to date and was considered value for money. The cost per head was currently £40. However if the courses were fully booked the cost per head would reduce to £27.00 per head. Work was ongoing to improve the course attendance rates.
- As a result of the training the Trust had seen improvements across the board in both staff and patient services.
- The indications were that the training was having an impact in terms of reduction in the number of complaints about staff attitude. For example, staff in Surgical Services had gone through the training and the complaints received by that Directorate regarding staff attitude had fallen. Although that had to be balanced against Therapy Services where most staff had attended the training and the number of complaints had remained the same. Further investigation was being undertaken as to what was meant by staff attitude.
- Courses can now be booked via PALMS (Personal Achievement and Learning Management System) which had made access much easier for staff.
- The Trust was looking to increase the staff participation rate and a further more detailed evaluation would be undertaken in 12 months' time.
- The Customer Care Training was not classed as mandatory training. However managers had been asked to encourage staff to attend and to prioritise those staff that would benefit the most. Sue Butler had met with managers in areas which had low attendance rates.

The Chief Executive explained that it had been necessary to scale down mandatory training from 20 areas to 10 core subject areas due to the pressures staff were working under and the difficulty in releasing staff.

- The programme also recognised that internal relationships were just as important as contact with patients/public.

- The difficulties being experienced with regard to room bookings had now been addressed and resolved.

The Chairman stated that he was content with the progress on this matter. The Trust was on a journey and change did not happen overnight. Staff were working under unprecedented pressure and were working harder and longer hours.

In answer to a query from a Governor, the Chief Nurse reported that Customer Care Training was part of the Undergraduate Nursing Programme.

(b) Operations Cancelled on the day

(COG/14/43) Further to discussions at the last meeting, Kirsten Major, Director of Strategy and Operations, gave a presentation on operations cancelled on the day (copy attached to these minutes) and also showed a video which demonstrated the devastating affects that cancelling an operation had on the patient and their relative(s). The key points to note were:

- On-Day cancellation of operations for clinical and non-clinical reasons stood at 6.8% in February 2015.
- Approximately one-third were for clinical reasons and two-thirds non-clinical.
- That was the equivalent of 2500 operations per annum out of a total target of 35,000.
- The Trust target was 4% which equated to 1,075 fewer cancellations across the surgical specialties and Operating Services, Critical Care and Anaesthetics. That was in the context of an expected 10% increase in operative demand (~3,300 operations) for 2015/16.
- The reasons for cancellations were a mixture of both human factors, logistics, and capacity. One cause was surgeons' perceptions that the level of post operative care at weekends was lower and therefore their reluctance to operate late in the week. The Chairman stated that as the Trust moved to 7-day working some of those perceptions would change. An additional complication was that the Trust was running an emergency system alongside a planned system.
- The Trust continued to strive to get as many patients in on the day.

During discussion, concern was expressed that the patient was not given a clear explanation of why their operation had been cancelled. The Director of Strategy and Operations reported that recently where it may be necessary to cancel an operation the patient was contacted the day before to explain the position and to explain that they would be asked to come in to hospital and every effort would be made to ensure that their operation would go ahead but there may be the possibility that it would be cancelled. She reported that patients had been extremely tolerant and accepting of the position. Also contacting patients beforehand made it less traumatic for patients and staff when having to cancel operations.

(c) Combined Community and Acute Care Group

(COG/14/44) The Director of Strategy and Operations explained that the Combined Community and Acute Care Group brought together the Community Services, Geriatric & Stroke Medicine and Professional Services. The Trust Executive Group were considering proposals to reconfigure the Combined Community and Acute Care Group into a new care group with integrated pathways of working and collaborative leadership across the 3 Directorates.

Consideration was also being given to creating a Musculoskeletal Directorate.

The Directorate of Strategy and Operations would present a paper at the next Council of Governors meeting setting out the changes.

Action: Kirsten Major

(d) Staff Engagement/Listening into Action

(COG/14/45) The Chief Executive reported that work on the 15 schemes was due to start later that week. Each team would be led by 3 people and would run over 20 weeks.

Further feedback would be presented in 6 months' time.

Action: Sir Andrew Cash

The Chief Executive reported that for the fourth year running the staff engagement score in the staff survey had improved.

COG/15/05

Governors' Matters:

(a) Council of Governors' Nominations and Remuneration Committee:

(i) Chair Appraisal

The Assistant Chief Executive reported that the appraisal of the Chair was on going. It had now reached the point where it would be closed and responses received would be passed to the Vice Chair of the Council of Governors' Nominations and Remuneration Committee.

The matter would be discussed at the next meeting of the Council of Governors' Nominations and Remuneration Committee.

(ii) Appointment of two Non-Executive Directors

George Clark reported that the process had commenced to appoint two new Non Executive Directors to succeed Vic Powell and Shirley Harrison and Odgers had been commissioned to find suitable candidates. A long list of candidates would be considered on 23rd April 2015 and short listing would take place on 28th May, 2015, with interviews being held on 11th June 2015.

It was also noted that Professor Tony Weetman, University Representative, was also retiring in summer 2015.

(b) Notes of Governors' Forum Meeting held on 16th February 2015

Andrew Manasse presented the Notes of the Governors' Forum Meeting held on 16th February, 2015 and highlighted the following points:

- Governor/NED Relationship – Jane Pellegrina was to formalise the process and produce a rota for a limited number of nominated Governors to attend Board Committee meetings. Governors who had already attended meetings had found the experience extremely valuable
- Governor Links to Directorates – It was still early days but good progress was being made.

- Visits and Presentations - .The presentation on Right First Time had gone well and was well received. Arrangements were being made with the Medical Director for a presentation on Medical Staffing and all Non Executive Directors would be welcome to attend if possible.
- Staff Governors – Some concerns were expressed about the clarity of the role of Staff Governors. Staff Governors had met with the Chairman on one occasion and a further meeting was being arranged.

COG/15/06

Governors' Open Forum Time

(a) Impact on the Trust of the uncertainty about the rate of the Specialist Tariff

The Director of Finance explained that the Trust, along with a number of other organisations, was currently in dispute with NHS England and Monitor over the proposed tariffs which did not properly reimburse the organisation for complex work e.g. intestinal failure. The argument had been accepted at the highest level for a number of years and the matter had been partially addressed in the last four years by the funding allocated on the back of Project Diamond to the London Trusts and the out of London infrastructure funding but that funding ceased in 2014/15.

The issue was that NHS England and Monitor were planning to give the Trust less money and the proposal was that any growth in specialised services activity above 2014/15 planning levels would only be funded at 50% of tariff.

The Trust had rejected that proposal and NHS England had increased their offer to 70% of tariff. However if the tariff was not increased further the Trust would still be looking at a significant financial deficit next year of around £18-20 million. Discussions and negotiations were ongoing but it was difficult to predict the outcome. An Extraordinary Meeting of the Board of Directors had been held to discuss the matter and a further discussion would be had at the April 2015 Board meeting.

The Director of Finance stated in that the Trust would be able to cope in the short term by deployment of cash balances but anything beyond that would be increasingly challenging and the big issues to be addressed would be the future provision of specialised services.

The Trust had written to Monitor setting out the implications for the Trust which was that STH would go from a well managed organisation on 31st March 2015 to one with sustainability questions.

A Governor queries the extent of the Trust's capital programme given the issues outlined above. The Director of Finance explained the need to continue to invest in the Trust's facilities and equipment in order to maintain clinical standards and provide opportunities for efficiency and productivity, for instance the Transformation through Technology programme.

Governors expressed their full support for the stance taken by the Board of Directors.

COG/15/07

Operational Plan to Monitor

The Director of Strategy and Operations gave a presentation on the work in progress to develop the 2015/16 Operational Plan to Monitor (copy attached to the minutes) which was proving particularly challenging in the absence of the tariffs.

In response to a question on whether the views sought from members (set out in Enclosure D circulated with the agenda papers) had added any value to the process, the Director of Strategy and Operations explained that they would do as the plan developed and was concluded. She also pointed out that the views expressed had not identified any major surprises.

There was a discussion about the priority the Trust gave to reducing waste as part of its mainstream work and improving efficiency across every aspect of its operation.

A more detailed Plan would be presented to the next meeting of the Council of Governors on 2nd June 2015.

Action: Kirsten Major

COG/15/08

Trust Operations

The Chief Executive reported on the following items:

➤ Operational pressures

- Cancer - the Trust continued to meet all of its cancer targets and had now achieved these target on a consecutive basis for the last 15 quarters which was an outstanding achievement given that, across the country as a whole, the 62 day cancer target in particular had not been met for the last 4 quarters
- Referral to Treatment Times – the Trust had met the target for non-admitted patients and both patients on an incomplete pathway and was on trajectory to ensure that from June, 2015, the target for admitted patients would be met. However, currently as at the end of December 2014, 88.8% of those patients were treated within 18 weeks against the target of 90%.
- Infection Control –The Chief Executive was pleased to report a much improved performance in terms of clostridium difficile to under trajectory. There had been a small number of cases of MRSA and each one of them had been rigorously investigated to ensure that lessons were learnt to minimise the chance of reoccurrence of that particular infection.
- Emergency Services target – The Chief Executive emphasised that it had been a challenging winter for Emergency Services both within the Trust and across the city as a whole and that was reflected in the performance against the 95% target for those patients who attend as emergencies and were either admitted or discharged within that period. Whilst the Trust has continued to provide a safe service for emergency patients, due in no small part to the enormous efforts of all staff across the Trust over the last few months, the performance against the target had been affected. The Trust achieved 89.3% for quarter 3 and currently stood at 89.1% for quarter 4. For the year as a whole, performance was 92.9%. The Trust anticipated returning to delivery of the target from the beginning of quarter 1, 2015/16 as the current challenges were continuing.

In answer to a question it was noted that there were financial implications on not achieving the A&E target and the Trust would be fined albeit a relatively modest amount.

- Financial position – for 2014/15 the month 9 position was a deficit against plan of £209,000 which was 0.03% of the budget to date. The operating position deteriorated by £1.56m in December 2014 to a £6.2m (0.9%) deficit. However the further release of uncommitted contingencies (£8m full year and £6m year to date) resulted in the bottom line position only deteriorating by £0.69m from the month 8 position That represented a partial reversal of the improvement in November 2014 but, perhaps more importantly, a stable position in overall terms since September 2014.
- Vanguard - Both of STH's bids had been shortlisted. However the Right First Time bid had not been successful and the Working Together bid had been put on hold as NHS England further considered the future of smaller hospitals.
- Prime Ministers Challenge Fund - The Trust was expecting to hear the outcome of Sheffield's bid in the very near future.
- CQC Inspection - The Trust was expecting to receive a CQC inspection sometime during October, November or December 2015.
- Research and Development - STH was the top performer across Yorkshire and Humber on the metrics.
- Ian Atkinson, Accountable Office, Sheffield Clinical Commissioning Group, was to retire and the end of March 2015 and to date no appointment had been made.

COG/15/09

To Note

(a) Sustainable Development Programme Annual Report

The Chief Nurse referred to the Sustainable Programme Annual Report (Enclosure F) which was circulated with the agenda papers to note.

The report provided a summary of progress over the last year on the following areas:

- Carbon emissions and energy reductions
- Estate rationalisation
- Travel
- Waste management.
- Catering

The key points to note were:

- The Trust had achieved the 2015 NHS carbon reduction targets
- Targets post 2015 would only be met by continuation of the existing measures along with other measures which enable healthcare services to be provided with less estate and less travel.

The Chief Nurse offered to arrange a separate discussion with Governors, together with Kevin O'Regan, Director of Hotel Services and Phil Brennan, Estates Director, if they would find it helpful.

The Council of Governors **RECEIVED** and **NOTED** the Sustainable Programme Annual Report.

(b) Elections to Council of Governors

The Council of Governors **NOTED** the details of the election process, timetable and contested seats for the Election of Governors as set out in Enclosure G circulated with the agenda papers.

COG/15/10

Any Other Business

- Heather McDonald - The Chairman reported that Heather McDonald was standing down as a Partner Governor and thanked her for her significant contribution to the work of the Council of Governors.
- Patient Meal Times - Anne Eckford raised an issue which had been discussed at the Food Management Group. It appeared that protected meal times for patients were not being adhered to.

The Chief Nurse acknowledged that arrangements had been relaxed over the winter period and indeed did not meet the needs of patients in every clinical setting but agreed to put the matter on the agenda of the next meeting of Nurse Directors and would report back to the next Council of Governors meeting.

Action: Hilary Chapman

COG/15/11

Date of Next Meeting:

The next meeting of the Council of Governors will be held at 5.00 pm on Tuesday 2nd June 2015, Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital.