



GOVERNORS' COUNCIL

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust GOVERNORS' COUNCIL held on Tuesday 17th July 2012, in the Chatsworth Suite, Rivermead Training Department, Northern General Hospital

PRESENT:

Mr. T. Pedder (Chair)

PATIENT AND PUBLIC GOVERNORS

Richard Barrass
Georgina Bishop
George Clark
Anne Eckford
Joyce Justice
John Laxton

Andrew Manasse
David Owens
Kaye Meegan
Kath Parker
Hetta Phipps
Shirley Smith

Graham Thompson
Philip Wainwright
John Warner
Susan Wilson

STAFF GOVERNORS

Chris Monk

Craig Stevenson

Claudia Westby

PARTNER GOVERNORS

Nicola Smith

APOLOGIES

Mark Gwilliam
Heather MacDonald
Mike Richmond

Ilyes Tabani
Michael Warner

Tony Weetman
Jeremy Wight

IN ATTENDANCE

Sir Andrew Cash
Hilary Chapman
Sue Coulson
John Donnelly

Vicki Ferres
Kirsten Major
Debbie Padwick
Jane Pellegrina

Neil Priestley
Neil Riley

Rhiannon Bishop (item GC/12/28)
Trevor Rees (item GC/12/25)

Prior to commencement of the meeting, the Chairman welcomed all new Governors.

He also asked Governors to complete a questionnaire which had been circulated to them relating to the forthcoming Governors' Time Out and return it to Jane Pellegrina at the end of the meeting.

GC/12/22

Declaration of Interests

No declarations were made.

GC/12/23

Minutes of the Meeting of the Governors' Council held on Tuesday 8th May, 2012

The Minutes of the Meeting of the Governors' Council held on Tuesday 8th May, 2012, were **APPROVED** and **SIGNED** by the Chairman as a correct record.

GC/12/24

Matters Arising

(a) Major Trauma Centre

(GC/12/14 (a)) Further to discussions at the May Meeting of the Governors' Council, the Director of Service Development reported that it had been felt that the data collection exercise by the South Yorkshire Ambulance Service in the first three months was not sufficient to give the Trust the confidence to plan appropriately to move to Phase 2 from 1st July, 2012. Therefore, in early June 2012, a decision was taken across South Yorkshire not to proceed to move into Phase 2 at the current time.

The Director of Service Development explained that there was still some uncertainty around the data collected to date. However it was more robust than had been envisaged. It indicated that the original estimate that the Trust would receive 300 cases may have been too high and it may be more in the region of 250, although it was noted that there was still some data to come in.

The key points to note were:

- A decision to move to Phase 2 would not be taken in the near future but the Trust was working very closely with all the organisations involved and the plan was still to have 3 Major Trauma Centres in the South Yorkshire and Humber region fully operationally by April 2013.
- 2 Trauma Nurse Co-ordinators had been appointed and would take up their appointments on 23rd July, 2012. The appointees were currently A & E Nurses and therefore would be able to pick up their new roles quickly.
- 3 additional Consultant Orthopaedic Surgeons had been appointed.
- The process for appointing an additional Consultant Neurosurgeon was underway which would enable the Trust to have a Consultant Neurosurgeon presence on the Northern General Hospital site on Monday to Friday. Weekend cover was provided by the Neurosurgery on call rota.
- The Operational Group continued to meet on a fortnightly basis.

(b) Patients' Meal Times

(GC/12/14 (b)) The Chief Nurse/Chief Operating Officer reported that she had discussed the issue raised by Frank Edenborough at the previous meeting regarding meals being delivered early and the implications that had on Consultant Ward Rounds with the Catering Manager. The Catering Manager confirmed that no

specific changes had been made to the delivery time of meals to wards but if she was provided with details of the Wards in question she would look into the matter.

The Chief Nurse/Chief Operating Officer would pick this up with Frank Edenborough outside the meeting.

Action: Hilary Chapman

(c) Minor Injuries Unit

(GC/12/13(c)) In response to a question, the Chief Nurse/Chief Operating Officer confirmed that the Minor Injuries Unit continued to function at the Royal Hallamshire Hospital. Strategically the Trust was looking to help people to access the right service.

GC/12/25

External Audit

The Director of Finance introduced Mr. Trevor Rees, Engagement Lead for KPMG who was the Trust's statutory auditor.

Mr. Rees explained that it was KPMG's first year as the Trust's External Auditor and the purpose of his presentation was to report to Governors on the work completed during the year, to present the Annual Governance Report (Enclosure B) and the 2011/12 External Assurance on the Quality Report (Enclosure C) (a copy of Mr. Rees' presentation is attached to these Minutes).

The presentation covered the following areas:

- Scope and audit approach
- Financial Statements Audit
- Financial Performance
- Use of Resources
- Quality Report
- Areas for consideration in 2012/13

The key points to note were:

- Financial Statements
 - No significant issues identified which impacted on KPMG's conclusion on the Trust's use of resources for 2011/12
 - One medium priority recommendation made related to monitoring the delivery of the 2012/13 efficiency plan.
 - Issued an unqualified opinion
 - No material adjusted audit differences
 - No material unadjusted audit differences
 - Annual Report was consistent with financial statements and complied with Monitor's Annual Reporting Manual
 - One low priority control recommendation made.

Mr. Rees emphasised that to only have had 2 recommendations come out of the Audit was an excellent result for the Trust and its Finance Team.

- Financial Performance
 - The Trust had been allocated a Financial Risk Rating of 3 for 2011/12
 - The Trust kept within the Prudential Borrowing Limit set by Monitor
 - Reported a surplus of £7.98 million

- Private Patient Income was within the cap of 0.79% set by Monitor

➤ Use of Resources

As part of the work looking at the use of resources, the Auditor was required to look at the work of the Trust's regulators e.g. CQC etc, review minutes of Executive meetings across the Trust and have conversations with the Senior Executive Team to ensure that the money received was being applied consistently.

The Auditors identified 3 key areas i.e. integration of Community Services, delivery of the Cost Improvement Programme, and the emerging commissioning agenda within the local health economy.

He confirmed that no significant issues had been identified which impacted on KPMG's conclusion on the Trust's use of resources for 2011/12 and he was able to issue an unqualified opinion.

➤ Quality Report

Mr. Rees stressed that the Quality Report was in no way a comment on the quality of the services provided by the Trust. The Auditors were asked by Monitor to look at how the Trust reported on quality and that it was accurately reported. As part of that exercise, the Auditors looked at patient services, complaints reports, quality reports to the Board, Board minutes and papers, feedback from Commissioners, National Patient and Staff Surveys, CQC quality and risk profile, Head of Internal Audit's opinion and Monitor best practice.

The Auditors were also required to undertake some work around indicators (2 mandated [62 Day Cancer Waits and MRSA] and 1 chosen locally [18 week Referral to Treatment]). No issues were identified in relation to the mandated indicators. However there was a need to make improvements for assuring the quality of the data underpinning the local indicator in order to seek a limited assurance opinion in future periods. The Auditors were not required to report to Monitor on the local indicator for 2011/12.

The Auditors had issued a limited assurance opinion (limited assurance being a technical description of the scope of the work undertaken) on the content of the Trust's Quality Report which had been presented to the Trust's Audit Committee.

Mr. Rees stated that the Quality Report was an excellent report and was in the top quartile of Trusts for whom KPMG was the external auditor.

➤ Areas for consideration in 2012/13 included:

- Achievement of efficiency plans
- Impact of the changing roles of Commissioners
- Asset revaluation
- Operating Framework 2012/13
- Health and Social Care Bill
- Community Service integration
- Monitor's requirement in terms of the Quality Report
- Testing of mandatory and local indicators
- Care Quality Commission

It was noted that the Board of Directors had approved the above reports. The group which led the development of the report included Governor representation.

GC/12/26

Governors' Matters

(a) Governors' Time Out – 3rd August 2012

The Governors' Time Out would be held at 9.30 am to 1.15 pm on Friday 3rd August, 2012, in the Rivermead Training Centre, Northern General Hospital.

(b) Report from Governors' Council Nominations Committee

The Chairman reported that:

- there had been a number of resignations from the Nominations Committee i.e. Mark Hattersley, Rose Bollands, Vivien Stevenson and John Holden and the process for finding their replacements had commenced. The Chairman would discuss the Staff Governor vacancy with Staff Governors.
- Shirley Harrison's first term of office had come to an end. The Nominations Committee were asked to support that she be appointed for a second term of office and that request had been approved.

GC/12/27

Trust Operations

(a) Chief Executive's Report

The Chief Executive referred to his written report (Enclosure D) circulated with the agenda papers and highlighted the following points:

- He explained that unfortunately the Medical Director was unable to be present as he was unwell and the Director of Human Resources had been required to attend a meeting in London so was also unable to be present.
- Performance – For the benefit of new Governors, the Chief Executive explained the many targets that the NHS had to achieve at any one time and highlighted the ones that were most challenging:
 - 18 weeks – it remained a problem nationally to achieve that target in Orthopaedics and Neurosurgery but the Trust would achieve it in all specialties by Quarter 3.
 - Cancelled operations – the position had continued to improve.
- Financial Position - the month 2 position was a small deficit against plan of £330k which was 0.2% of budget to date. It was too early to draw firm conclusions for the Trust financial prospects in 2012/13.
- Activity - new outpatient activity to month 2 was 2.7% above target and follow up activity 5.4% above target. The level of elective inpatient activity was 1.6% above target and non-elective activity was 0.7% above expected levels but 4.2% lower than last year. Referrals were 1153 (2.9%) above expected levels with the majority of referrals being from primary care in Sheffield.
- Control of Infection – The Trust had recorded 2 cases of MRSA bacteraemia to date; The year to date performance was 14 cases of Clostridium Difficile against a contract target of 24 (a significant improvement on last year's performance) and very few cases of Norovirus.

- Medical Director – As Governors were aware Professor Mike Richmond, Medical Director, was due to leave the Trust on 31st August, 2012. Dr. David Throssell would take up the role of Acting Medical Director from 1st September, 2012 and Dr. Andrew Gibson would be Deputy Medical Director. Dr. Gibson would lead on the Right First Time Project and the Clinical Efficiency Programme. The post of Medical Director would be advertised and interviews for a substantive replacement would take place in September/October 2012.

The Governors' Council extended their thanks to Professor Richmond for his significant contribution to the Trust and wished him well in his new post.

- Academic Health Science Network - A two page expression of interest would be required to be submitted by 20th July, 2012, to the Department of Health which, if successful, would require a more substantial five year prospectus to be submitted by 30th September, 2012.
- Right First Time – For the benefit of new Governors the Chief Executive explained the background to the Right First Time Programme. He reported that the Right First Time Summit was held on 13th June, 2012, and involved representatives of all the various organisations. The outcome was that the end of Phase 1 had been reached and that it was time to move into Phase 2. The steps to achieve that would now be worked up by the organisations making up the Right First Time Programme.
- Honours – Professor George Kinghorn had been awarded an OBE for his services to genitourinary medicine in the Queen's Birthday Honours.

He reported the following additional item:

- Mid Staffordshire – The second Mid Staffordshire Report was due out in October 2012.

(b) Annual Monitor Plan Submission

The Director of Service Development referred to the copy of the Monitor Forward Plan 2012/13 (Enclosure E) circulated with the agenda papers which had been circulated for information. The version circulated had been submitted to Monitor and would be posted on their web site.

In response to a question regarding discharge letters for GPs, the Director of Service Development reported that the Trust was piloting a trial of electronic discharge letters.

(c) Proposals to Review the Trust's Constitution

The Trust Secretary referred to the paper (Enclosure F) circulated with the agenda paper. The paper set out the proposals to review the Trust's Constitution.

He explained that The Trust's Constitution was drawn up in 2004 and although it had been slightly amended on 3 occasions, it was timely to undertake a thorough review and redraft in response to a number of internal and external drivers.

The proposal was to conduct a review of the Constitution over two phases:

- To update the current Constitution incorporating a number of developmental aspects
- To update the revised Constitution in line with the Health and Social Care Act, once enacted (1st April 2013)

A joint task-and-finish committee of the Board and Governors' Council would be established to agree the review approach, to provide oversight of the review process, to approve proposals to redraft the Constitution and relevant complementary documents and to approve proposals for any pre-emptive revisions in readiness for commencement of relevant provisions of the Health and Social Care Act.

John Laxton confirmed that he was happy to sit on the task and finish committee.

The Governors' Council **SUPPORTED** the review.

GC/12/28

Results of Annual Staff Survey

Mrs. Rhian Bishop, Staff Engagement Co-ordinator, was in attendance for this item. She referred to her report (Enclosure G) circulated with the agenda papers which set out the findings of the 2011 NHS Staff Survey.

She reported that the Trust's scores had improved and that it was moving in the right direction. The key points to note were:

- The Trust had invested a significant amount into leadership development.
- The staff engagement score had increased.
- The Trust had introduced the values and behaviour process in the appraisal process for senior leaders and in time that would be rolled out to all staff. The intention was that in time the values and behaviour process would impact on staff engagement. However it was recognised that it was about cultural change which would take time.
- The number of staff who had had an appraisal with a personal development plan had increased from 41% in 2010 to 55% in 2011.
- The response rate of 50% was deemed to be good compared with other organisations response rates. The Trust had done a significant amount of publicity encouraging staff to complete the survey.
- The Trust scored above average for the key finding "*Staff recommending the Trust as an employer and for patient care*"

The Governors' Council **NOTED** the results of the 2011 NHS Staff Survey.

GC/12/29

To Receive and Note

- (a) Governors' Report on Presentation on Standards of Ward-based Care - 16th March 2012

Andrew Manasse referred to the report (Enclosure H) circulated with the agenda papers. Governors had requested a presentation in the light of persistent national publicity concerning care standards in hospitals, particularly in respect of care of older people.

He made the following points:

- The Deputy Chief Nurse answered the many questions raised by Governors

- Governors supported the use of comment cards but felt the Trust needed to look at ways of encouraging more patients to complete and return them.
- Governors were unsure of the benefits of “intentional ward rounding” and looked forward to seeing the report from the pilot undertaken in surgical services.

The Chief Nurse/Chief Operating Officer stated that comment cards were extremely helpful and she would welcome Governors’ help in identifying ways of encouraging patients to complete them. She also emphasised that it was important that the Trust used the information collated from the comments.

Andrew Manasse thanked Chris Morley for his excellent presentation.

(b) Results of Elections to Governors’ Council

The results of the 2012 Elections to the Governors’ Council as set out in Enclosure I circulated with the agenda papers were **RECEIVED** and **NOTED**.

(c) Date of the 2012 Annual General Meeting

Neil Riley confirmed that the Trust’s Annual General Meeting would be held at 2.00 pm on Tuesday 25th September, 2012, in a venue to be confirmed.

(d) Patient Experience Report: January – March 2012

The Chief Nurse/Chief Operating Officer referred to the Patient Experience Report (Enclosure J) circulated with the agenda papers. She explained that it was a positive report. The following points were made during discussion:

- The Director of Service Development explained that the changes around the Emergency Department were largely structural at the present time but she emphasised that it was more important for Governors and patients to be involved in discussions about developing services.
- The Chief Nurse/Chief Operating Officer would check that the most recent report was posted on the Trust’s internet.

Action: Professor Hilary Chapman

- The Patient Partnership Department was looking at ways of making the report more meaningful and current.
- Reference to car parking needed to be included when raised as an issue of concern as it was of interest to both patients and the public..
- The Chief Nurse/Chief Operating Officer reported that she had secured funding from the League of Friends to re-provide the bus which travelled around the Northern General Hospital site. An order had been placed for an electric bus but delivery had been delayed by the company. Governors emphasised that it was a much appreciated service by patients.
- Governors felt that the Trust needed to be more proactive in encouraging staff to complete the feedback forms.

The Governors’ Council **RECEIVED** and **NOTED** the Patient Experience Report for January to March 2012.

GC/12/30

Any Other Business

John Laxton expressed concern about the low turn out of Nursing and Midwifery Staff in the recent election of Governors.

GC/12/31

Date and Time of Next Meeting

The next Meeting of the Governors' Council would be held at 5.00 pm on Tuesday 20th November, 2012, in a venue to be confirmed.