



GOVERNORS' COUNCIL

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust GOVERNORS' COUNCIL held on Tuesday 20th November 2012, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT: Mr. T. Pedder (Chair)

PATIENT AND PUBLIC GOVERNORS

George Clark	David Owens	Paul Wainwright
Anne Eckford	Andrew Manasse	John Warner
Joyce Justice	Hetta Phipps	Michael Warner
John Laxton	Graham Thompson	Susan Wilson

STAFF GOVERNORS

Frank Edenborough	Craig Stevenson
Chris Monk	Claudia Westby

PARTNER GOVERNORS

Nicola Smith	Jeremy Wight
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APOLOGIES

Richard Barrass	Vicki Ferres	Kaye Meegan
Georgina Bishop	Caroline Irving	Shirley Smith
Hilary Chapman	Shirley Harrison	Tony Weetman
John Donnelly	Heather MacDonald	

IN ATTENDANCE

Sir Andrew Cash	Kirsten Major	Richard Parker
Andy Challands	Chris Morley	Neil Priestley
Sue Coulson (Minutes)	Jane Pellegrina	Neil Riley
Mark Gwilliam	Julie Phelan	David Throssell

OBSERVERS

2 members of the public

GC/12/32

Declaration of Interests

No declarations were made.

GC/12/33

Minutes of the Meeting of the Governors' Council held on Tuesday 17th July 2012

The Minutes of the Meeting of the Governors' Council held on Tuesday 17th July, 2012 were agreed and signed as a correct record subject to the following amendments:

- (a) Attendance List – Philip Wainwright should read Paul Wainwright
- (b) GC/12/28 Results of Annual Staff Survey – the following should be added in as the penultimate paragraph of the minutes:

“The Governors asked questions on a number of issues arising from the detail in Rhian’s Report and there was as full a discussion as possible in the available time.”

Governors raised some concerns about the contents of the minutes. They felt that the minutes did not fully reflect the nature of discussions at the meetings. The Chairman explained that the Minutes were not a verbatim record of proceedings but that they should capture the key messages from discussions. He emphasised that there was a balance between inadequacy and too much. The Chairman asked Governors to inform the Trust Secretary if they felt that the Minutes did not capture the key messages from the meeting.

GC/12/34

Matters Arising:

- (a) Major Trauma Centre (MTC)

(GC/12/24a)The Director of Service Development reported that the Trust had received further data from the Yorkshire Ambulance Service on bypass cases sent to Sheffield and also the number of cases that had continued to go to other Trauma Units which would, in a fully operating network, be sent to the local MTC. That data indicated a significant reduction on the original projected number of major trauma cases the Trust may expect to receive.

In the absence of key commissioning information, including the final national service specification, revised rehabilitation standards, tariff and CQUINS, the Trust was still working on what the impact on the Trust might be and the services that needed to be put in place (that information was expected to be available in November 2012). However, Commissioners had confirmed that in 2013/14 the funding of MTC’s would be solely via Payment by Results and no extra funding would be available.

Work on producing the business case was, therefore, continuing and would be presented to the Board of Directors once the key commissioning information referred to above was available.

A peer review process of Regional Trauma Networks was being undertaken by Keith Willett at the Department of Health and a visit to Yorkshire and Humber would take place before the end of February, 2013. That process was intended to enable networks to learn from each other.

The following issues were raised during discussions:

- In answer to a query from a Staff Governor, the Director of Service Development confirmed that it was the case that if a patient was brought in by the Ambulance Service via the Major Trauma Pathway and, following assessment, was not classed to have sustained major trauma injuries, the Trust would not receive payment at the major trauma rate. It was noted that such patients would be repatriated within 48 hours.

- Information was available about the impact of being a fully opened MTC would have on neurosurgery and trauma care nurses. However, there was no mention of the implications for other departments such as radiology and Governors asked if such information could be made available to them. The Director of Service Development explained that to date the additional activity had not generated significant additional activity for radiology.

The Governors Council **NOTED** the progress to date.

(b) Minor Injuries Unit

(GC/12/24(c)) – In answer to a query from a Governor, Chris Morley, Deputy Chief Nurse, confirmed that there were no current plans to close the Minor Injuries Unit at the Royal Hallamshire Hospital and NHS Sheffield had not asked for it to be de-commissioned. However, he reported that the Trust was reviewing the pressure on the A & E Department and that review would include the minor injuries function.

GC/12/35

Governors' Matters:

(a) Governors' Council Nominations Committee

The Chairman reported that the vacancies on the Governors' Council Nominations Committee had been filled by John Warner, Chris Monk and Christina Herbert.

In addition to the above Governors, the Nominations Committee comprised:

- Tony Pedder
- John Laxton
- George Clarke
- Heather MacDonald
- Andrew Manasse

The Committee would be meeting on 29th November, 2012 to consider the following matters:

- Replacement for Rhiannon Billingsley, Non Executive Director, who would be leaving the Trust on 31st December 2012
- Election of a Vice Chairman for the Nominations Committee
- Attendance of Nomination Committee Members at Board Committees

(b) Annual Members Meeting – 25th September 2012

The Chairman reported that he felt the meeting had gone extremely well and had been better attended than in previous years.

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

John Laxton reported that the feedback from the Governors' Time Out had now been analysed and a meeting with the Chairman and Trust Secretary would be arranged to discuss how to progress matters and the actions arising from it.

(d) Notes of Governors' Forum Meetings held on 29th August and 16th October 2012

John Laxton explained that the two sets of Notes of Meetings of the Governors' Forum had been circulated for information purposes.

He highlighted the following matters from the Notes of the meeting held on 16th October, 2012:

- Governors Council Agenda items – Governors would find it helpful if written reports were produced to support agenda items.
- Governors' involvement in capital projects – The Director of Service Improvement stated that she would ensure that the Estates Directorate involve Governors, patients and public in capital schemes.
- Governors expressed their thanks to Sally Weir, Service Manager, for the excellent presentation she gave on the A & E development plans.
- Sustainability Group – Governors were concerned at the lack of progress on the sustainability agenda and that the Sustainability Group had not met for some considerable time following the departure on maternity leave of the Sustainability Manager. The Director of Services Development reported that the Sustainability Manager had now notified the Trust that she would not be returning to her post and the Director of Estates would therefore be considering how to take forward the sustainability agenda.
- Staffing Levels – It was agreed that it would be helpful if Chris Morley, Deputy Chief Nurse, could give an annual update on staffing levels to Governors in March 2013 similar to the one he gave earlier in 2012. It was acknowledged, however, that staffing levels was a wider issue than just nursing staff.

It was noted that the report on Mid Staffordshire (Francis Report) was due out in January, 2013, and it may include recommendations concerning staffing levels.

The Governors' Council **RECEIVED** and **NOTED** the Notes of the Meetings of the Governors' Forum held on 29th August and 16th October 2012.

(e) Content of Governors' Council Meeting Minutes

This item was discussed under Minute GC/12/33.

GC/12/36

Trust Operations:

(a) Chief Executive's Report

The Chief Executive referred to his written report (Enclosure C) and highlighted the following points:

- The Trust's governance rating with Monitor at the end of quarter 2 would be green and the Financial Risk Rating (FRR) would be 4.
- Performance for quarter 3 to date had proved challenging so far.
- The Trust faced a major challenge in terms of achieving both the admitted and non-admitted 18 weeks targets in October 2012. The two principal specialties which continued to be a challenge were orthopaedics and neurosurgery. The Trust had notified Monitor of the difficulties of achieving the target in those two specialties and explained that it was continuing to work towards achieving it.
- Emergency Services – the Trust faced a significant challenge in October 2012 due to the combined impact of an early outbreak of Norovirus and a short period

when the Short Term Intervention Team (STIT) service was not available to the Trust. That impact had been most noticeable in terms of the 4 hour target where the Trust achieved performance of 93.2% for October 2012. Significant efforts to restore patient flow across the Trust had been made and discussions had taken place with our partners in the Right First Time programme about ensuring the delivery of services across the system as a whole. It was intended, therefore, that the Trust would achieve the emergency services target for quarter 3 as a whole, albeit that would be challenging as performance would need to be above 96.2% for the remaining two months of the quarter.

- CQUIN – across the vast majority of CQUIN targets the Trust was performing well. The exception was the dementia assessment target where for the final three months of the year 90% of eligible patients would need to be assessed against the questionnaire. The Trust had implemented an updated admission document as the key tool in delivering the target. Considerable effort would now be given to the effective delivery of the questionnaire as early assessment of compliance showed performance at 17%.
- Financial Position – at month 6 the Trust was overspent by £3.8m (0.9% of turnover). This position included over performance against activity of £3.6m. There were three areas of concern:
 - A continuing deterioration in the position of a number of clinical directorates
 - A continuing under-delivery on the efficiency programme which was currently £2.5m (20%). The full year estimate showed an improving position but still an estimated under-performance of £3.4m (12.3%) which in itself would be challenging to deliver.
 - There was a continuing debate with NHS Sheffield about the over-performance in the year to date and activity management plans for the remainder of the year.

Governors pointed out that it appeared to be the same Directorates each year who underperformed and were not able to balance their budgets and asked was it a case of setting unrealistic targets which could never be achieved. The Director of Finance explained that 5 directorates were receiving urgent attention under the performance management framework and it was critical that tight financial control and performance management was reinforced on an ongoing basis with efficiency plans being delivered and significant risks managed to ensure that the Trust was able to meet its year end targets and carry a stable position into 2013/14.

The Chief Executive stated that in the case of General Surgery the major problem was that the tariff was incorrect.

The Board of Directors and the Finance and Performance Committee scrutinise the financial position extremely carefully.

The Director of Finance was due to give one of his regular presentations on the financial position to Governors in the near future.

- MRSA – The Trust had recorded 3 cases of MRSA to date.
- Clostridium Difficile (C.diff) – The Trust had recorded 8 positive samples for October. The year to date performance was 60 cases of C.diff against a contract year to date threshold of 79. The Department of Health, Monitor and Contract threshold for the year was 134.

- MSSA - Performance on MSSA for the last 12 months was 71 cases; 50 cases had been reported since April 2012. There was no threshold set for MSSA bacteraemia in 2012/2013. However, alongside the MSSA improvement plan, the Trust had set itself an initial target of having 5 or less cases per month as that would be an initial improvement on the current average MSSA rate of 6 cases per month.
- Yorkshire and Humber Academic Health Science Network (Y&H AHSN) - The AHSN expression of interest, submitted in July was duly approved. As a result a more detailed AHSN prospectus was produced for the end of September and sent to the Department of Health team.

The prospectus had also been approved and a full five-year business plan had now to be produced by Friday 4th January 2013. A panel interview was scheduled for 24th January 2013 between the DH panel chaired by Sir Alan Langlands and the Y&H AHSN team. If that interview was successful, the Y&H AHSN would be given approval to become formally established with a 5-year operating licence commencing from 1st April 2013.

The Chief Executive **AGREED** to give a further update on the Business Plan at the next meeting of the Governors' Council.

Action: Sir Andrew Cash

- Never Events – The Trust had reported 2 never events involving retained swabs. Investigations into the events had been completed and a report produced and an action plan was being put in place to address the issues identified.

(b) Current Position on Right First Time

The Chief Executive explained that the Right First Time Programme was divided into the following 3 projects and reported that all were progressing well:

- To develop the capacity and capability of GP Practice Associations within integrated community health and social care teams
- To increase the rate of avoidable admissions and manage more of the patients care needs in the community
- To ensure that patients discharged from hospital requiring health or social care support were discharged in a timely and safe manner

The projects were being led by a Board of Chairs and FT Chief Executives, members of the Local Authority and the Clinical Commissioning Group.

The Programme was now moving into Phase 2 which was divided into the following projects:

- The 3 projects of the Phase 1 would be grouped together
- Urgent care for adults
- Urgent care for children
- Planned care

Kevan Taylor, Chief Executive, Care Trust, had been appointed for 2.5 days a week to lead the programme as Chief Executive.

A written report on Phase 2 would be presented to the next meeting of the Governors Council.

Action: Sir Andrew Cash

Governors expressed concern that the Trust still had a problem with patients in hospital who were medically fit for discharge but were unable to be discharged to an appropriate environment. The Board clearly had similar concerns which had been discussed extensively and was the subject of ongoing action within the Right First Time Programme.

(c) Review of the Trust's Constitution

The Trust Secretary referred to the written report (Enclosure D) circulated with the agenda papers which set out the progress on the review of the Trust Constitution and sought approval of Version 2 of the Constitution to ensure ongoing compliance with provisions of the 2012 Health and Social Care Act.

The key points to note were:

- The Trust Constitution Review Steering Group (TCRSG), a joint task-and-finish committee of the Board and the Council of Governors, had been set up to provide oversight of the review process and to approve all re-drafts of the Constitution and relevant complementary documents prior to approval by the Council of Governors and Board of Directors
- The TCRSG had met twice and taken the following key decisions:
 - In response to guidance issued by Monitor, the group approved a change to the work programme in order to timetable the work over 3 phases rather than 2. i.e.
 - To review and redraft the current constitution to ensure compliance with provisions of the Health and Social Care Act that came into force from 1st October 2012 under Commencement Order 2. That would be known as Version 2.
 - To review and redraft Version 2 to ensure ongoing compliance with the Health and Social Care Act using Monitor's Model Core Constitution. That would be known as Version 3. In addition, to review and develop a library of complementary policies and procedures using corporate governance best practice guidance. It was planned to complete that phase in early 2013.
 - To review and redraft Version 3 to ensure compliance with further provisions of the Health and Social Care Act as they were introduced by subsequent commencement orders. That would be known as Version 4 and was expected to be completed sometime from April 2013.
 - TCRSG approved Version 2 of the Constitution (circulated with the agenda papers) to ensure compliance with provisions enacted under Commencement Order 2 of the 2012 Health and Social Care Act. The main areas of change were:
 - redefining the *Principal Purpose* using recommended wording prescribed by Monitor
 - renaming the *Governors Council* to the *Council of Governors*
 - updating the *Accounts* section and *Annual report, forward plans and non-NHS work* sections using recommended wording prescribed by Monitor
 - The group requested DAC Beachcrofts independently review Version 2 as assurance for the Council of Governors and the Board of Directors. That had been completed and the Constitution updated accordingly.

- Whilst the issue of freedom to generate non-NHS income up to a maximum of 49% of total income was a sensitive matter which would be debated further by the Board and Council of Governors in the context of commercial opportunities available to the Trust, the changes to the constitution were a technical requirement to ensure the Trust was compliant with the Health and Social Care Act. In respect of that wider discussion, those changes could be seen as neutral.

In answer to a query regarding the difference in the length of the terms of office of Non Executive Directors and Governors, the Trust Secretary confirmed that that matter had been brought to the attention of the TCRSG and they were considering the matter and it would be brought to a conclusion in the second phase of the project.

The Governors' Council **NOTED** the progress with the project and **APPROVED** Version 2 of the Constitution.

(d) **Lead Governor**

The Trust Secretary referred to his written paper (Enclosure E) circulated with the agenda papers which set out the role of the Lead Governor, the process and timetable for filling the post which had previously been held by John Holden.

Governors interested in taking up the role should, in the first instance, discuss their intentions with the Chairman. In the event that a number of Governors express an interest an election would be held and each candidate would be invited to submit a short statement concerning their interest in taking up the role. It was noted that the intention was to carry out the process so that an outcome could be formally reported and approved at the January 2013 Meeting of the Governors' Council.

The Governors' Council **APPROVED:**

- the role description as set out at Appendix A of the paper
- the process set out in Section 3 of the paper.

(e) **Out Patients Programme: Progress Report**

The Acting Medical Director gave a brief update on the Outpatients Programme which was looking at centralising some of the Trust outpatient services. The Programme was part of the key workstreams in the Programme Management Office.

The Acting Medical Director explained that a number of Outpatient teams were reviewing their current services using Clinical Microsystems methodology (the 5 Ps – Purpose, Patients, Professionals, Patterns, and Processes) in order to gain a better understanding of their services. The improved knowledge of outpatient services would allow for processes to be improved which would result in a fall in DNA rates, patient waiting times and improved patient flow.

He also explained that at a macro-system level there were several supportive initiatives being implemented to improve the patient experience and efficient working such as:

- Electronic Check In
- Call Handling
- Choose and Book
- Joint Working Group comprising STH and NHS Sheffield representatives

The aim of the Programme was to improve the patient experience and improve efficiency. The Programme would provide the Trust with the necessary information in order to reorganise outpatient clinics.

It was noted that an Electronic Check In facility would not inform the patient how long he/she might have to wait and that was one of patients' main complaints.

In answer to a query, the Acting Medical Director confirmed that one stop clinics were being explored.

It was also acknowledged that the DNA process needed to be tightened up.

GC/12/37

To Receive and Note:

(a) Complaints Annual Report 2011/12

The Governors' Council **RECEIVED** and **NOTED** the Complaints Annual Report 2011/12.

The Chairman felt it would be helpful if, in future, the report could include a comparison with the compliments received in order to provide a balance.

(b) Patient Experience Report: April - June 2012

The Governors' Council **RECEIVED** and **NOTED** the Patient Experience Report for the period April to June 2012.

It was noted that the Patient Experience Report did include information on the number of compliments received.

The Deputy Chief Nurse explained that further changes to the report would be considered after publication of the Francis Report in January 2013.

(c) Governors' Report on Visit to Beech Hill Intermediate Care Facility

The Governors' Council **RECEIVED** and **NOTED** the report on the visit to Beech Hill Intermediate Care and Rehabilitation Unit on 10th September, 2012 (Enclosure H).

GC/12/38

Any Other Business

(a) Despatches

A Governor referred to the recent TV Programme "Despatches" which was about Primary Care Services run by Virgin Health and the negative response being received and wondered if the STH had any similar issues.

The Chief Executive reported that the Trust's relationship with the Clinical Commissioning Group was very good and nothing abnormal was being observed, although he recognised that the Trust needed to be alert to such matters.

(b) Staffing Levels

A Staff Governor expressed concern about staffing levels and the pressure staff were working under as the Trust continued to reduce its headcount.

He asked if Governors could be provided with some kind of trajectory of change in staffing levels. The Deputy Chief Nurse explained the current recruitment initiative in nursing focussed on the recruitment of newly qualified staff and 77 student nurses due to qualify in January 2013 were due to be assessed at a 2-day assessment centre that week.

The Chief Executive explained that the Trust would review the position following the publication of the Francis Report which may well include recommendations on staffing levels. He emphasised that it was vital that the Trust reduced its head count if it was to save £30 million in the current financial year. However, he reiterated that the Trust would not compromise on patient safety.

GC/12/39

Date and Time of Next Meeting

The next Meeting of the Governors' Council would be held at 5:00 pm on Tuesday 29th January, 2013, in a venue to be confirmed.