

GOVERNORS' COUNCIL

Minutes of a Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust GOVERNORS' COUNCIL held on Tuesday 7th June, 2011, in the Chatsworth Suite, Rivermead Training Centre, Northern General Hospital

PRESENT: David Stone (Chair)

PATIENT AND PUBLIC GOVERNORS

Georgina Bishop	Caroline Irving	Danny Roberts
Yvonne Challans	John Laxton	Graham Thompson
George Clark	Andrew Manasse	John Warner
Anne Eckford	Kaye Meegan	Michael Warner
John Holden	Hetta Phipps	Susan Wilson

STAFF GOVERNORS

Frank Edenborough	Vivien Stevens
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PARTNER GOVERNORS

Mary Lea

APOLOGIES

Mark Hattersley	Chief Supt. Simon Torr
Kirsten Major	Jeremy Wight

IN ATTENDANCE

Andrew Cash	Mark Gwilliam	Neil Priestley
Hilary Chapman	Barbara Nicholas	Mike Richmond
Sue Coulson	Jane Pellegrina	Andrew Riley
John Donnelly	Vic Powell	Iain Thompson
Vickie Ferres	Richard Parker	

OBSERVERS

Hannah Butchers	Robert Massan
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PUBLIC

1 member of the public

Prior to the meeting the Chairman welcomed Councillor Mary Lea to her first meeting and also Hannah Butchers and Robert Massan who were attending as observers.

GC/11/10

Minutes of the Governors' Council Meeting held on 23rd March 2011

The Minutes of the Meeting of the Governors' Council held on 23rd March 2011 were approved as a correct record and signed by the Chairman.

GC/11/11

Matters Arising:

(a) Transforming Community Services (GC/11/02)

Mr. Andrew Riley summarised the position and the steps taken since the last meeting of the Governors' Council. The key points were:-

- Completion of the legal transfer of adult community services occurred on 1st April, 2011 and interim management arrangements had been implemented for the period 1st April, 2011 to 30th September 2011. The Managing Director of Community Services was accountable to Sir Andrew Cash.
- Organisational structures to integrate community corporate services with existing STH services had been developed and a 30 day consultation of proposals with staff organisations and individual staff had commenced on 7th June 2011.
- The first joint planning workshop took place on 7th June, 2011, to discuss the optimum organisation of clinical services and how best to achieve the maximum improvement of clinical outcomes, patient experience and value for money. A number of ideas had emerged from the workshop which would be built into the strategy which would be finalised by 31st September. A series of workshops focussing of individual clinical pathways were being planned over the next 3 months.
- A cross city steering group "Transforming Health and Social Care in Sheffield" had been established which comprised the most senior stakeholders in the city coming together with hospital representatives to set out a vision to transform services and to guide the process over the next three years.
- This year's contract with NHS Sheffield was the beginning of the transformation process and the aim was to maintain people in their own homes particular patients with long term conditions and also to prevent patients needing to be admitted to hospital by improving care in the community.
- There was a group of clinical services where the Trust could make changes quite quickly e.g. speech and language therapy, hearing services. Other services such as District Nurses were more complicated and may take 18 months to 2 years to review.
- The intention was to prioritise the services which the Trust needed to look at first. A prioritised list would be produced by end of July 2011.

During discussion the following points were made:-

- In response to a question from John Laxton, Andrew Riley confirmed that Governors would be part of the process and there were patient representatives on the Partnership Board.

- In response to a question from Andrew Manasse, Andrew Riley confirmed that staff would be kept informed of developments through regular bulletins.
- Frank Edenborough asked when would Directorates know what staff would be integrated into which Directorates. The Chief Executive responded by confirming that the process of integration had commenced with the Corporate Services and all staff in those services will have had a 1:1 interview that day. He explained that some staff in clinical services would be integrated into different Directorates but that the majority would be in the newly created 9th Care Group called Integrated Community Services. The post of Clinical Director for the Care Group would be advertised in the next couple of weeks with the successful candidate taking up post from 1st October 2011.
- Danny Roberts asked if there might be an opportunity for a Governor to be involved in the strategic decision making. The Chief Executive explained that the Board of Directors had set up an Investment Committee which was made up of Executive Directors and a number of Non Executive Directors which provided them with an opportunity to challenge the Executive Directors on any specific issues. He agreed that consideration should be given to the involvement of a Governor representative and agreed that the matter would be discussed at the next Board of Directors Meeting.

Action: Neil Riley

- The Chairman made reference to the recent observations made by the Prime Minister and emphasised that the Trust needed to hold on to the opportunity that has been created to do something positive about how healthcare was provided in Sheffield as he felt that it could be better than it was now.

It was agreed that Transforming Community Services would be a routine item on the Governors' Council agenda.

Action: Jane Pellegrina

(b) Number of Staff Governors (GC/10/24(a))

The Chairman stated that, before the next meeting of the Governors Council, he would hold a meeting with Staff Governors to discuss the number of staff governors on the Council.

Action: Mr. D. R. Stone

GC/11/12

Governors' Matters:

(a) Notes of the Governors' Forum Meeting held on 12th May 2011

John Laxton referred to the Notes of the Governors' Forum held on 12th May, 2011, and highlighted the following points:

- Governors had asked to see the results of the national inpatient survey for 2011 and it was expected that these would be part of a presentation to them on 1st August. He felt it would be helpful if they could be circulated electronically to Governors beforehand.
- The membership drive at the Whit Faire in Weston Park had been extremely successful. Jane Pellegrina reported that the Trust had had approximately 400 new members in the last six months.

- It had been suggested that “actions” should be noted on the Minutes of the Meetings of Governors’ Council followed by details of when actions were completed.

➤ The Governors’ Council **RECEIVED** and **NOTED** the contents of the Notes of the Governors’ Forum held on 12th May, 2011.

(b) Update on plans for Governors’ Time Out

Neil Riley, Trust Secretary, reported that he had met with a small group of Governors to design the Time Out. The intention was to hold the Time Out in early Autumn which would allow the Chief Executive to be present as well as the newly elected Governors. The basic themes had been agreed including how the Governors’ Council works. He would arrange a facilitator for the session.

Action: Neil Riley

It was agreed that if Governors had any ideas on how the Governors’ Council should work they should forward these to Jane Pellegrina.

Action: All to note

GC/11/13

Trust Operations:

Chief Executive’s Report

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

Performance

Looking back at performance throughout 2010/11 it was generally a good year for the Trust. In particular, the Trust Quarter 4 submission to Monitor showed a 4 financial risk rating and amber green for governance. The amber green rating reflected the difficulties which the Trust had experienced in meeting the 62 day target for cancer patients following GP referral. Performance was 80% against the compliance threshold of 85%. The principal reason for that was that the bad weather in January 2011 which caused particular problems for all providers in the network.

There were 3 operational performance issues emerging out of Quarter 1:

- Cancer Services – the Trust had experienced difficulties in meeting the 62 day target for cancer patients following GP referral. Performance was 80% against the compliance threshold of 85%. The principal reason for that was the bad weather in January 2011 which caused particular problems for all providers in the network. There was also a knock on effect in January from the festive season and associated patient choice in December. As a result many of the breaches were unavoidable and led to particularly poor performance in January 2011. It was noted, however, that the Trust would need to ensure that this target was met in quarter 1 of 2011/12 as in quarter 3 the Trust also just missed the target for patients seen within 62 days as a result of being referred by the screening process. In the vent of the target not being met in 3 successive quarters, this would be a significant regulatory issue.
- Emergency Services – substantially different performance targets were due to be introduced for emergency services throughout the forthcoming year. In particular, however, in quarter 1 the target related to the percentage of patients seen within 4 hours of attending the Trust’s facilities i.e. the A & E Department at the Northern General Hospital plus the Minor Injuries Unit and Eye Casualty at the Royal Hallamshire

Hospital and the Dental Clinic at the Charles Clifford Dental Hospital. This was a significant change from previous years when the measure was against all the facilities across the city in particular including the Broad Lane Walk in Centre and clarification was currently being sought concerning the exact definitions which the Department of Health wished to use for assessing performance. Taking the worst case, however, the Trust was struggling to achieve 95% in the quarter and in the week beginning 2nd May, 2011, performance was 94.1% meaning that for the rest of the quarter the Trust would need to achieve 95.29% if 95% is to be achieved overall. An action plan had been devised to seek to ensure that this target was achieved. Nevertheless, it would be a significant challenge as ever since emergency services targets were introduced in 2004, the type 1 performance within the A & E Department itself at the Northern General Hospital had always been just below 95%.

- Clostridium Difficile – the Trust’s target for clostridium difficile in 2011/12 was particularly challenging at 134 cases within the year as a whole. At the end of April, 2011, the Trust had experienced 24 infections against a monthly trajectory of 11/12 cases thus highlighting the particular challenge. The Trust Executive Group had considered what further actions might be taken to improve the position and an action plan had been agreed that would deliver improved performance on a phased basis.
- Communications – the Trust appeared on the News in relation to the Trust’s excellent facilities and provision of care for the elderly.
- Liberating the NHS/Health and Social Care Bill 2011 – the NHS Futures Forum would be producing a report at the end of June 2011. The Chief Executive reported that the Trust’s strategy would be refreshed in the light of the new Health Bill.

The Chief Executive briefed members on an additional issue which was not included in his written report:

➤ Biomedical Research Unit

He was extremely disappointed to report that the Trust’s 2 Biomedical Research Units had not passed the Pre Qualification and Questionnaire (PQQ) stage and therefore funding would be withdrawn from March 2012. There were other units in a similar position across the country.

He was in the process of trying to establish why that had happened and was in discussion with the Department of Health’s Research and Development Director. He would be meeting her together with Professor Weetman and Professor Richmond in the next couple of weeks. Alternative funding streams would be investigated as a significant investment had been put into these Units.

The Trust was working strategically with Manchester, Leeds, Nottingham and Leicester who had all lost funding in the same way.

John Laxton asked that now that the contract was in place with NHS Sheffield would the referral restrictions put in place be lifted or would they remain in place. He also commented that he would have expected to see the orthopaedic waiting time reduced given the restriction on referrals. Neil Priestley reported that the general elective referral restrictions had ceased on 1st April, 2011. However, NHS Sheffield would agree with the Trust targeted areas where they could appropriately reduce referrals. He also stated that during the last few months of the last financial year referrals reduced and waiting lists had gone down. There was an agreement to maintain waiting lists at a lower level.

Report from Governors' Council Nominations Committee:

(a) Confirmation of the appointment of two Non-Executive Directors

John Holden, Patient Governor & Vice Chair Nominations Committee, reported that Mr. Vic Powell and Mrs. Jane Norbron, Non Executive Directors' terms of office expired on 30th June, 2011. The process for appointing to those posts was discussed by the Nominations Committee on 14th March and it was agreed that one appointment should be strong in finance and the other in human resources. It was also agreed to engage the Appointments Commission in the appointments process.

The interview panel was chaired by David Stone and comprised John Laxton, Vivien Stevens, Mark Hattersley, John Holden plus an external assessor and Neil Riley (Trust Secretary) was in attendance.

The appropriate process was followed and the posts were advertised and 34 applications were received. A shortlisting meeting was held on 16th May, 2011 at which 7 candidates were shortlisted for interview, 3 for the financial knowledge and 4 for their knowledge of people management. They were all high quality applicants.

The interview questions were agreed in advance and all candidates were asked the same questions. Interviews were held on 27th May, 2011 and the panel were unanimous in its decision. The Panel's recommendation was to:-

- Reappoint Vic Powell for his finance knowledge
- Appoint Rhiannon Billingsley for her people management skills

David Stone reported that Jane Norbron had not therefore been reappointed and would be leaving the Trust on 30th June, 2011. He extended his thanks to her for the work she had done for the Trust over the last four years and wished her well for the future.

The Governors' Council **RATIFIED** the Nominations Committee's decision to appoint Mrs. Rhiannon Billingsley and to reappoint Mr. Vic Powell.

(b) Recruitment and selection arrangements for the appointment of a Chairman

Mr. Neil Riley referred to the late circulation of his written paper (Enclosure E) setting out the process for the recruitment and selection of a new Chairman.

He stated that Mr. Stone would be retiring at the end of December 2011 and the aim was to identify his successor by the end of October 2011 and a timetable had been designed to deliver that outcome.

He highlighted the following two proposals which had been discussed by the Board of Directors and the Nominations Committee:-

- The proposal that the Senior Independent Director be a member of the appointment panel as a conduit for the views of the Board concerning potential candidates.
- The proposal that the Chief Executive be involved in long-listing and short listing and also be a member of the appointment panel given the importance of the relationship between Chairman and Chief Executive.

The Governors' Council:-

- **APPROVED** the recruitment and selection process set out in Enclosure E
- **APPROVED** the timetable
- **APPROVED** the job description and person specification
- **APPROVED** the role of the Nominations Committee in managing the process including an advisory appointments panel which would provide a report to the Governors' Council with a clear recommendation as to how the Governors' Council should proceed.

GC/11/15

Service Reconfiguration: Update

The Medical Director updated Governors on the Service Reconfiguration. He explained that the Trust was tasked with a major reconfiguration. This involved looking at changing the structure of the two main District General Hospitals and as a result of that there had been a fundamental change in services.

The key points to note were:-

- The project commenced in 2008/09 and concluded 22 months later and involved the setting up of 5 workstreams i.e. surgery, medical, stroke services, cardiology and emergency medicine. He summarised the work of some of the workstreams:
 - Surgery – unification of the unselected take; unification of GI surgery; developed a Surgical Assessment Centre; the major surgical workload was centred on the Northern General Hospital site
 - Medicine – unified the unselected emergency pathway; a third Medical Assessment Centre was released; developed an Acute Physician Led Service for stroke pathways. The original proposal to place this service at the Northern General Hospital was changed to locate it on the Royal Hallamshire Hospital site.
 - Cardiology – centralised services on the Northern General Hospital Site
- The project had not been without some problems but overall these had been worked through.
- The benefits of the reconfiguration were:
 - Medical staffing had been consolidated;
 - Rationalisation of inpatient beds both surgical and medical which had contributed to the Trust's ability to achieve phase 1 of its bed reduction strategy;
 - Improved care pathways;
 - Investment in improved facilities such as the Theatre Assessment Unit at the Royal Hallamshire Hospital, the Hand Unit, the Burns Unit, Surgical Assessment Centre, the newly developed Vascular Unit and 7-day therapy services
- The unresolved issues were:-
 - Significant bed pressures on the Northern General Hospital site
 - Delayed transfers of care
 - High Accident and Emergency attendance
 - Admission avoidance had not had the affect which had been hoped for
 - Norovirus

In summary, service reconfiguration was necessary even though it resulted in a significant change for some staff but through the good work of many colleagues the project was delivered and in the longer term the Trust would see the benefits of it. Professor Richmond took the opportunity to thank Chris Linacre, former Director of Service Development, for his hard work in leading the project.

During discussion the following points were made:

- The Chief Nurse/Chief Operating Officer stated that it was difficult to determine whether the Broad Lane Centre had had any impact on the Trust. She explained that the previous day had been the second busiest day ever in the Accident and Emergency Department and it was noted that the Broad Lane Centre was not overly busy at the same time. She felt that the Trust needed to help GPs to advise patients to attend the most appropriate facility.
- The Medical Director confirmed that there had been no increase in cancellations due to the service reconfiguration. They remained the same or less but were spread across different specialties with orthopaedics experiencing the most.
- The Chief Nurse/Chief Operating Officer commented on the impact on nursing staff. She explained that there had been staff who had not wanted to move across sites and change was threatening. However morale remained remarkable positive.
- Frank Edenborough stated that feedback from staff had been extremely encouraging. Although initially there had been much concern around the changes in Respiratory Medicine it had worked well and the management of seriously ill patients was now much improved and the new nursing staff had integrated extremely well.

It was agreed that the Medical Director would produce a written update and circulate it to Governors .

Action: Professor M. Richmond

GC/11/16

Appointment Process for External Auditors

The Director of Finance explained that the Governors' Council was responsible for appointing the External Auditor Service. The Audit Committee had been undertaking the selection process over the last few months. Expressions of interests were received from 5 firms and 3 firms were shortlisted and interviewed on 7th June, 2011.

John Donnelly (Chair of the Audit Committee) and Vic Powell (Non Executive Director) led the process. Graham Thompson, Governor, was also involved in the process.

The selection panel had reached a conclusion which would be reported to the meeting of the Audit Committee on 5th July, 2011, and subject to agreement a recommendation would be presented to the Governors' Council on 13th September 2011.

GC/11/17

Elections to Governors' Council: Update

Jane Pellegrina reported that the ballot for the election of Governors opened on 9th June 2011 and the results would be known by 29th June, 2011.

The following Governors were unopposed and were therefore re-elected:-

- George Clark, Public Sheffield North
- Georgina Bishop, Public Sheffield North
- John Warner, Public Sheffield West

GC/11/18

To note

(a) Quality Report 2010/11

Mike Richmond, Medical Director, referred to the Quality Report circulated with the agenda papers (Enclosure F) and thanked Governors for their contribution in developing the report.

He explained that it was a prescriptive document and therefore was not an easy read. However, Julie Phelan, Communications Director, was to produce a more user friendly document in the summer.

It was agreed that the Medical Director would keep Governors informed throughout the year of the progress being made against the priorities set for the coming year.

Vivien Stevens was concerned at the level of error rates reported for diagnosis and treatment coding. The Medical Director explained that coding procedures had improved dramatically in the last three years. The Director of Finance also confirmed that the errors did not equate to a significant financial loss.

John Laxton asked whether the public would have access to the reports to TEG on the "agreed priorities for improvement in 2011/12" as stated on page 43 of the Quality Report. The Medical Director agreed to look into that statement and report back at the next meeting.

Action: Professor M. Richmond

(b) Annual Plan submission to Monitor 2011/12

The Governors' Council **RECEIVED** and **NOTED** the 2011/12 Annual Plan submission to Monitor.

GC/11/19

Any Other Business

Private Patient Facilities

Michael Warner asked whether there was any potential for the Trust to look at providing private patient facilities, particularly on the Royal Hallamshire Hospital site, given that the private patient cap had been removed. The Chief Executive stated that this matter would be considered as part of the Trust's Strategy refresh.

John Laxton asked if the timetable for the Strategy refresh could be circulated Governors.

Action: Sir Andrew Cash

GC/11/20

Date and time of Next Meeting

The next Meeting of the Governors' Council will be held at 5.00 pm on Tuesday 13th September 2011, Chatsworth Suite, Rivermead Training Centre, Northern General Hospital.