

GOVERNORS' COUNCIL

**Minutes of a Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust
GOVERNORS' COUNCIL held on Tuesday 8th June, 2010, in the Undergraduate Common
Room, Medical Education Centre, Northern General Hospital**

PRESENT: David Stone (Chair)

PATIENT AND PUBLIC GOVERNORS

Georgina Bishop	John Laxton	Graham Thompson
Yvonne Challans	Shirley Lindley	Tina Wakefield
George Clark	Andrew Manasse	John Warner
Anne Eckford	Kaye Meegan	Michael Warner
John Holden	Danny Roberts	

STAFF GOVERNORS

Rose Bollands	Mark Hattersley
Frank Edenborough	Vivien Stevens

PARTNER GOVERNORS

Jeremy Wight

APOLOGIES

Joe Abson	Chris Linacre	Richard Webb
Rhiannon Billingsley	Heather McDonald	Tony Weetman
Richard Chapman		

IN ATTENDANCE

Andrew Cash	Neil Priestley	Hilary Scholefield
Sue Coulson	Mike Richmond	Iain Thompson
Mark Gwilliam	Andy Riley	
Jane Pellegrina	Neil Riley	

NON EXECUTIVE DIRECTORS IN ATTENDANCE

John Donnelly	Jane Norbron	Iain Thompson
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PUBLIC

1 member of the public

Prior to the commencement of business, the Chairman welcomed Mr. Andrew Riley, Corporate Development Director, to his first meeting. Mr. Riley was working closely with Professor Scholefield on the Productivity and Efficiency agenda.

The Chairman also reported that had Mr. Richard Chapman and Mr. Joe Abson been able to attend this meeting it would have been their last as they were standing down from their role as Governors. He therefore wished to formally record the Trust's thanks and appreciation to them for all their hard work during their period of office.

GC/10/08

Minutes of the Previous Meeting

The Minutes of the Meeting of the Governors' Council held on Tuesday 2nd March, 2010, were approved as a correct record.

GC/10/09

Matters arising

(a) **Equality and Human Rights**

(GC/10/03) Dr. Manasse pointed out that it was agreed at the last meeting that an item on Equality and Human Rights would be placed on the agenda for today's Meeting.

The Head of Human Resources reported that a paper on the findings of the Kingswood Review and Action Plan was to be presented to the Board of Directors on 16th June, 2010 after which he would give a presentation to the Governors Council at their meeting on 21st September, 2010.

Action: Mr. M. Gwilliam/Mrs. J. Pellegrina

(b) **Car Parking**

(GC/10/03) Mr. Laxton asked for an update on car parking issues following discussions at the previous meeting.

Sir Andrew Cash reported that in the light of Secretary of State's consultation on car parking coming to a conclusion in the near future, and the views expressed by Governors, the Trust Executive Group had agreed, on reflection, not to increase car parking charges for patients and visitors in 2009/10.

GC/10/10

Trust Operations

(a) **Health under the new Coalition Government**

The Chief Executive gave a brief presentation outlining the key points of the new health policy (copy attached to these Minutes)

He explained that Andrew Lansley, Secretary of State, would be producing a White Paper in early July but that statutory changes would not take place until 2012. However, a direction of travel would be established at this stage.

The 5 key principles were:-

- A Patient Led NHS – strengthen patients' choice and management of their own care
- Better health outcomes – shifting focus and resources to outcomes
- Improved Public Health – via a new delivery system

- Reform of long term care – improving access and options for long term and social care
- More autonomy and accountability – constructing a long term framework

He highlighted some of the key elements as follows-

- Clear commissioner/provider split
- New independent NHS Board to allocate resources and provide commissioner guidelines
- Single economic regulator (Monitor) to set tariff, oversee competition, access etc. Monitor has a vastly expanded role in regulating NHS Trusts and all other providers but not GP's at the present. The Care Quality Commission would remain the Quality Regulator as at present
- DH (Department of Health Health) focussed on public health
- Directly elected PCT Boards
- Guaranteed real-terms health spending increases.
- Cust cost of NHS administration by a third, and transfer resources to front line
- GPs to commission care directly.
- Look at the GP Contract/out of hours care

Jeremy Wight stated the he welcomed the focus on Public Health although he noted there were some discussions about a National Public Health Service and the accountability of public health directors to the Secretary of State. He emphasised that, at the moment, it was business as usual.

The Chief Executive reiterated that there was no suggestion of the abolition of PCT's.

He would share any further information with the Governors as soon as it was available.

(b) Chief Executive's Report

The Chief Executive presented his report and elaborated upon the following topics:-

➤ Performance

Care Quality Commission –there had been no further information published by the CQC and therefore the interim assessment that the Trust would score either EXCELLENT or GOOD for its performance against existing targets and new national targets remained the current assessment.

Emergency Services Target – He was very pleased to report that the Trust was successful in quarter 4 achieving performance of 98.28% thus meeting the requirements of Monitor for performance quarter on quarter. For the year as a whole, the Trust achieved performance of 98.27% thus also meeting the requirements of the Care Quality Commission. This good performance had continued into quarter 1 with the target being met each week of the quarter to date despite having had some of the Trust's busiest days.

- 18 Weeks – by successfully overcoming the challenges referred to at previous meetings, the 18 Week target was met at the end of quarter 4 for all specialties except Orthopaedic admitted patients. There was a specific action plan for Orthopaedics which was being implemented to achieve 18 Week compliance as soon as possible in 2010/11. Monitor would be informed that the Trust would not be able to hit the target for orthopaedics until mid-October. There would be

a continued focus throughout quarter 1 on General Surgery and Plastic Surgery where there continued to be significant challenges in meeting the 18 Week requirement. The introduction of the NHS Constitution right to be treated within 18 weeks was a significant change from 1st April, 2010, and arrangements for implementation of this right were currently being put in place

- Cancer Targets – the Trust had hit all the cancer targets
- Infection Control – generally infection control was good.

In response to a question the Chief Nurse confirmed that similar guidelines as last year were in place in case of a Flu Pandemic although the arrangements were being improved upon year on year.

- Staff Survey - In response to a question regarding what the Trust would consider an acceptable score for the staff survey, the Chief Executive replied that the Trust would like to be at the top end of the scoring but it had a particular issue with staff engagement. However the Trust was currently developing a Staff Engagement Policy. The other areas for development were around appraisals, bullying and harassment. It was noted that the Governors would find it helpful to have a presentation on this at a future meeting.

Action: Jane Pellegrina

The Chairman stated that the Trust was a long way from where it would like to be but work was on going to improve the position. He emphasised that the staff had done a fantastic job to enable the Trust to achieve the level of performance it had in the last financial year and expressed, on behalf of the Board of Directors, their sincere thanks and appreciation to all staff. The Governors also reinforced those sentiments.

GC/10/11

Governors' Matters

(a) **The Notes of Governors' Forum Meeting held on 11th May, 2010**

Mr. Laxton reported on the Notes of the Meeting of the Governors' Forum held on 11th May, 2010

He highlighted the following points:-

- Mr. Iain Thompson, Non-Executive Director, had attended the meeting and gave an account of his role and responsibilities. It was hoped that other Non-Executive Directors would do likewise in future in order that Governors and Non Executive Directors could work more closely together.
- The Forum received an update on Real Time Patient Monitoring
- A discussion took place on Strategy and Role of Governor
- Holding Board (Governors Council) to Board Meeting
- Succession Planning for Staff Governors
- The Forum received presentations on hospital mortality figures and transport and car parking

- Governors had attended a number of development days across the country. One in particular was extremely useful. It was a reminder for staff of how it felt to be a patient/relative.

(b) Nomination of a Lead Governor

(GC/10//05 (d)) The Chairman explained that some months ago Trusts were asked by Monitor to nominate a Lead Governor. That person would provide Monitor with a conduit, in extremis, direct to the Governors' Council.

Expressions of interest in the role had been sought from Governors and three Governors had put their names forward. Following which consideration was given on what course of action to take and it was decided that as the role was in extremis it would be best co-located with the Vice Chairman of the Nominations Committee and John Holden was subsequently asked if he would be happy to fulfil the role and he had agreed to the proposition.

The Trust Secretary confirmed that STH had decided to stick to what was required by the Governance Code although he reported that some other organisations had interpreted the role more widely. The Chairman stated that he hoped it would never be necessary to exercise the role as he would be extremely disappointed if Governors did not feel able to raise particular issues with Board Members.

It was agreed that if Monitor redefined the role of Lead Governor, the Governors' Council would like to revisit the matter.

(c) Governors' Time Out "Role of Governors at STH" : Update

(GC/10/05 (b)) Mr. Laxton referred to his written paper (Enclosure E) circulated with the agenda papers. He explained that a group of Governors had been meeting informally to discuss ways to develop the role of the Governor and how to utilise the time of Governors to best effect. The informal meetings had included a discussion with the Chairman and Trust Secretary.

He highlighted some of the key points:-

- The Chairman would attend a monthly meeting with a small group (4) of Governors one week after each Board Meeting to advise them of discussions at the Board Meeting. A working protocol had yet to be developed with the Trust Secretary. Governor nominees would broadly commit to regular attendance in order to develop their understanding of complex issues.
- Further thought would be given to arranging a joint Governors Council and Board Meeting once or twice a year to discuss key issues.
- To develop effective partnership working with Non-Executive Directors. Non-Executive Directors had been invited to attend the Governors Forum in order to share information on their individual responsibilities and the work of Governors.
- The Director of Service Development would hold quarterly briefing sessions for Governors on Strategic Planning.
- Working with the Trust Secretary to develop a strategy for increasing the Trust's membership to 14,000.

The following points were made during discussion:-

- There was a lot of enthusiasm for holding a joint Governors' Council and Board meetings and it was agreed that the Trust Secretary would take this matter forward.

Action: Mr. N. Riley

- It was important that all Governors engaged with their membership.
- Governors would welcome guidance from the Board on areas where they thought the input of Governors would add value.
- It was proposed by John Holden and seconded by Graham Thompson that in future any Non Executive Directors attending Meetings of the Governors' Council should sit at the meeting table and not in the background in order that they can participate in discussions.

GC/10/12

Report from Governors' Council Nominations Committee – Appointment of Non-Executive Director

As part of a full competitive selection process, the Nominations Committee interviewed 4 candidates and John Donnelly was reappointed as Non-Executive Director for 4 years.

GC/10/13

Transforming Community Services

Sir Andrew Cash, Chief Executive introduced this item and Andrew Riley, Corporate Development Director gave a presentation (copy attached to these Minutes). A hard copy of the presentation would be circulated to members after the meeting.

The Chief Executive explained that over the next 3/4 years the Board and Executive Team would be examining the issue of how the hospital might change. The developing view with NHS Sheffield was that we should try to give patients more responsibility for their care. The hospital was just one part of the pathway and it should be working towards moving patient information around the system and not the patient. Alternatives to hospital admission needed to be provided. Transferring community services was the beginning of a process of how the Trust might become a health service provider as well as hospital provision. Early thoughts were that the Trust needed to be looking at changing up to 30% of its bed compliment in order to provide services in a different way and down different pathways.

Mr. Riley gave a brief presentation and the key points to note were:-

- Tight timescale for change:-

May – August 2010	Workshops and Group Work
7 th September 2010	NHS Sheffield Board Decision on preferred model
October – December 2010	Consultation on preferred model
January – March 2011	Transfer of staff and other resources to new provider(s)
1 st April 2011	Go live with new provider

➤ Some of the outcomes and benefits:-

- improving outcomes, patient experience, productivity, efficiency and effectiveness of services
- Maximising the use of the estates and infrastructure
- Sustainable solution both clinically and financially
- Integrating services along the whole patient pathway will allow better, more focused care for patients and support for their carers and family.
- Supports the national “Care Closer to Home” strategy with more people receiving some or all of their care at home or in their local community.
- Removes the barriers to providing more services in local communities
- Brings the benefits of being an FT to community services.
- Close partnership opportunities with PBC and wider GP community
- Integration of dispersed clinical support services
- Opportunity for integrated education and training
- IT opportunities for improving patient care
- Helps to eliminate service waste and duplication
- Reduces service variability across Sheffield

➤ Risks/challenges

- Eye off ball for “core services”
- STH perceived to be a “hospital provider”
- Timescale for the transfer of staff and services
- Fully understanding any inherent liabilities
- Future of PCT contracts with third sector
- How to get community staff on board?
- Competition between providers
- “Cherry picking” of services

The Chairman emphasised that the end result should be that patients get better health services than they get now.

Jeremy Wight explained that the public had been consulted on the strategy and seeking care closer to home rather than on the specific issue of transferring community services. This was a top down imperative from the Government.

The Chief Executive would provide regular updates on this matter to the Governors’ Council and it could possibly be a topic for discussion at the proposed forthcoming joint Governors’ Council to Board meeting.

Action: Mr. N. Riley/Sir Andrew Cash

The Governors sought reassurance regarding risks and it was noted that this would be addressed via the process.

GC/10/14

Quality Accounts

Mike Richmond, Medical Director, referred to the Quality Accounts circulated with the agenda papers (Enclosure F).

He reported that although the timescale for producing the Quality Accounts was particularly tight they were delivered on time. They had been shared with various bodies e.g. Governors Council, Link, PCT, Scrutiny Committee. He was particularly pleased with the

statement from NHS Sheffield (page 22) and he reported that, in further discussion with Link, it had been agreed that the statement on page 22 be removed from the final document. He recognised that some of the language used in the document was not particularly user friendly but the Trust was unable to change it as Monitor was very prescriptive on the content.

In future this would become an increasingly important document and he would be looking to Governors for further contribution. However, he took the opportunity to thank Governors for their input and comments on this year's document.

It was noted that preparation for next year's Accounts needed to commence earlier and the Medical Director would be looking to start work on them in December 2010 and would be looking for a small group of Governors to work with him.

GC/10/15

Review of A&E Position

(GC/10/04) As agreed at the last meeting Professor Hilary Scholefield, Chief Nurse/Chief Operating Officer, gave a brief update on the action arising following the Governors' visit to Accident Emergency.

There were two main recommendations from the visit:-

- (a) Increasing the number of Emergency Nurse Practitioners

Professor Scholefield reported that it had not been possible to increase the number of emergency nurse practitioners but actions had been taken to enable them to fulfil their role more effectively and improve their skill base.

- (b) Addressing the challenges of patients waiting on trolleys

The situation had improved dramatically since 2007 with the opening of the third Medical Admissions Unit and Surgical Assessment Unit

Professor Scholefield stated that one of the concerns regarding the future of Accident and Emergency Services was that the attendance numbers were increasing year on year and that given the size of the Accident and Emergency Department it was nearly at the limit of the number of patients it could deal with.

It was noted that the Governors would arrange a follow up visit to the Accident and Emergency Department in the near future.

GC/10/16

Final Annual Plan for Monitor 2010-2011

Mr. Neil Priestley, Director of Finance, reported that the Annual Plan was submitted as required by 31st May, 2010. The 2010/11 submission was quite different to the previous year. This year Monitor had been very prescriptive about what it required the Trust to provide and had issued various templates for completion. There were 9 templates which totalled 58 pages. Template 1: Vision and Key Priorities was circulated with the agenda papers (Enclosure G).

It was noted that the Director of Service Development had met with the Governors to discuss the Plan so there would be nothing new in there which Governors were not aware of:-

- Strategy unchanged
- Board Statements around targets signed
- A balanced Financial Plan

Some of the major areas covered in the submission were:-

- Contract/funding levels
- Financial climate
- Reconfiguration
- Delivery of Service Targets
- Transferring Community Services
- Key Service Developments
- Staff Engagement
- Leadership Development
- Capital programme and major capital investments

The key risks were:-

- Maintaining service performance
- Financial stability
- Maintaining CQC registration
- General risk management

GC/10/17

Adding Value (Productivity and Efficiency) Programme

Mr. Neil Priestley, Director of Finance, gave a presentation (a copy attached to these minutes) on the Productivity and Efficiency Programme. As the projector facility failed at this point in the meeting it was agreed that a copy of the presentation would be circulated to Governors after the meeting.

He explained that in the last 5 years and over the next 2 years the Trust needed to save £203 million. In 2005 the Adding Value Programme was established and led to a saving of £90 million over 3 years. The programme had latterly been fundamentally reviewed and re-titled as "Service Improvement Programme". There had been a shift from "add on" to part of core business and 3 Sub Programmes had been established:-

- Clinical
- Workforce
- Corporate

The Trust Executive Group had agreed targets for each area over the next 3 years. The focus was on delivery rather than on new ideas and reporting would be on a monthly basis and would be linked to performance management framework.

He reported that the Trust had had a success story to date but that there were major challenges in the future.

GC/10/18

Update on Elections to Governors' Council 2010

The Governors **NOTED** the update on the 2010 elections to the Governors' Council (Enclosure H).

GC/10/19

Date and time of Next Meeting

The next Meeting of the Governors' Council would be held at 5.00 pm on Tuesday 21st September, 2010, in a venue to be confirmed.

Signed Date:
Chairman