

## GOVERNORS' COUNCIL

**Minutes of a Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust  
GOVERNORS' COUNCIL held on Wednesday 23<sup>rd</sup> March, 2011, in the Chatsworth Suite,  
Rivermead Training Centre, Northern General Hospital**

**PRESENT:** David Stone (Chair)

### **PATIENT AND PUBLIC GOVERNORS**

Georgina Bishop	Hetta Phipps	John Warner
Yvonne Challans	Danny Roberts	Michael Warner
Anne Eckford	Graham Thompson	Susan Wilson

### **STAFF GOVERNORS**

Frank Edenborough	Mark Hattersley
-------------------	-----------------

### **PARTNER GOVERNORS**

Jeremy Wight

### **APOLOGIES**

Hilary Chapman	John Laxton	Vivien Stevens
George Clarke	Shirley Lindley	Iain Thompson
Rhiannon Billingsley	Heather McDonald	Chief Supt. Simon Torr
John Holden	Kaye Meegan	Christina Wakefield
Caroline Irving	Mike Richmond	
Andrew Manasse	Neil Riley	

### **IN ATTENDANCE**

Andrew Cash	Chris Linacre	Vic Powell
Sue Coulson	Kirsten Major	Neil Priestley
John Donnelly	Chris Morley	Andrew Riley
Mark Gwilliam	Jane Pellegrina	David Throssell

### **PUBLIC**

3 members of the public

Prior to the commencement of business, the Chairman informed members that Chris Linacre, Director of Service Development would be retiring at the end of March and therefore this was his last meeting and thanked him for his significant contribution to the Trust over 40 years service. Chris Linacre explained that although he was retiring from the Trust he had been asked to become Programme Director, working for the PCT, to undertake a piece of work looking at those systems which form unscheduled care in the city and to make them work better together than at present and to ensure that patients were cared for in the right environment by the right people.

He also thanked Governors for their help during his time as Director of Service Development and had been encouraged by the way the Governors had developed a loyalty to the Trust.

The Chairman also welcomed Chris Linacre's successor, Kirsten Major, to her first meeting.

#### **GC/11/01**

##### **Minutes of the Previous Meeting**

The Minutes of the Meeting of the Governors' Council held on Tuesday 7th December, 2010, were approved as a correct record and signed by the Chairman subject to noting that Yvonne Challans was present.

#### **GC/11/02**

##### **Matters Arising**

###### (a) Transforming Community Services

(GC/10/20) Mr. A. Riley tabled copies of a briefing paper (Enclosure B).

The key points to note were:-

- (i) The Investment Committee had met on several occasions and had considered the findings of the following reviews undertaken by external organisations:-

- Financial due diligence review
- Commercial and legal due diligence review
- Clinical Services review

The findings showed that the Provider Arm was in a good sound financial position and that the services were good.

The Investment Committee also considered:-

- The Heads of Terms proposals outlining the transferring of the proposed adult community clinical services
- The Business Transfer Agreement which was the legal document backing the transfer of services to STH. (
- The business case for the transfer of community services to STH
- The community service contract including the proposed financial plans.

Having considered all the information, the Investment Committee recommended to the Board of Directors that the transfer of adult community services from Sheffield PCT to STH should proceed. The Board of Directors discussed the matter at their meeting on 16<sup>th</sup> February 2011 and ratified the recommendation.

- (ii) The Business Transfer Agreement required a few minor amendments but would be signed off by the Chief Executive and Chairman within the next few days.)
- (iii) Work was now being undertaken to enable the transfer to take place on 1<sup>st</sup> April, 2011. The transfer would take place in three phases:-
- Phase 1: 16<sup>th</sup> February to 31<sup>st</sup> March 2011 - Covers the completion of the transfer of services and the legal process.

- Phase 2: 1<sup>st</sup> April to 30<sup>th</sup> September 2011 (interim phase) - Services would transfer during that period but would remain as a single management entity under the leadership of the current Managing Director who would be accountable to the STH Chief Executive during that time. The services would be called the interim Community Services Care Group and would operate in the same way as other STH care groups. Work would also be undertaken during this phase to support the transformation of clinical services, including services currently provided by STH. This would lead to the development of a transformational plan.
  - Phase 3: from 1<sup>st</sup> October 2011 - This would involve implementing the recommendations from Phase 2 and would signal the start of the transformation process
- (iii) A Service Transition Team had been set up whose remit was to lead the work of each of the three phases.
- (iv) The Services to be transferred were set out in Appendix 1 and would involve the transfer of 1400 staff.

The Chairman stated that most Governors were fully aware of this matter as it had been discussed in detail with them at a strategic session and it was important that the Board of Directors considers the views of Governors.

The points arising from discussion were:-

- (i) Taking on community services would be a significant addition to the Trust's operation,
  - (ii) Consideration should be given to the GC's membership to ensure that community services were represented by people with sufficient experience and knowledge of the services.
  - (iii) Details of the transfer had been publicised both internally and externally.
  - (iv) Arrangements would be made for Governors to visit Community Services in order to help them familiarise themselves with the services. The Board of Directors were also setting up a number of visits.
  - (v) Induction sessions were being set up for community staff.
- (b) Number of Staff Governors

(GC/10/24(a)) The Chairman reported that he would be meeting shortly with Staff Governors to discuss this matter and would also take account of the discussions above on transforming community services.

## **GC/11/03**

### **Governors' Matters**

- (a) Governors' Forum – Notes of Meeting held on 8<sup>th</sup> February 2011

In the absence of John Laxton, Susan Wilson spoke to this item.

The following points were highlighted:-

- The joint meeting of the Board of Directors and the Governors' Council had been held on 16<sup>th</sup> March 2011 and had been extremely successful. She thanked Neil Riley, Trust Secretary, for arranging the session and Andrew Cash, Chief Executive, and Hilary Chapman, Chief Nurse/Chief Operating Officer for their presentations.

- CAPITA had taken over responsibility from Kings Fund for hosting the Foundation Trust Governors' Association
- Retirement of Rose Bollands
- George Clarke reported that, together with Susan Wilson, he had met with Chris Morley, Deputy Chief Nurse, to discuss issues around nursing care and he was happy with how things were progressing. Frank Edenborough also reported hearing a number of complaints recently about the quality of care on the wards. He also asked whether the Trust would redeploy staff and/or loose staff associated with ward closures and service expansions.

Chris Morley explained that a review was being undertaken in relation to some of the wards in the Huntsman Building and some issues had been identified which may relate to how the services had been reconfigured.

The number of formal complaints received by the Trust had not increased nor had a significant increase in the number of complaints relating to nursing care been observed across the Trust. He reported that twice a year, across the Trust, an exercise was undertaken to look at the dependency of patients on each ward and the number of nurses required to care for that level of dependency. The results of the exercise were used to ensure that there were safe levels of nursing staff across the Trust. The Chairman emphasised that, even though the complaints heard may have been anecdotal, it was important that they were looked into and addressed. He asked that if Governors hear such complaints/messages that they should make further enquiries into their nature in order that they could be investigated appropriately.

The Governors' Council **RECEIVED** and **NOTED** the notes of the Governors' Forum held on 8<sup>th</sup> February, 2011.

(b) Briefing Sessions Governors have attended

John Warner spoke to this item but could only cover the Strategic Planning item:-

- Strategic Planning – he expressed his thanks to Chris Linacre and his team for engaging Governors in such an open way in talking them through the Trust's strategy. Discussions also took place at an early stage which gave Governors a better understanding of the strategy and therefore more confidence in supporting it. He felt that the strategy needed to be extended to include transforming community services.

Governors were concerned about the creation of the new markets particularly the potential for fee paying patients and would expect to be consulted on this matter if the Trust was planning any developments in that area.

It was felt that more emphasis should be given to staff engagement within the strategy.

Governors felt that they needed to better understand the Leadership Development Strategy and had requested a briefing session on it.

There was a need to look at Governors' training in the light of the changes around how FT's were managed.

- Board Briefings – Anne Eckford reported that the briefing sessions had been extremely useful and it provided an opportunity for Governors to express their points of view in a frank and positive way and also to receive feedback.

Governors felt that they were being kept informed. The Chairman emphasised that the key issue was there was a 2-way process of sharing information.

- Finance – The sessions given by Neil Priestley, Director of Finance, were well received and helpful

(c) Governors' Council Strategic Session with Board of Directors – 16 March 2011

The Chairman reported that the Board of Directors held its first Governors' Council Strategic Session on 16<sup>th</sup> March, 2011 and the feedback he had received from John Holden, Lead Governor, was good. The Chairman also felt that the session had gone extremely well and hoped Governors felt the same way. The intention was to hold more of these sessions in the future.

Frank Edenborough felt that the future sessions could be improved by being a little more balanced between the time allowed for information giving and that allowed for discussion and questions.

(d) Planning for Governors' Time Out

In the absence of Neil Riley, Trust Secretary, Jane Pellegrina reported that plans for a Governors' Time Out were progressing. Mr. Riley had met with a small group of Governors to discuss the agenda and whether to use an external or internal facilitator. Mr. Riley was in the process of arranging an appropriate facilitator and a date for the Time Out would be agreed in the near future.

## GC/11/04

### Trust Operations

#### Chief Executive's Report

The Chief Executive presented his report (Enclosure D) previously circulated with the agenda papers and elaborated upon the following topics:-

- Performance – at the end of Quarter 3, the Trust position was overall a satisfactory one despite the poor weather which dominated the final four weeks of the quarter.

In relation to cancer services the Trust had continued to experience problems with particular aspects of the cancer waiting times targets and this was compounded by the poor weather during December 2010. In relation to the two week wait for cancer referrals the Trust missed that target by 1% achieving 92% against the threshold of 93% and in relation to the two week wait for breast symptomatic patients the Trust did not achieve that target with performance of 87% against the target of 93%. This was largely because patients were not booking or attending for their appointments within the prescribed two weeks. An action plan was being devised to address the problem.

The Trust also missed the 62 day screening target where performance was 86% against the threshold of 90%. This was due to the small numbers involved in this particular target in that throughout the quarter there were only five breaches, all of which were due to either clinical conditions/complexity of the patients concerned or resulted from patient choice.

The impact of non compliance with these particular targets in terms of the Trust's position with Monitor was that the Trust has lost 1.5 points which meant that the Governance rating for quarter 3 would be **AMBER-GREEN**.

In relation to the CQUINS target, the position was being closely monitored with the intention that the vast majority of these targets would be met and the financial penalties therefore not

incurred. The targets which were proving most challenging concern were the VTE risk assessment, primarily in terms of the manual completion of the necessary documentation, rather than actually carrying out the assessments themselves and ensuring smoking quits by pregnant women and the proportion of women taking up breast feeding.

➤ Financial - In financial terms, the Trust deficit at month 9 was £10.8m which was a significant cause for concern for the delivery of this year's financial plan and in terms of the outlook for future years. The month 9 position absorbed a contract income underperformance of just over £2.0m. This was a deterioration of £0.9m in December 2010. Netted off this figure was £2.5m worth of income losses associated with the emergency threshold and the outpatient follow up cap (this was a net decrease of £0.1m from month 8). Whilst the extent of losses appeared to have stabilised over the last four months, the loss remained a major financial pressure as expenditure had been incurred on activity which would not be paid for in part or in full by Commissioners

➤ Infection Control

- MRSA - 1 case of MRSA bacteraemia was recorded during the month of January however this was not Trust attributable as this was detected on admission. The patient concerned had not been treated at the Trust for some years so investigation of the root cause was being led by Sheffield PCT. The year to date performance was now 9 cases of MRSA against a year to date target of 10.
- C.Diff - In January, the Trust recorded 27 positive samples. This was 10 cases above our in-house indicator and 1 under the contract plan for the month.
- The health community performance was always one month in arrears to allow for the allocation of cases in Sheffield residents treated in other hospitals. The position in December was year to date performance of 212 against a year to date target of 336.
- MSSA - The Trust had started to return data on the number of cases of MSSA bacteraemias to the Health Protection Agency. Similar to C.diff and MRSA bacteraemias, the cases were labelled as either Trust attributable or community acquired. For January, 8 Trust attributable cases of MSSA bacteraemia were recorded. It was currently expected that the Trust would be set a reduction target for MSSA bacteraemias from April 2012.
- Norovirus - The Trust had experienced an increase in the number of cases of during January and at times this had had an impact on service delivery with up to 30 beds being closed at its worst.

➤ Appointments - Paul O'Connor had been offered and accepted the substantive post of Chief Executive at Barnsley Hospital NHS Foundation Trust. He had been working with the Trust as Interim Chief Executive since the summer of 2010.

Simon Morrith, Chief Executive of NHS Bradford, had been appointed Chief Executive of the Children's Hospital NHS Trust and would take up the post in 6 months' time.

➤ Clusters - He explained that one-third of the 152 PCTs had vacant Chief Executive posts. As a consequence of that position a decision had been taken to bring PCT's together to form clusters/sectors. It was expected that Clusters would last for 18 months. In Yorkshire and Humber he estimated that there would be 6 /7 clusters. He felt that there would be that one cluster for South Yorkshire as a whole and emphasis would be given to maintaining the governance arrangements for the transformation programme within Sheffield as part of the wider arrangements for the cluster.

Andy Buck had been appointed as Chief Executive and Tony Pedder had been appointed as Chairman of the Yorkshire/North Derbyshire and Bassetlaw Cluster.

- Financial Planning – The Chief Executive reported that the Board of Directors, at their March meeting, had given considerable thought about planning for the next financial year. It was also the topic of discussion at the joint Governors and Board Meeting held recently. The Board of Directors had approved the 2011/12 Financial Plan which included the delivery of £36 million of efficiency savings. To achieve that target the Trust would need to reduce its headcount but he emphasised that the Trust would avoid any compulsory redundancies at present.

The Trust would be putting out communications both internally and externally regarding the programmes to be implemented in order to achieve those savings.

The outcome of the contract negotiations with NHS Sheffield would be discussed by the Board of Directors at their April Meeting.

Governors asked whether the restriction on GP referrals for certain procedures would be extended beyond the end of March 2011 and also if they were lifted would the Trust expect to see a sudden increase of referrals. The Chief Executive explained that the Sheffield PCT did not want to continue with that approach and it was possible that the Trust would experience an influx of referrals. Dr. Wight stated that NHS Sheffield were considering how to manage an increase in referrals if the restrictions were lifted but the outcome of those discussions were not known. He explained that NHS Sheffield did not have a balance financial plan for next year and had a few options including:-

- (a) Continue to restrict referrals
- (b) Remove the restriction and run the risk of implementing them again in November 2011
- (c) Find a strategic way to balance NHS Sheffield's books and the Trust's books.

Dr. Wight was therefore unable to reassure Governors that the restrictions would be lifted.

## **GC/11/05**

### **Quality Accounts**

#### **Performance Indicator**

In the absence of Andrew Manasse, David Throssell spoke to this item.

He explained that, as last year, the Trust was required to produce a Quality Report to sit alongside the Financial Accounts. He explained that Monitor had proposed that in addition to the two indicators specified by them they also required assurance in relation to one locally agreed performance indicator from the Quality Report and that indicator should be agreed by Governors.

Susan Wilson reported that at the meeting of the STHFT Quality Report Project Team held on 17<sup>th</sup> February, attended by several Governors, the matter of choosing the third performance indicator was discussed and after extensive discussion the Project Team agreed that the third indicator should be either:-

- the percentage of patients who were re-admitted to hospital, or,
- the percentage of Primary Angioplasty patients who are treated within the 150 minutes standard for "call to balloon time"

It was also agreed that the Governors' Council should be asked to agree which of the above two it should be.

Following discussion, the Governors' Council **AGREED** that the third indicator should be "the percentage of patients who were re-admitted to hospital". It was also agreed that a patient should be considered to have been re-admitted for the purposes of this indicator only if the reason for readmission was related to the condition responsible for the first admission.

#### **GC/11/06**

##### **Annual Plan for Monitor 2011-12: Presentation**

The Director of Finance gave a detailed presentation on the Monitor 2011/12 Annual Plan. He pointed out that there was nothing new in the Plan that Governors were not aware of.

The presentation covered the following areas:-

- Timescales
- Board Statements and Certificates
- Finance, Contracts and Capital Programme
- Activity levels
- Performance Targets
- Developments
- Workforce
- Governance and Key Risks

The Director of Finance emphasised that the Trust faced a significant challenge to deliver the Plan. However, the Chairman stated that there were some enormous opportunities to be taken.

#### **GC/11/07**

##### **Patient Experience Report: To Note**

Mr. Morley introduced this item and pointed out that it was a Quarterly Report and not an Annual Report as stated on the agenda. The report presented patient experience feedback from a wide range of sources including national surveys, frequent feedback, website feedback and complaints.

He explained that the report was being refined following feedback to ensure that it was an accurate reflection of patients' experience and enabled improvements to be made to the patient's experience. In the future it was planned that a summarised version of the report would be placed on the Trust's Web Site.

The Governors' Council **RECEIVED** and **NOTED** the Patient Experience Quarterly Report.

#### **GC/11/08**

##### **Any Other Business**

##### **CQC Spot Inspection Visit**

The Chief Executive reported that the CQC had made an unannounced spot inspection visit to the Trust that morning. The visit was focused around nutrition and older people. They had visited Hadfield 3 and 6 wards. The initial feedback was encouraging in that Hadfield 6 was very good and Hadfield 3 was good. The issues with Hadfield 3 were around how food was presented not the quality.

The CQC had asked the Trust to submit various documentation by Monday 28<sup>th</sup> March, 2011. The CQC would issue a formal response in due course



**GC/11/09**

**Date and time of Next Meeting**

The next Meeting of the Governors' Council would be held at 5.00 pm, Tuesday, 7<sup>th</sup> June 2011, Chatsworth Suite, Rivermead Training Centre, Northern General Hospital