

GOVERNORS' COUNCIL

**Minutes of a Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust
GOVERNORS' COUNCIL held on Tuesday 2nd June, 2009, in the Chatsworth Suite,
Rivermead Training Centre, Northern General Hospital**

PRESENT: David Stone (Chair)

PATIENT AND PUBLIC GOVERNORS

Joe Abson	Anne Eckford	Graham Thompson
Georgina Bishop	John Holden	Christina Wakefield
Richard Chapman	John Laxton	Beryl Wilson
George Clarke	Kaye Meegan	Susan Wilson
Susan Coldwell		

STAFF GOVERNORS

Rosemary Bollands	Mark Hattersley	Stephen Westby
Mike Collins		

PARTNER GOVERNORS

Jeremy Wight

APOLOGIES

Rhiannon Billingsley	Martin Rosling	John Warner
Paul Broadbent	Phil Seager	

IN ATTENDANCE

Andrew Cash	Chris Linacre	Neil Riley
Sue Coulson	Jane Pellegrina	Mike Richmond
Mark Gwilliam	Neil Priestley	Hilary Scholefield

OBSERVERS

Peter Barrett, Chairman, Nottingham University Hospitals NHS Trust
Julie Tabreham, Non Executive Director, Nottingham University Hospitals NHS Trust

MEMBER OF THE PUBLIC

1 Members of the Public

Prior to commencement of business, the Chairmen welcomed Peter Barrett, Chairman, and Julie Tabreham, Non Executive Director, from Nottingham University Hospitals NHS Trust, to the meeting as observers and also welcomed Mark Gwilliam, Acting Director of Human Resources to his first Governors' Council Meeting.

The Chairman also reported that the following Governors were attending their last meeting and extended his thanks and appreciation for their contribution:-

- Susan Coldwell
- Steve Westby
- Mike Collins

He also reported that:-

- Clare Rawding and John Hulse were standing down and not standing for re-election
- John Holding, Beryl Wilson and Susan Wilson were standing for re-election
- Rose Bolland was unopposed and had been re-elected
- with great sadness Elaine Hill had died after a long illness. Elaine had been elected as Governor in 2006.

GC/09/11

Minutes of the previous Meetings

The Minutes of the Meetings held below were agreed as a correct record and signed by the Chairman:-

- Private Meeting of the Governors' Council held on Tuesday 3rd March 2009
- Public Meeting of the Governors' Council held on Tuesday 3rd March 2009

GC/09/12

Matters arising

Annual Plan 2009-2010

The Chief Executive introduced this item and referred to the Executive Summary at the front of the document.

He explained that the Trust's new Corporate Strategy would ensure that the organisation would work towards achieving excellence as standard in all contact with patients, their families and carers. It was focused around three key pillars:-

- Achieving clinical excellence
- A good experience for patients and their families
- Engaged and valued members of staff

He reported on the key achievements for 2008/09 as detailed in Section 2 of the Plan. Generally 2008/09 had been a good year with the Trust achieving all targets with the exception of the Emergency Services target. He also mentioned that a couple of issues of concern had arisen from the staff survey. He reported that in respect of performance against the 2008/09 Healthcheck he would expect the Trust to score EXCELLENT or GOOD.

He then reported on the key objectives and targets for 2009/10 as set out in Section 4.1 of the Plan. In terms of activity and waiting times he expected a growth across all activity areas except for non-elective spells. One of the key aims for 2009/10 was to reduce the waiting lists.

He explained that the Trust had moved onto the standard national contract for 2009/10. However, he reported that the Trust had also signed up to a Local Implementation Agreement which clarified the way in which the new Contract terms would be applied and preserved many

of the better features of previous contract agreements. He emphasised that the Trust had a good relationships with its commissioners and thanked Chris Linacre, Director of Service Development, for all the hard work he undertakes leading on the Trust's external business.

A comprehensive assessment of service risks for 2009/10 had been undertaken. Within this analysis certain potential high risk issues remained:

- Emergency demand (admissions and A&E attendances) is at a higher level than planned, continuing to place severe pressure on the A&E 4 hour waiting time standard.
- Referrals received are at higher levels than planned which, combined with the risk of the cancellation of elective admissions, threatens the achievement of the 18 weeks RTT standard.
- Unpredictable and variable incidence of infection rates in the community makes the achievement of the national target rates for MRSA and Clostridium Difficile problematic.

A comprehensive management response was in place to mitigate these risks as far as possible and therefore ensure the delivery of all targets.

A significant risk to "Achieving Clinical Excellence" was the European Working Time Directive. This remained a huge challenge not only for this Trust but Trusts throughout the country.

The Medical Director briefed members on the background and current position. He explained that that the EWTD had been planned for a number of years and the Trust had been actively working through it for the past three years. The Medical Workforce Project Board had been set up to lead the process. In 2006 new legislation was implemented which prevented doctors from outside the EU applying for jobs in the UK and this had had a significant impact on the Trust's ability to fill all its vacancies for junior doctors.

The difficulty which all Trusts faced was to deliver a rota on paper that complied with the EWTD regulations and the challenge of filling non training posts. Despite being an attractive employer and recruiting in Eastern Europe it was not possible to guarantee that all jobs would be filled. A contingency plan had been drawn up if required which included the option for junior doctors to personally opt out of the directive.

Another significant challenge to the Trust was equality and human rights and the Chief Executive together with the Acting Director of Human Resources would be leading on this matter.

The Chief Executive referred to the objectives in relation to the internal clinical services reconfiguration programme as set out in Section 7.1 of the Plan.

He explained that the financial outlook for the Trust was, as always, heavily influenced by national policy and the health of the public finances. The general economic downturn was clearly having a very detrimental effect on the latter with unknown, and potentially further, adverse financial consequences for the Trust. The key factors looking ahead were set out in detail in Section 8 of the Plan.

The following questions/issues were raised:-

- The rising birth rate and the implications this had for the Jessop Wing
- Concerns relating to information governance relating to security of laptops and memory sticks
- Junior doctor recruitment and compliance with rotas.

- Bed capacity – would the additional 80 beds planned be sufficient. The Chief Executive reported that a thorough review of the patient pathway had been undertaken and it had been agreed that the Fracture Clinic should be relocated in order that the Accident and Emergency Department could be expanded. A third Medical Assessment Unit was also planned.

The Trust were also looking at purchasing modular accommodation to be located on the Northern General Hospital site. This modular accommodation would provide additional beds which would address the winter pressures and also the single sex accommodation problems.

The Chairman explained that this was the Trust's first year of its new Strategy Plan and funding for the NHS was going to change dramatically and the Plan was intended to cope with that. Currently the Trust had a financial foundation which allowed it to provide healthcare as it would wish but it needed to plan for the next three years. A week ago Chief Executives were called to a conference led by David Nicholson which laid out the financial position for the NHS for the next five years. For the next two years the public sector would receive additional growth monies to the tune of about 11%. In years three, four and five there would be zero growth and at the same time efficiencies would still be required at about 3% but the Trust would also add a further 2% for its cost pressures. The whole point of the conference was to forewarn Trusts that huge financial and productivity measures were on their way. It was noted that the Trust Executive Group were planning for the next three years and beyond. Quality and efficiency go together and a good example of that was the productive ward, staff rostering, length of stay, coding, patient pathways

David Nicholson also referred to innovation and community services. Over one-fifth of NHS staff worked in the Community and it was estimated that nationally there was £5.2 million of savings to be made in that area. Trusts should also look to creating long term partnerships which improve quality and productivity.

Members raised concerns at the impact of the productivity and efficiency targets on nursing staff in particular. It was recognised that impacts were starting to be seen in some departments. What was the Trust doing to analyse the impact of the productivity and efficiency programme on staff and the consequent levels of stress experienced by staff? Managers were being asked to plan for a reduction in staffing levels in 2010/11.

It was noted that the Trust's staff turnover was not higher than the average but the age profile was worrying. Mark Gwilliam, Acting Director of Human Resources stated that a major exercise was needed to be undertaken on STH volumes and leadership behaviours and to identify what structures are required for the future.

GC/09/13

Trust Operations

The Chief Executive presented and elaborated upon his written report previously circulated with the agenda papers on matters of topical interest and concern with particular reference to the following:-

Performance

He reported that for quality of services, performance against existing targets was likely to be Fully Met with an underachieve against the emergency services target as the performance for the year as a whole was 97.8%.

In respect of the 13 national priority indicators the position was less clear as the thresholds for achieving had only been published for two of the indicators. The best estimate at the present

stage was that the Trust would achieve on 5 of the remaining 11 indicators given that it was confident it could meet the two indicators where the thresholds had been published. The particular areas of concern, as previously reported to the Board, were:-

- Stroke care
- Going further with cancer waits
- Staff survey

In summary, the current assessment was that the Trust would either score **EXCELLENT** or **GOOD** for this aspect of the Healthcheck.

Emergency Services

The Emergency Service performance had been poor in April. The Trust had achieved a rolling average of 99.3/99.4% over the last four weeks. However the Trust was now back on track to delivering 98.8% for quarter 1.

The Chief Executive reiterated the importance of achieving the emergency services target for Quarter 1 as failure to do so may lead to Monitor intervention.

18 Weeks

The Trust had met the 18 Week target for the months of January, February and March 2009. It had done so against the background of an increase in referrals throughout 2008/09 and with the outpatient and inpatient waiting lists remaining above trajectory.

Monitor had indicated that from the end of Quarter 1 they wished to see reporting by specialty and this presented a challenge particularly for orthopaedics and neurosurgery. However neither Monitor nor the Department of Health had yet to determine at what point the 18 week target would need to be met by specialty rather than for the Trust as a whole.

Swine Flu

There had been 250 reported cases nationally with 1 case confirmed in Yorkshire and Humberside.

Jeremy Wight reported that the situation was unfolding as anticipated. The problem would be if a new strain of flu emerged then it would appear that the majority of the population would not have any immunity. People in their late 50's and above would be less susceptible to it.

It was anticipated that there would be relatively low levels of new cases over the next few months but more cases were expected in the Autumn. In the mean time the national strategy was to contain it and to make the plans as good as they could be and to learn from what had happened in the southern hemisphere.

GC/09/14

Governors' Matters

(a) Meeting of the Governors' Forum held on 30 April 2009

The Governors' Council **RECEIVED** and **NOTED** the notes of the meeting of the Governors' Forum held on 30th April, 2009.

(b) To note Governors' Reports-

Jessop Visit

The Governors' Council **RECEIVED** and **NOTED** the report from the Governors' Visit to the Jessop Wing at the Royal Hallamshire Hospital on 9th March 2009.

It was noted that this report had been discussed by the Trust Executive Group as their May Meeting. The TEG response column would be completed and the report circulated to Governors.

(c) Update from the Governors' Council Nominations Committee

John Holden, Vice-Chair Nominations Committee, informed the Council that Vickie Ferres, Non Executive Director, was up for re-election. Shortlisting was due to take place on 15th June and interviews would be held on 24th June, 2009. The successful candidate would be in post w.e.f. 1st July 2009.

Professor Weetman's post was also due for renewal and as this was a University appointment the Chairman had spoken to the Vice Chancellor about this and he had now received a nomination for consideration.

(d) Foundation Trust Governors' Association National Development Day – to note a report

The Governors' Council **RECEIVED** and **NOTED** the report on the National Development Day produced by Susan Wilson.

(e) Regional Governors' Event hosted by STH

The Chairman reported that this had been a very successful event.

(f) Governors' Time Out "Role of Governors at STH" – update

The Trust Secretary reported that he had a meeting arranged within the next week to discuss this matter and it was hoped that a Time Out would be arranged within the next six weeks.

GC/09/15

Quality Accounts – to note

The Chief Nurse presented the final version of the Quality Report and thanked members of the Governors Council for their helpful comments which had been incorporated into the final document.

The Chief Nurse reported that it was now a requirement that the Quality Report had to be included in the Trust's Annual Report. She also indicated that there was further guidance emerging and that as a result next year's version of the Quality Report may be very different.

GC/09/16

STH Response to the Healthcare Commission Reports on Mid-Staffordshire NHS Foundation Trust/Birmingham Children's NHS Foundation Trust

The Trust Secretary introduced this item.

He explained that following the Healthcare Commission's publication of reports into investigations into Mid-Staffordshire NHS Foundation Trust and Birmingham Children's Hospital NHS Foundation Trust which had identified significant failings relating to quality of care, governance and leadership, the Trust had commissioned an Assurance Review of the key issues of the reports to be undertaken by the Head of Patient and Healthcare Governance and the Assurance Manager under the leadership of the Trust Secretary.

Since the publication of the above reports, two follow-up reports, commissioned by the Secretary of State, had been published. The Secretary of State and Monitor had also released responses to the Alberti and Colin-Thomé reports. The two reports would be reviewed to pick up any additional issues or further develop identified issues and integrate them into future work, as appropriate. In addition, the review would also consider progress with national initiatives to improve care or assurance that had been announced in response to the original investigation reports.

Regular reports on progress over the next few months would be submitted to TEG and the Board of Directors via its Healthcare Governance Group. The Assurance Review would be completed by the end of the Summer and a full report would be presented to the Governors' Council thereafter.

One of the issues at Mid-Staffordshire was that their Governors were not well prepared for their role. However, the Chairman pointed out that the Healthcare Commission's investigation commenced only 3/4 weeks after the Foundation Trust was formed and therefore all the Governors were very new to their roles. Training for Governors was now in place and it was noted that Governors from STH were to visit Mid-Staffordshire.

It was also **NOTED** that the Chairman agreed that there was a need for the Governors' Council to have a debate (as referred to in William Moyes' Letter – top of page 3) on how the Governors could be an effective channel to ensure that the Board had a realistic picture of how the quality of its services were viewed by its patients, its staff and the general public it served.

Action: David Stone

GC/09/17

Elections to Governors' Council 2009 – To note Electoral Reform Services Statement of Nominated Candidates

There was nothing further to add to the report as circulated with the agenda papers (Enclosure I).

The issue of how long Governors were allowed to serve was raised and the need to get the balance right between experienced Governors and new Governors. The Trust Secretary confirmed that currently the Constitution stated that Governors were allowed to serve for two terms. However the Trust was at liberty to change that rule.

It was **AGREED** that the Governors Forum should discuss this matter and report back to the next meeting of the Governors' Council.

GC/09/18

Governors' Council Terms of Reference

The Governors' Council **RECEIVED** and **APPROVED** the Terms of Reference. It was agreed that they would be reviewed every two years.

GC/09/19

Date and time of next Meeting

The next Meeting of the Governors' Council would be held at 5.00 pm, Tuesday 29th September, 2009, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital