

Sheffield Teaching Hospitals

NHS Foundation Trust

GOVERNORS' COUNCIL

Minutes of a Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust GOVERNORS' COUNCIL held on Tuesday 1st December, 2009, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: David Stone (Chair)

PATIENT AND PUBLIC GOVERNORS

Georgina Bishop	Shirley Lindley	Graham Thompson
George Clark	Andrew Manasse	Christina Wakefield
Yvonne Challans	Kaye Meegan	John Warner
John Holden	Danny Roberts	Michael Warner
John Laxton	Phil Seager	Beryl Wilson

STAFF GOVERNORS

Rose Bollands	Mark Hattersley	Vivien Stevens
Frank Edenborough		

PARTNER GOVERNORS

Paul Broadbent	Heather MacDonald
----------------	-------------------

APOLOGIES

Joe Abson	Anne Eckford	Jeremy Wight
Richard Chapman		

IN ATTENDANCE

Andrew Cash	Chris Linacre	Iain Thompson
Sue Coulson	Jane Pellegrina	Mike Richmond
John Donnelly	Neil Riley	Hilary Scholefield
Mark Gwilliam		

PUBLIC

1 member of the public

Prior to commencement of the meeting the Chairman welcomed Chief Superintendent Paul Broadbent to his first meeting.

GC/09/30

Minutes of the Previous Meeting

The Minutes of the Meeting held on Tuesday 29th September, 2009, were approved as a correct record.

GC/09/31

Matters Arising

(a) Investigations into Mid-Staffordshire and Birmingham Children's Hospital NHS Foundation Trusts – STHFT Assurance Review

(GC/09/21) The Trust Secretary reported that following discussion at the previous Governors' Council Meeting the Chief Executive had received comments from one Governor to whom he had responded.

(b) Planning for the Financial Downturn – STH Response to Monitor

(GC/09/26) The Director of Finance explained that Enclosure B circulated with the agenda papers was the final commentary which had been submitted to Monitor along with various detailed financial proformas.

A standard feedback letter (tabled) from Monitor had been sent out to all Foundation Trusts. The letter set out the four categories into which Foundation Trusts could fall into. STH had been placed in category 2:-

“Trusts which have made some progress in understanding and considering the main risks and the actions required to mitigate them, although these plans often require significant additional work, testing and analysis to ensure that the detailed underlying actions and consequences for patients are understood, fit within the overall strategy of the trust and its commissioners and progress can be measured ahead of and during implementation.”

He felt that the key points over the last few months which would continue to be debated were:-

- How good were our assumptions?
- Preparations for the future particularly in respect of delivering another £90 -£100 million of efficiency savings

(c) Productivity and Efficiency Programme

(GC/09/24) The Chief Executive reported that the P&E programme for this year was £24 million. The plan was to deliver £10 million of this target in the first six months of the year and £14 million in the second half of the year. However, the Trust was slightly behind this target as it had only delivered £8 million but the Trust Executive continued to push ahead relentlessly the many schemes in order to correct that position.

The Chief Executive reported that the Department of Health were to publish the Operating Framework on 10th December, 2009. The Framework set out an overview of the priorities for the NHS next year. However, he emphasised that Managers were already preparing for “flat growth”.

The Chief Executive reported that he would be submitting a more detailed longer term plan for the next 3 years to the December Meeting of the Board of Directors. The Trust would be looking to make savings in the following areas:-

- Clinical efficiencies – reduce length of stay, reducing outpatient appointments
- Directorate P & E Schemes
- Workforce – reduced headcount through natural turnover
- Income
- Integrated Services – working more closely with GP's in the primary care sector and to look at care pathways in order to avoid patients having to come into hospital for treatment

The following comments were raised during discussion:-

- (i) Reduction in PCT expenditure as well as acute care. Therefore dilemma between competition and planned approaches. It was not in the Trust's best interest to bankrupt NHS Sheffield.
- (ii) STH's relationship with the Care Trust was one of co-operation not competition.
- (iii) The use of digital technology.
- (iv) The importance of the public sector leaders working together. Concern was expressed at the non attendance of City Council Members at Governors Council meetings. The Chairman reported that he had this matter in hand. The Chief Executive also confirmed that he had regular one to one meetings with John Mothersole, Chief Executive, Sheffield City Council.
- (v) Importance of maintaining clinical quality and interaction between Consultants and General Practitioners. The Chief Executive reported that this was to be addressed as part of the joint Clinical Summit and Board to Board Meetings between NHS Sheffield and the Trust.

The Chairman reported that this was an extremely difficult period and the Trust had to cut costs but emphasised that this would not affect the quality of services provided.

(d) Update on Progress on Service Reconfiguration

(GC/09/25) It was noted that the Medical Director and Director of Service Development had had a meeting prior to the Governors' Council Meeting in order to fully brief Governors on this issue.

GC/09/32

Trust Operations

Chief Executive's Report

The Chief Executive presented and elaborated upon his written report circulated with the agenda papers (Enclosure C)

(a) Chief Operating Officer

Professor Hilary Scholefield had taken up the role of Chief Operating Officer with effect from 1st December, 2009, following the retirement of Professor Chris Welsh.

(b) Performance

Cancer - The introduction of the revised cancer targets from the end of quarter 2 had created a small number of significant challenges for the Trust. In particular, the Trust in Quarter 2 had failed to meet the target in respect of two issues:

62 day wait for first treatment following referral from a Cancer Screening service, Breast, Cervical and Bowel. Because Bowel cancer Screening had not been fully implemented across the network and was not in a stable position the Health Authority had been informed that the Trust would not offer any further data on Bowel Cancer Screening referrals until stability had been achieved. There were operational problems across the network service and within the Trust that were now being addressed.

2 week wait from referral to date first seen - all cancers. Patients within the Trust were exercising choice to accept first clinic appointments beyond the 14-day period to a greater extent than tolerance allowed for in the target. Plans were being assembled to offer further choices within the 14 days, which may involve added capacity, to gain the further 1% to comply with the threshold.

In relation to both of these targets, action plans were now in place to seek to improve the position. However, failure against any of the current 62 day and two-week wait targets attracted a weighting in the Monitor compliance code and the failure to meet either of these targets in the way in which Monitor has assembled them will give an adverse weighting resulting in the Trust's self assessment of its performance against the Governance rating regime at the end of quarter 2 being declared as **AMBER**.

Emergency Services Target - The Trust continued to be challenged by this target nevertheless there had been some progress in terms of achieving the targets for quarter 3. As at week ending 8th November, 2009, the quarter 3 position was 97.79% to date which meant that for the remainder of quarter 3 (just over 6 weeks) the Trust needed to achieve performance of 98.13%. The cumulative position for the year to date was 98.37%.

Financial Position

The month 6 position showed a significant and worrying deterioration in the financial position such that with an overspend of just under £4m serious and determined action needed to be taken to ensure that the Trust did not jeopardise its ability to meet its financial targets at the year end. An 8 point action plan had been agreed of which the headlines were as follows:

- Pay (Workforce) Expenditure Controls
- Non Pay Expenditure Controls
- Clinical Efficiencies
- Maximisation of Income
- P&E Delivery (Clinical and Corporate Directorates)
- P&E Delivery (Central Workstreams)
- Contingencies and Central Actions
- Performance Management

GC/09/33

Governors' Matters

(a) Governors' Forum Meeting held on 3rd November 2009

Mr. Laxton highlighted the following items from the Notes of the Forum:-

- Membership Recruitment Activity – a significant amount of time and effort was put into recruiting new members for little return. The Forum would welcome guidance from the Board of Directors on membership.

The Chairman agreed to take this matter to the Board and report back.

Action: Chairman

The Governors' Council **RECEIVED** and **NOTED** the notes of the Meeting of the Governors' Forum held on 3rd November 2009.

(b) Governors' Time Out "Role of Governors at STH" - update

Mr. John Laxton reported that following the Governors' Time Out Governors had had two extremely helpful meetings with the Trust Secretary and Director of Service Development.

The plan now was to produce an action plan and briefing paper for consideration by the Board of Directors.

(c) Governors' Visit Report

The Governors' Council **RECEIVED** and **NOTED** the notes of the report on the visit to the RHH Estates Department on 13th October 2009.

The Trust Secretary reported that responses from Estates and the Trust Executive Group on the issues raised were now available and it was agreed that these would be circulated to Governors' given that the next meeting of the Governors' Council was not until March 2010

(d) Nomination of a Lead Governor

The Chairman reported that this was still work in progress and would report back as soon as possible.

(e) Governors' Council Nominations Committee

Mr. John Holden reported that he was due to meet with the Chairman later in the week to complete the appraisal for 2008/09.

GC/09/34

Results of the 2008/09 Annual Health Check

The outcome of the Healthcheck was published on 13th October 2009 and the Trust had received GOOD for Quality of Services and EXCELLENT for Financial Management.

The key areas in which the Trust had under achieved were on the new priority indicators and these were what determined its overall score. These were:-

- Stroke Care – the percentage of patients who spent more than 90% of their time on a stroke unit. The Trust achieved 53%. The threshold to Achieve was 60%.
- Participation in Heart Disease Audits – the Trust “underachieved” on this target due to a highly technical issue concerning whether a data field was mandatory. The clinical performance of the Trust in the relevant area (PPCI service for patient suffering heart attacks) was of a very high order. The Trust had, therefore, resolved to appeal against that score.
- NHS Staff Satisfaction Survey

The Chief Executive felt that the Trust had been harshly treated by the final performance thresholds applied by the Care Quality Commission.

The Chief Executive reported that the Trust had now received notification that it had been given leave to appeal against the score for participation in heart disease audits. The appeal had now moved into a second stage which involved the CQC acquiring an independent view which could take up to 15 weeks.

He would report back on the outcome in due course.

Action: Sir Andrew Cash

GC/09/35

Any Other Business

Dr. Foster Hospital Guide 2009

The Chief Executive tabled copies for information of The Dr. Foster Hospital Guide 2009 “How Safe is Your Hospital” published that day. There was some confusion over the period of time to which this guide related to.

GC/09/36

Governors’ Council Meeting Dates for 2010

Meetings of the Governors’ Council would be held on the following dates in 2010:-

- Tuesday 2nd March
- Tuesday 8th June
- Tuesday 21st September
- Tuesday 7th December

Venues would be confirmed in due course