

GOVERNORS' COUNCIL

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust
GOVERNORS' COUNCIL held on Tuesday 20th February, 2012, in the Chatsworth Suite,
Rivermead Training Department, Northern General Hospital

PRESENT: Mr. T. Pedder (Chair)

PATIENT AND PUBLIC GOVERNORS

Richard Barrass	Caroline Irving	Danny Roberts
Georgina Bishop	John Laxton	Graham Thompson
Yvonne Challans	Shirley Lindley	John Warner
Roz Davies	Andrew Manasse	Michael Warner
Anne Eckford	Kaye Meegan	Susan Wilson
John Holden	Hetta Phipps	

STAFF GOVERNORS

Frank Edenborough	Mark Hattersley	Vivien Stevens
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PARTNER GOVERNORS

Jeremy Wight	Heather MacDonald	Mary Lea
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APOLOGIES

George Clark	Richard Webb	Tony Weetman
Hilary Chapman		

IN ATTENDANCE

Rhiannon Billingsley	Shirley Harrison	Neil Priestley
Andrew Cash	Kirsten Major	Mike Richmond
Sue Coulson	Chris Morley	Andy Riley
John Donnelly	Richard Parker	Neil Riley
Mark Gwilliam	Jane Pellegrina	Iain Thompson

Penny Brooks	} Item GC/12/09
Ruth Brown	
Vince Clubb	

GC/12/01

Declaration of Interests

The Chairman raised the issue of declaration of interests by Governors and it was agreed that the appropriate documentation would be circulated to Governors for completion and entry on the Trust's Declaration of Interest Register.

Action: Jane Pellegrina

GC/12/02

Minutes of the Governors' Council Meeting held on 17th November, 2011

The Minutes of the Meeting of the Governors' Council held on 17th November, 2011, were **APPROVED** and **SIGNED** by the Chairman as a correct record.

GC/12/03

Matters arising:

(a) **Major Trauma Centre**

(GC/11/36 (b)) Kirsten Major, Director of Service Development, updated the Board on developments since the last meeting of the Governors' Council in November 2011.

The key points to note were:

- There were no major issues in terms of designation from 1st April, 2012.
- Discussions with the Commissioners were continuing regarding phasing in the MTC and were focussed on phasing being based on a combination of clinical and timing criteria. It was estimated that the Trust would receive 11 additional patients per year.
- The Commissioners had published the interim designation standards and the Trust was working through them
- There would be 2 Children's MTC, one in Leeds and the other in Sheffield.

(b) **18 Week Waits**

(GC/11/39) Richard Parker, Deputy Chief Operating Officer, referred to his written paper (Enclosure B) circulated with the agenda papers which described the background to the issue, clarified the current position and future actions. He explained that the media were raising the issue of the quality of the Trust's data and he had done an interview earlier that day with Hallam FM in order to explain the position. However, the interview focussed on the cost of the data validation rather than what the Trust considered to be the primary issue of whether or not patients were waiting for treatment.

The key point to note was that following the validation of all open pathways, over 8000 records, the Trust was able to confirm accurate waiting time data which was submitted to DH:

- November; 4051 waiting between 18 and 52 weeks and 65 over 52 weeks
- December; 3008 waiting between 18 and 52 weeks and 6 over 52 weeks
- January ; 3168 waiting between 18 and 52 weeks and 2 over 52 weeks

Although the Trust's true waiting time position was now being reflected in the national returns and in turn, in national journals, manual validation was still required

Governors thanked Richard Parker for his detailed report and for the staff time put in to resolving the problem and the issues with Isoft.

It was felt that this matter had some reputational damage for the Trust and Governors queried how much of that was attached to Isoft. The Medical Director explained that the relationship between the Trust and Isoft had been challenging. However, since early August 2011, the Trust had had the full engagement of Isoft's Chief Executive who had acknowledged the difficulties raised by the Trust with the Isoft software. Since then, the Trust had received several iterations of the software, the latest version of which had been installed on 19th February, 2012. By the end of April, 2012, the vast majority of issues would be resolved.

(c) Chief Nurse/Chief Operating Officer

On behalf of Hilary Chapman, Chief Nurse/Chief Operating Officer, the Chief Executive thanked Governors for their kind wishes on her award of a CBE in the New Year's Honours List.

GC/12/04

Governors' Matters

Governors' Forum – Notes of Meeting held on 19th January, 2012

The Governors' Council **RECEIVED** and **NOTED** the Notes of the Governors' Forum held on 19th January 2012.

GC/12/05

Clostridium Difficile

Mr Chris Morley, Deputy Chief Nurse, briefed the Council on the current position with regard to C.difficile. The key points to note were:

- Finished month 8 (November) with 8 cases
- The Trust had recorded 7 cases in December 2011 which was the Trust's lowest number ever; 9 cases in January 2012 and 3 in February 2012 to date
- 24 cases were recorded in Quarter 3 which again was the lowest ever
- The Trust had recorded 161 cases for the year to date and therefore was on target to achieve its improvement target of 183 cases.
- The Trust had been notified that its target for 2012/13 would be 134 cases and an action plan was being developed to sustain the improvement which would be submitted to the Trust Executive Group and then to the Board of Directors in March 2012.

During discussion the following points were raised:

- In response to a question regarding a cure for C.Difficile, Mr. Morley explained that the Trust kept detailed records of recurrences and used techniques to eradicate C. Difficile. The Medical Director stated that the most serious complications of C.Difficile had been avoided in the last 12 months.
- In response to a question on whether the Trust shared the massive amount of information it had gathered and best practice with other NHS organisations, Mr. Morley reported that he had recently attended a meeting with representatives of Trusts across the North of England and had highlighted the story from Sheffield. He would continue to share information and best practice whenever and wherever possible.
- The use of Proton Pump Inhibitors (PPIs) and the use of natural laxatives was raised. Mr. Morley explained that the Trust was in the process of refining its guidelines on the use of PPIs and it would be part of the 2012/13 action plan. He also reported that a Nursing Care Guideline on the use of natural laxatives was due to be launched in the next few months

Trust Operations:

➤ Chief Executive's Report

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

- Performance – The Trust was performing well at month 9. However the previous few weeks had been extremely challenging in terms of achieving the emergency services target. The Accident and Emergency Department had received the highest number of attendances ever, particularly ambulance attendances, which required various actions to be taken eg prompt repatriation of patients to their local hospitals/homes. Investigations were being undertaken to try and identify the cause(s) of the significant increase in attendances during that period. The Trust would need to take renewed action to secure its position and to achieve the target for Quarter 4.
- Cancer – The Trust had achieved all the cancer targets in Quarter 3. Looking ahead to Quarter 4 there were a number of specific risks which would need to be successfully managed. In particular there was a national campaign from the end of January 2012 concerning bowel awareness. Colorectal and endoscopy services were currently modelling the impact on Quarter 4 and in Quarter 1 for 2012/13. A capacity plan for increasing out patients and endoscopy capacity had been developed on the basis of increases in clinic and endoscopy that had been seen in the two national pilot campaigns.
- Service Development - Dr John Boulton, Consultant Rheumatologist, had been awarded one of the four Health Foundation Quality Improvement Fellowships at the Institute for Health Improvement in Boston, USA for 2012/13. His focus during the fellowship year would be to understand better how outpatients could be transformed within a complex healthcare system. Outpatients was one of the areas highlighted for improvement in terms of the Trust's quality and efficiency programme.

The following points were raised during discussion:

- Governors were pleased to note that the Trust had not used PIP implants on any NHS patients. The Director of Service Development reported that a number of women had been referred to the Trust for the removal of PIP implants.
- A question was raised regarding the Trust's position regarding the issue of metal on metal hip prostheses. The Medical Director explained that the Trust used a wide range of hip prostheses but would investigate the matter and report back to the next meeting of the Governors' Council.

Action: Professor M. Richmond

- In response to a question regarding infection control e-learning package in Obstetrics, Mr. Morley confirmed that infection control was part of the corporate induction and all new staff were required to complete an e-learning package within three months of their appointment. The Obstetric Directorate were undertaking an exercise to double check that all newly appointed staff within that specialty had completed the package.
- The issue of how well used was the Minor Injuries Unit at the Royal Hallamshire Hospital and whether it could be better used to help reduce the workload of the Accident and Emergency Department was raised. Richard Parker, Deputy Chief

Operating Officer, reported that usage of the Unit varied and had been affected by the closer of the GP Walk in Centre and the opening of the Broad Lane facility. The Trust was currently considering the best options for its future.

- In answer to a question regarding patients being discharged at short notice due to the recent extreme pressure on beds, the Medical Director stated that it was an extremely rare occurrence for patients to be discharged between the hours of 5.00 pm – 8.00 am. He emphasised that the Trust did everything it could within its power to ensure the safe discharge of patients even at times of great pressure.

➤ Academic Health Science Network

The Chief Executive introduced the item and explained that he wished to inform Governors of an emerging issue arising from a number of national reports, particularly Innovation Health and Wealth Accelerating adoption and diffusion in the NHS which was launched by the DoH on 5th December, 2011. The report set out a delivery agenda for spreading innovation at pace and scale throughout the NHS.

Mr. Andrew Riley gave a brief presentation on the report (copy attached to these Minutes). The purpose of the presentation was to raise Governors' awareness although it was still very early days.

Governors' felt that this area of work should be incorporated into the Trust's strategy.

Action: Ms. Kirsten Major

GC/12/07

Corporate Strategy

Ms. Kirsten Major, Director of Service Development, referred to Version 2 of the draft Corporate Strategy (Enclosure E) circulated with the agenda papers.

The key points to note were:

- Version 2 incorporated amendments from the Board of Directors, Clinical Management Board and Governors following discussions in November and December 2011. It reflected comments by Directors and Governors, in particular the need to develop objectives around research and innovation, but also captured a range of other suggestions and issues. In addition, it had been consolidated with input obtained through a recent staff survey relating to values and behaviours.
- Stakeholder, staff and partner consultation was taking place between January and March 2012. The consultation would include staff including workshops, drop in sessions for staff and also events for night staff.
- A separate shortened version would be developed for wider staff consultation. As well as seeking views and input on the strategic direction, a specific question has been posed in relation to the name of the strategy.
- In parallel a suite of supporting and cross-cutting strategies were currently in development. A Strategy Review Panel, which would include representatives from across the organisation, would review the corporate strategy alongside the supporting strategies to ensure they formed a coherent and cohesive direction of travel for the organisation.
- The final Draft Version together with the supporting strategies would be presented to the Board of Directors in April 2012 for approval.

Governors were asked to forward any further comments to Kirsten Major by the end of March 2012.

Action: All to note

The following points were made during discussion:

- A description of the consultation process undertaken was missing. Kirsten Major agreed to attach details of that to the Minutes of the meeting.
- As previously discussed Governors felt that it was important that the Strategy needed to state more clearly that the development of income from a variety of sources would be sought if and when appropriate without detriment to NHS patients and for reinvestment into NHS Services.

GC/12/08

Annual Plan for Monitor 2012-13: Presentation

Mr. Neil Priestley, Director of Finance, gave a presentation on the 2012/13 Annual Plan for Monitor. He explained that Governors had been involved in a continuing dialogue on the Annual Plan and therefore it should not contain anything new. The presentation (copy attached to these Minutes) covered key themes, issues, risks and timescales.

The Plan would be finalised in the next few months and Governors were invited to send any comments to Mr. Priestley over the next few months.

The following points were made during discussion:

- A huge challenge lay ahead as the Trust entered a period of three years of financial challenge which would inevitable lead to ward and bed closures.
- Governors urged caution over bed closes given the uncertainties such as flu and norovirus. The Trust needed to retain flexibility to deal with bed pressures.

The Chief Executive acknowledged those concerns. However, delivery of the Strategy would lead to further ward closures in April and September 2012.

The Medical Director emphasised that changes in practice had made a fundamental difference to how the Trust delivered care. For example, in Orthopaedics, the length of stay for patients requiring hip and knee replacements had reduced from 8.8 days to 4.5 days. He pointed out that opportunities existed to provide services/treatment in different ways.

GC/12/09

Primary and Community Services Care Group: Intermediate Care: presentation

Penny Brooks, Clinical Director, Ruth Brown, General Manager and Dr. Vince Clubb, Community Geriatrician were in attendance for this item and gave an overview of Community Intermediate Care Services (a copy of the presentation is attached to these Minutes).

The presentation covered:

- The intermediate services provided by the Care Group and the points of access to those services
- Challenges facing the service and actions to address those challenges
- Intermediate Care beds
- Benefits of being part of Sheffield Teaching Hospitals NHS Foundation Trust

Discussion focussed on the number of intermediate care beds in the Community and the importance of taking “windows of opportunity” i.e. Right First Time Programme to facilitate early discharge from hospital.

The Chief Executive stated that the new build of a 120 bedded unit discussed in the past was no longer an option. However, the Trust was now looking into the possibility of using the closed beds within the hospital to provide intermediate care beds.

GC/12/10

Date of Next Meeting

The next Meeting of the Governors’ Council will be held on Tuesday 8th May, 2012, in the Chatsworth Suite, Rivermead Training Centre, Northern General Hospital.