

## GOVERNORS' COUNCIL

**Minutes of a Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust GOVERNORS' COUNCIL held on Tuesday 7<sup>th</sup> December, 2010, in the Chatsworth Suite, Rivermead Training Centre, Northern General Hospital.**

**PRESENT:** David Stone (Chair)

### **PATIENT AND PUBLIC GOVERNORS**

George Clark	John Laxton	Graham Thompson
Anne Eckford	Andrew Manasse	Michael Warner
John Holden	Danny Roberts	

### **STAFF GOVERNORS**

Frank Edenborough	Mark Hattersley
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### **PARTNER GOVERNORS**

Heather McDonald	Chief Supt. S. Torr	Jeremy Wight
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### **APOLOGIES**

Councillor Ayris	Julie Phelan	Vivien Stevens
Rose Bolland	Hetta Phipps	Christina Wakefield
Andrew Cash	Neil Priestley	John Warner
Caroline Irving	Mike Richmond	Richard Webb
Shirley Lindley	Andy Riley	Susan Wilson

### **IN ATTENDANCE**

Hilary Chapman	Mark Gwilliam	Jane Pellegrina
Sue Coulson	Chris Linacre	Neil Riley
John Donnelly	Jane Norbron	

### **GC/10/31**

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

The Minutes of the Meeting of the Governors' Council held on Tuesday 21<sup>st</sup> September, 2010, were approved as a correct record and signed by the Chairman subject to noting that Anne Eckford had tendered her apologies but they were not noted.

### **GC/10/32**

#### **Matters arising**

- (a) Transforming Community Services (GC/10/20)

(GC/10/21(a)) The Trust Secretary spoke to this item in the absence of Mr. A. Riley who was not able to attend the meeting due to a traffic accident which had prevented him attending the meeting.

He referred to Andy Riley's briefing paper circulated with the agenda papers (Enclosure B) which set out the ongoing work particularly around the due diligence exercise and the work of the Investment Committee. He explained that the Investment Committee had not been able to meet as planned on 1<sup>st</sup> December 2010 due to the severe weather conditions to consider the Commercial and Legal Due Diligence Report, Financial Due Diligence Report and the Professional Service Review. It was hoped to reschedule that meeting for 9<sup>th</sup> December, 2010.

Danny Roberts asked whether there would be any competition in commissioning going forwards for community services. The Trust Secretary explained that this was a point the Trust was taking up with NHS Sheffield. The Trust would certainly want to have some agreement with NHS Sheffield that there would be no competitive tendering of those services within a 3-year period. As a minimum, there would need to be a clear agreement about process and timescale if any service was to be market tested. This matter was for discussion with NHS Sheffield over the coming months.

Anne Eckford asked about communications with staff. The Trust Secretary explained that over the last few months attention had been on communications with community staff and a number of events had been held for community staff. Management continued to keep staff within the Trust updated on progress through the Chief Executive Weekly WebEx update and Team Brief. If the Trust was to proceed down this road, discussions would be held with Trust Managers.

Anne Eckford asked whether patients and the public were to be consulted on the process. The Trust Secretary explained that this was primarily NHS Sheffield's responsibility but he understood that no public consultation was to take place. Although a brief had been given to the Local Authority Scrutiny and Overview Committee and it had been discussed at public Board Meetings. Jeremy Wight agreed to raise this matter with his NHS Sheffield colleagues.

Graham Thompson asked about the transfer of money to run the services. The Trust Secretary explained that that was part of the due diligence exercise and was proving to be an area of some concern. NHS Sheffield's commissioning intentions would potentially lead to some significant financial issues which would need resolution.

The Chairman explained that it was very much an ongoing situation and the Board of Directors had not yet made a decision on the matter. The Board of Directors had a strategic session planned for Thursday 9<sup>th</sup> December where the matter would be discussed in detail and they would need to come to a general view at the Board of Directors Meeting on 15<sup>th</sup> December 2010. The final decision would be taken by the Board of Directors in February 2011 working towards a start date of 1<sup>st</sup> April, 2011.

He reassured Governors that the Board of Directors had the interest of the Trust in mind but overriding that it also had the interests of its patients at the forefront. Governors would be kept informed of progress through the sessions with Governors following Board Meetings.

(b) Governors' Matters

(GC/10/24(a)) The Chairman reported that the matter whether the number of Staff Governors was adequate for the size of the organisation was still under consideration and he would report back at the next meeting.

**Action: Mr. D. R. Stone**

**Governors' Matters**

(a) Feedback from Governors' Board Briefing Sessions

Mr. Laxton reported that the Board briefing sessions held to date had been extremely useful and welcomed by Governors. It had given Governors the opportunity to read Board papers and ask questions.

There were two areas that required consideration:-

- (a) How to communicate issues to all Governors
- (b) Administration arrangements and diary management.

The Chairman noted with the positive feedback.

(b) Feedback from Annual General Meeting held on 4<sup>th</sup> October 2010

Governors expressed concern at the poor attendance compared to the AGMs of the other two other Trusts in the city. The Chairman stated that the Trust had always had poor attendances at its AGM.

Members felt that the Trust should consider the following in order to attract more attendees:-

- Combining it with the 'Thank You' Awards event
- Changing the venue to an off site location
- Providing a buffet
- Make it more of an event similar to the Lets Talk Events organised by the Trust

The Chairman thanked Governors for their comments and suggestions.

(c) Notes of Governors' Forum Meeting held on 9<sup>th</sup> November 2010

The Governors' Council **RECEIVED** and **NOTED** the notes of the Governors' Forum Meeting held on 9<sup>th</sup> November 2010.

Mr. Laxton thanked John Donnelly, Non Executive Director, for attending the Forum.

(d) Report on Governors' Visit to Modular Renal Wards at NGH - 26<sup>th</sup> July, 2010

The Governors' Council **RECEIVED** and **NOTED** the report on the Governors' visit to the Modular Renal Wards at the Northern General Hospital on 26<sup>th</sup> July 2010.

Anne Eckford pointed out that patients on the renal dialysis wards prefer mixed sex accommodation as patients attend several times a week on the same days and it provided them with an opportunity to socialise with other patients and form friendships.

The Chief Nurse explained that under the new guidance mixed sex accommodation was permissible in certain areas where the majority of patients agree.

(e) Report on Governors' Visit to A & E - 14<sup>th</sup> September, 2010

The Governors' Council **RECEIVED** and **NOTED** the Governors' report on the visit to the Accident and Emergency Department on 14<sup>th</sup> September 2010.

Trust Operations

➤ Chief Executive's Report

In the absence of the Chief Executive,, the Chief Nurse presented his report (Enclosure F) previously circulated with the agenda papers and elaborated upon the following topics:-

- Performance - Performance was satisfactory. In terms of the regulatory requirements of the Trust, the position is as follows. In relation to Monitor, the Trust had submitted its Q2 return and the main feature in terms of governance was that the Trust would be rated Amber-Green given that it was not on trajectory in relation to MRSA bacteraemia and that the 2 week wait for breast symptomatic (non-cancer) patients was not met as a result of patients choosing not to attend an appointment in that time period.

Accident and Emergency had maintained 98% for the 4 hour wait target. However in the past week this had been extremely challenging as a result of the extreme weather experienced in the Yorkshire region and A & E had achieved 95%. The Chief Nurse reported that there were 350 patients in the A & E Department on Monday 6<sup>th</sup> December.

- In terms of patient activity, the level of elective inpatient activity at the end of month 6 was 1% below target compared to 0.7% at the end of August and new outpatient activity was below target and follows ups 3.4% above the reduced target set in this year's contract. Non elective activity was 3.2% above expected levels and the waiting list for inpatients rose and that for outpatients fell. The over performance in both outpatients and inpatients was higher against the commissioner targets than against the Trust activity plan.
- Financial Position - The month 6 position showed a deficit of £6.9m (1.8% of turnover). This was a deterioration of £2.9m from the position at the end of month 5 and included an under performance on activity to date of £1.2m. The income loss from outpatient follow ups (£1.75m) and the marginal emergency tariff (£0.7m) had now been broadly unchanged for the last three months. There was a 12% under delivery on productivity and efficiency plans across the Trust as a whole at month 6 and within the Directorate element of these plans this was a 26% under delivery. In overall financial terms, there had been a deterioration against virtually all Clinical Directorates. This was an extremely worrying financial position at this stage in the year and also looking forward to 2011/12.

Some of the initiatives being in progress to address the financial position were:-

- It was noted that the Director of Service Development was leading on a piece of working looking at bed capacity across the Trust as there were many patients in beds who would be better cared for in alternative facilities.
- Ensuring that Theatre capacity was being used to the full.
- Drug expenditure and wastage
- Joint action re inappropriate but necessary admissions and discharges being delayed due to assessment processes. Importance of the assessment processes taking place outside the hospital
- The provision of a GP Assessment Unit at the Royal Hallamshire Hospital. The Trust to provide the accommodation and access to diagnostic services.

It was noted that the position as regards with effect from April 2011, the Trust would be responsible for patients for 30 days after discharge would be clarified in the Operating Framework.

Dr. J. Wight reassured Governors that the NHS Sheffield and the Trust were in very close discussions given the in-year financial problems. The main reasons for the position was the continuing increase in the cost of continuing healthcare packages and the increased costs of hospital activity. A solution needed to be found which did not involve transferring the deficit from NHS Sheffield to the Trust and all concerned were trying hard to identify a solution. He reported that a paper was being presented to the NHS Sheffield Board meeting that day which proposed the deferring of elective referrals in orthopaedics, dermatology and orthodontics. He envisaged that the paper would be passed and the actions would be implemented with immediate effect until the end of the financial year. These measures had been discussed with General Practitioners and staff were working hard to ensure that deferring patients would not cause them any long term problems.

The Director of Service Development reported that the Trust was very clear on how it could help, largely by supporting the unscheduled care initiatives but pointed out that the Trust had lost a large proportion of its daily activity because of the severe weather, on two days with hardly any activity taking place. Daily income from patient activity was around £1.7 million and the impact on income was therefore likely to be significant with a corresponding saving for the PCT. This needed to be factored into the PCT year-end calculations.

Anne Eckford expressed concern that the practice of delaying referrals was not extended beyond the end of March 2011.

Frank Edenborough expressed concern about patients being admitted from nursing homes without being seen by a GP. This often resulted in the loss of their bed at the nursing home which inevitably resulted in delays in their discharge from hospital. Dr. Wight would encourage a rapid return of the patient to the nursing home if safe and possible to do so.

➤ Infection Control

- MRSA - 0 cases of MRSA bacteraemia were recorded during the month of October. The Trust had lodged an appeal against the MRSA bacteraemia recorded in September as this bacteraemia occurred in a patient who had previously had a bacteraemia in August and the Trust considered that it had taken all steps to prevent a further bacteraemia. The appeal failed, therefore the bacteraemia must stand in addition to the one previously logged for this patient.

The year to date performance was now 9 cases of MRSA against a year to date target of 7.

- Clostridium Difficile - In October, STHFT recorded 19 positive samples. This was 2.25 cases over the in-house indicator and 9 under the contract plan for the month. The year to date performance was now 103 cases of C.difficile against a year to date contract target of 186 and year to date STHFT target of 117.25.

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 September was year to date performance of 132 against a year to date target of 226.

- Adverse Weather – The Chief Nurse reported that all emergency services had pulled together during the recent adverse weather conditions. Street Force had ensured that relevant roads/streets were gritted in order that priority patients e.g. renal could be brought into hospital. The response from hospital staff had been amazing and many had walked several miles to work. The Governors also extended their thanks and appreciation to staff.

Chief Supt Torr noted the assistance of the TA and Fire Service who had provided 4 x 4 vehicles to transport patients and staff to hospital.

- Appointments - Jan Sobieraj would succeed Ross Baglin as Director of Leadership for the National Leadership Council from 3<sup>rd</sup> January 2011. He would be on secondment from his current post as Chief Executive of NHS Sheffield. Ian Atkinson, Director of Performance and Delivery, would be acting Chief Executive.

David Whiting had been appointed to the post of Chief Executive of the Yorkshire Ambulance Service. David was a registered paramedic who was born and brought up in South Yorkshire and would join the Yorkshire Ambulance Trust from Great Western Ambulance where he had spent the last 19 months as Chief Executive. He takes up his post in the New Year.

#### **GC/10/35**

##### **Impact of the Reconfiguration of Services**

Chris Linacre, Director of Service Development, reported that the Trust's internal reconfiguration program was now complete and closed down. The reconfigured services were bedding in well and a close watch was being kept for any teething problems. The general view was that the relocation of services had gone extremely well and had set up the Trust well for the future. A review would be undertaken in 6 months' time.

The Director of Service Development confirmed that the clinical improvements identified at the time of merger in 2001 were effectively completed.

#### **GC/10/36**

##### **Comprehensive Spending Review – Financial Plan 2011-12**

In the absence of the Director of Finance, the Trust Secretary tabled copies of the powerpoint slides which the Director of Finance was due to present.

The slides set out the national position i.e. 1.3% increase in revenue and a -17.9% in capital.

He stated that the publication of the Operating Framework on 15<sup>th</sup> December, 2010 would bring some further clarity to the position.

The Trust Secretary stated that the Director of Finance was keen for the Governors to be aware of the national position and how the figure of £40 million of P&E savings for 2011.12 had been derived.

#### **GC/10/37**

##### **Patient Service Plan: Quarter 2 Update**

The Director of Service Development introduced this item and explained that it was presented to Governors in order to help them keep track of progress against the Trust's objectives.

It was noted that Governors would find it easier to understand if it included less abbreviations.

**GC/10/38**

**Date and times of Meetings in 2011**

The Dates of the Meetings for 2011 were:-

- Tuesday 8<sup>th</sup> March
- Tuesday 7<sup>th</sup> June
- Tuesday 13<sup>th</sup> September
- Tuesday 6<sup>th</sup> December

All meetings will be held at 5.00 pm. Venues would be confirmed later.

**Signed** .....  
**Chairman**

**Date:**.....