Sheffield Teaching Hospitals NHS
NHS Foundation Trust

# GOVERNORS' COUNCIL

**Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust GOVERNORS' COUNCIL held on Thursday 17th November 2011, in the Undergraduate Room, Medical Education Centre, Northern General Hospital**

**PRESENT:** Mr. D. R. Stone (Chair)

**PATIENT AND PUBLIC GOVERNORS**

| | | |
|---|---|---|
| Richard Barrass | John Holden | Graham Thompson |
| Georgina Bishop | John Laxton | John Warner |
| Yvonne Challans | Shirley Lindley | Michael Warner |
| George Clark | Andrew Manasse | Susan Wilson |
| Roz Davies | Hetta Phipps | |
| Anne Eckford | Danny Roberts | |

**STAFF GOVERNORS**

| | | |
|---|---|---|
| Frank Edenborough | Mark Hattersley | Vivien Stevens |

**PARTNER GOVERNORS**

Jeremy Wight

**APOLOGIES**

| | | |
|---|---|---|
| Hilary Chapman | Heather MacDonald | Jack Scott |
| John Donnelly | Kaye Meegan | Richard Webb |
| Caroline Irving | Michael Rooney | |

**IN ATTENDANCE**

| | | |
|---|---|---|
| Penny Brooks | Mark Gwilliam | Julie Phelan |
| Sandi Carman | Kirsten Major | Vic Powell |
| Andrew Cash | Chris Morley | Neil Priestley |
| Sue Coulson | Richard Parker | Mike Richmond |
| Rhiannon Billingsley | Jane Pellegrina | Neil Riley |

1 Member of the Public

**GC/11/35**

**Minutes of the Governors' Council Meeting held on 13th September, 2011**

The Minutes of the Meeting of the Governors' Council held on 13th September, 2011, were **APPROVED** and **SIGNED** by the Chairman as a correct record.

**GC/11/36**

**Matters arising:**

(a) Number of Staff Governors

(GC/11/23 (a)) Neil Riley stated that this matter had been raised at the previous meeting. He reported that it would be encompassed in the work to review the Trust's Constitution which was due to commence in December 2011 and be completed by March 2012.

(b) Major Trauma Centre (MTC)

(GC/11/23 (c)) Kirsten Major referred to the briefing paper circulated with the agenda papers. The purpose of the paper was to provide Governors with an update on the Trust's current position in relation to becoming a designated MTC. She explained that the Trust had been requested to submit the business case to NHS Sheffield by Friday 19th November, 2011, prior to a meeting with them in mid-December 2011.

The key points to note were:

- In Yorkshire and Humber three MTCs were proposed in Leeds, Hull and Sheffield. The Centres would be supported by a number of Trauma Units and operate within an integrated network system.

- In the South Yorkshire network, STHFT and Sheffield Childrens Hospital FT were working jointly to become a combined MTC with Barnsley, Rotherham and Doncaster and Bassetlaw the local Trauma Units (TUs). There would also be some cross boundary flows from North Derbyshire. The catchment area was determined by a 45 minute land ambulance journey. The development as a Sheffield MTC was significant strategically for both the Trust and the Sheffield Children's Hospital.

- STHFT currently received 400 cases of major trauma per year which falls within the specific major trauma categories. If it was to become an MTC it could expect to see an additional 283 major trauma cases per year and 203 more minor trauma cases.

- Work was continuing with Commissioners to consider the financial element of becoming an MTC.

- A considerable increase in staffing would be required including 10 consultants across several specialties, 3 middle grade doctors, 9 A&E nurses, 8 staff in radiography, and anaesthetists and theatre staff to run the additional operating lists.

The following points were raised during discussion:

- George Clark raised the issue of any knock-on effects the development might have in terms of availability of theatres, cancellation of elective activity. Kirsten Major stated that the availability of theatres at the Northern General Hospital would increased by the proposed transfer of elective orthopaedic surgery to the central campus.

- The Trust needed to learn as much as possible from other organisations in London which were already MTCs in order to avoid any potential problems.

- The Medical Director stated that a rigorous assurance process had been undertaken through the Business Planning Team and it should be recognised this was work which the Trust already undertook. However, it was difficult to establish the scale of the additional work, particularly collateral cases.

- Danny Roberts asked if it would have any impact on the length of hospital stay. Kirsten Major reported that a workshop had been held to discuss the repatriation of patients including specialised rehabilitation. The intention was to repatriate patients as quickly as reasonably possible in the best interests of the patient.

- Frank Edenborough stated that although he could see it had reputational advantage the financial risk must also be considered carefully.

- Andrew Cash stated that strategically the emergency pathway would be improved. Designation as a MTC may well set a pattern for service delivery across South Yorkshire as a whole.

The Board of Directors had agreed to proceed with the development as it was felt to be beneficial to patient care and the right strategic direction. However, the financial implications would be a key consideration to be resolved satisfactorily.

The Governors' Council **NOTED** the position.

(c) Biomedical Research Unit

(GC/11/23(b)) George Clark asked for an update on the loss of NIHR funding.

The Chief Executive explained that some of the lost income had been recouped but he felt that the gap would not be completely closed but it was well over halfway to doing it. There were 3 other areas of NIHR funding being looked at.

**GC/11/37**

**Governors' Matters:**

(a) Governors' Forum – Notes of the Meeting held on 8th November 2011

Copies of the Notes of the Governor's Forum were tabled and Andrew Manasse highlighted the following points:

- The Forum had received an interesting presentation from 2 nurses on Nursing Care Guidelines.

- Frank Edenborough agreed to draw up a proforma to capture comments/views from Governors on where the contribution of Staff Governors would be valuable.

- Presentations by Executive Directors continued to be extremely useful.

- Jane Pellegrina would draw up a programme of visits for 2012.

The Governors' Council **RECEIVED** and **NOTED** the Notes of the Governors' Forum held on 8th November 2011.

(b) Feedback from Annual General Meeting on 26th September 2011

Governors felt that the AGM was better attended than in previous years. They felt that it was a good meeting, liked the format and thought the presentations informative and well presented.

**GC/11/38**

**Clostridium Difficile: presentation**

Mr. Chris Morley, Deputy Chief Nurse, gave a detailed presentation on C.diff (a copy of which is attached to these Minutes).

They key points to note were:-

- There had been a further sustained reduction in the number of cases being reported each month and in November there had been six cases.

- Jeremy Wight also confirmed that the PCT were fully supportive of all the work the Trust was doing and were working very closing with them.

- As part of the transfer of orthopaedic surgery on to the central campus a decant ward would become available at the Northern General Hospital in mid December to enable further deep cleaning of wards to take place as part of the strategy to further reduce the incidence of C. diff.

- Expanded use of Difficile-S into Assessment Units. As Difficile-S was 18 times more expensive than chlorclean so initially it would be used selectively in areas where there had been a recurrence of C.Diff. Further roll out would then be considered.

**GC/11/39**

**Trust Operations:**

- Chief Executive's Report, including update on the Health Bill

The Chief Executive referred to his written report (Enclosure C) circulated with the agenda papers and drew the Board's attention to the following key points:

- Emergency Services – as was the case last year quarter 3 was proving to be a challenge. The current performance was 95.2% which achieved the national standard. However, Trust was experiencing both high and sustained demand on A&E services. As well as focusing on patient flow within the Trust, there would need to continue to be close attention with our partners to ensuring prompt discharge of patients.

- 18 weeks – the position continued to be a significant challenge and the position had deteriorated slightly although the national target for both admitted and non-admitted patients continued to be met.

  The Chief Executive referred to a report highlighted in the media regarding the number of patients waiting beyond 18 weeks. STH was highlighted in the report has having a number of patients waiting over 18 weeks. However, Richard Parker explained that the number was probably not correct due to an issue with the implementation of the new computer system (Patient Centre).

  Richard Parker explained that the Trust had experienced increased difficulty re incomplete patient pathways since moving across to PatientCentre. Staff were closing

down pathways to find that on transfer to PatientCentre the pathways were re-opening. Therefore the numbers of patients shown as waiting beyond 18 weeks was erroneous. Directorates were undertaking a validation exercise to ensure that pathways were closed down. The Trust was working with Isoft to resolve the technical problems. He also pointed out that some patients were waiting beyond 18 weeks for valid clinical reasons. For example they may not be well enough to undergo surgery safely. A progress report would be presented to the Governors' Council in February 2012.

**(Sir Andrew Cash/Hilary Chapman)**

Kirsten Major stated that the Secretary of State for Health had introduced a new requirement for the remaining 10% of patients who wait beyond 18 week. The Trust had achieved 90% of patients treated within 18 weeks.

- Cancer target – the Trust had met the targets for quarter 2 and was now focussing on sustaining that success throughout quarter 3.

- In financial terms, the position at the end of month 5 was that the Trust had a deficit of £1.2m (0.4% of turnover). This represented a deterioration of £1.17m from month 4 and included activity over performance of £0.4m. It also included an under delivery of £3.4m on productivity and efficiency plans.

  The Board spent a significant amount of time at its November meeting discussing the financial position and the financial plans for 2012/13 and the fact that the Trust was required to save £90 million over the next 3 years.

- Infection Control – There had been 1 MRSA Bactereaemia in October 2011. The target for 2011/2012 was10 so the Trust was now 4 cases ahead of trajectory and on course to achieve this target.

- Health Bill – The new management structure for NHS North of England had been announced. The Bill was proceeding through the House of Lords.

- STH Academic Directorates – Specialised Cancer had been designated as an Academic Directorate. The Trust now had 4 Academic Directorates.

- National Centre for Excellence for Sports and Exercise Medicine (NCESEM) - The Government were supporting the development of a single National Centre of excellence for Sport and Exercise Medicine based on three physical sites; University College, London; Nottingham University Hospital/Loughborough University and Sheffield Teaching Hospital and the two Sheffield Universities. Each centre had been awarded £10m of capital to help develop an Olympic legacy centre. The business case for this project was currently being finalised.

  The launch of the NCESEM by the Secretary of State for Health would be on 24th November 2011.

- Communications – The BBC would be filming a day of live coverage at Weston Park Hospital on 22nd November, 2011, looking at cancer survival and the pioneering work being undertaken at the Trust in terms of supporting patients with late effects from cancer survival/treatment.

Frank Edenbrough raised the issue of new to follow up ratio for outpatient appointments and whether the Trust was losing money. He reported that GPs often wrote to Consultants asking them to review a patient's x-rays and reports and to suggest further treatment rather than a face to face referral and as far as he was aware the Trust did not receive payment for that advice.

Mike Richmond explained that under PbR rules telephone clinics were in place. However, the Trust should pursue the collection of evidence regarding the number of such communications and whether this was a change in clinical practice.

**GC/11/40**

**Primary and Community Services Care Group**

Penny Brooks, Clinical Director, Primary and Community Services Care Group, presented her written paper (Enclosure D) circulated with the agenda papers.

The key points to note were:

- A General Manager had been appointed.
- The Care Group was to appoint a GP adviser
- Fruitful discussions had taken place regarding the formation of an integrated heart failure team.
- Reviewing structures within the Care Group – linked to the unscheduled care review and the strategy to ensure patients receive the 'right care at the right time in the right place and by the right person'.

Danny Roberts asked about the 120 beds in the Community which were included as part of the Intermediate Care Plan that was produced 2/3 years ago by the Commissioners. The Chief Executive explained that there had been an additional 20 beds provided this year in the Community and he would provide the Governors' Council with an update on the matter at the February 2012 meeting.

Andrew Manasse asked about staff morale within the Care Group. Penny Brooks reported that the creation of the Care Group and involving staff in the Provision of Integrated Care Group had helped to improve staff morale.

In response to a question regarding "bed blocking" the Chief Executive stated that the Trust had been affected by the problem for many years but there was a real determination now across all partners to address the problems.

**GC/11/41**

**Strategy Refresh**

Kirsten Major, Director of Service Development, referred to the copy of the Strategy circulated with the agenda papers (Enclosure E). The key points to note were:

- The current corporate strategy (Excellence as Standard) was extant to 2012.
- The recent merger with Community Services had changed the nature of the organisation – it now provided elements of health promotion, public health, community services, primary care, and secondary care and specialist acute services.
- The health care environment had changed considerably in recent years and months and it was critical that the strategy considered the organisation's long term direction and set out the basis upon which the organisation would shape proposals and take key strategic decisions. The strategy must provide a basis for the Trust's staff to pull in the same direction whilst also being adaptive to inevitably changing circumstances. This was particularly true when setting the Trust's vision for five years in the current context – there

were bound to be myriad changes that could not be foreseen at present. However the Trust must still shape and define its own destiny.

- "Touching Lives" was a consequence of a detailed review in recent months of the current environment, analysis of our current position and engagement with staff, patients, governors and partners on our future. It described an approach that, subject to further review and refinement, forms the basis for a robust approach to the next five years.

It was **AGREED** that Governors would forward any comments on the Strategy direct to Kirsten Major and also to let her know how they wanted to be engaged e.g. via Governors Forum or some other session.

**Action: Governors to note**

**GC/11/42**

**Quality Report – update**

Sandi Carman, Head of Patient and Healthcare Governance was in attendance for this item**.**

The key points to note were:-

- Quality Report 2010/11 Priorities - Subject leads had provided a Quarter 1 update which showed steady progress against the 5 key priorities identified in the 2010/11 Quality Report. The update would be shared with external partners Overview and Scrutiny Committee, LINks and NHS Sheffield.

- External Assurance on the Trust's Quality Report 2010/11 – Overall the External Assurance Report was very positive with only three recommendations for inclusion in the 2011/2012 planning.

    - To include additional outcome measures for the priority areas in the Quality Report.
    - To include an analysis of complaints within the Quality Report 2011/2012.
    - Retain the laboratory referral forms for 18 months to enable retrospective audit

- Planning actions for the 2011/2012 Quality Report - Planning for the 2011/2012 Quality Report production had commenced and needed to be completed by May 2012. It involved a refresh of the Steering Group membership and Terms of Reference, implementation of the lessons learnt from this year's process and greater collaboration with the Service Improvement and Patient Partnership Directorates to ensure alignment of Trust priorities. The 2011//12 report would need to include all Community Services and to facilitate that a member of the Community Services Care Group would be invited onto the Steering Group.

The Governors Council **NOTED**:

- Progress with the Quality Report 2010/11 priorities **(Appendix A)** and the proposal to share the Quality Report Quarter 1 progress report with external stakeholders
- The External Assurance Report on the Trust Quality Report **(Appendix B)** and recommendations for inclusion in the Quality Report 2011/2012
- Early planning for the Quality Report 2011/2012 and the draft Terms of Reference **(Appendix C)**

In addition Governors' Council:

- **APPROVED** the ongoing Governor representation on the Quality Report Steering Group and **CONFIRMED** that the correct individuals were listed in the Terms of Reference.

**GC/11/43**

**Patient Experience Report July - September 2011: to note**

Chris Morley, Deputy Chief Nurse**,** explained the report provided Governors with evidence of the tremendous amount of work which was ongoing regarding capturing the full range of patient experiences throughout the organisation and also provided a source of assurance regarding the quality of care within the Trust.

The intention was that the Patient Experience Report would be available to view on the Trust's Internet Site in the very near future.

**GC/11/44**

**Any Other Business**

**Chairman**

John Holden, on behalf of the Governors' Council thanked Mr. Stone for the way he had led the Governors' Council and had developed Governors and wished him well for the future.

**GC/11/45**

**2012 Meeting Dates:**

Meetings of the Governors' Council would be held at 5.00 pm on the following dates in 2012:

- 7th February - Chatsworth Seminar Room, Rivermead Training Centre
- 8th May - Venue to be confirmed
- 7th August - Venue to be confirmed
- 13th November - Venue to be confirmed

It was **AGREED** that consideration would be given to holding some of the meetings on the central campus site or in the Community.

Signed: …….. Date: ……..
Chairman