

## GOVERNORS' COUNCIL

**Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust  
GOVERNORS' COUNCIL held on Tuesday 8<sup>th</sup> May, 2012, in the Chatsworth Suite, Rivermead  
Training Department, Northern General Hospital**

**PRESENT:** Mr. T. Pedder (Chair)

### **PATIENT AND PUBLIC GOVERNORS**

Richard Barrass	John Holden	Danny Roberts
Georgina Bishop	Caroline Irving	Graham Thompson
Yvonne Challans	Andrew Manasse	John Warner
George Clark	Kaye Meegan	Michael Warner
Anne Eckford	Hetta Phipps	Susan Wilson

### **STAFF GOVERNORS**

Frank Edenborough

### **PARTNER GOVERNORS**

Heather MacDonald	Maggie Rowlands	Ilyes Tabani
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### **APOLOGIES**

Andrew Cash	Mark Gwilliam	Vivien Stevens
Roz Davies	John Laxton	Tony Weetman
John Donnelly	Mary Lea	Jeremy Wight

### **IN ATTENDANCE**

Rhiannon Billingsley	Kirsten Major	Neil Priestley
Hilary Chapman	Shirley Harrison	Mike Richmond
Sue Coulson	Jane Pellegrina	Neil Riley
Vicki Ferres		

2 members of the public

### **GC/12/11**

#### **Declaration of Interests**

No declarations were made.

### **GC/12/12**

#### **Minutes of the Meeting of the Governors' Council held on 21<sup>st</sup> February 2012**

The Minutes of the Meeting of the Governors' Council held on 21<sup>st</sup> February, 2012, were **APPROVED** and **SIGNED** by the Chairman as a correct record.

## GC/12/13

### Matters arising

#### (a) Major Trauma Centre

(GC/12/03 (a)) Further to discussion at the February 2012 Meeting, the Director of Service Development reported that the Trust became a MTC on 1<sup>st</sup> April, 2012 for South Yorkshire and Bassetlaw, and the A & E Department was now receiving all priority 1 patients. Since 1<sup>st</sup> April the Trust had received 4 such cases from the surrounding areas. As the Trust moved towards full Major Trauma status the number of additional patients may be in the region of 300 per annum.

She explained that it was difficult to predict the number of additional patients which the Trust may receive based on the current data available. However by the end of the first quarter more accurate data would be available against which the Trust could plan.

She informed Governors that:

- the recruitment of Trauma Nurse Co-ordinators was ongoing
- the Trust was looking to recruit an additional Consultant Neurosurgeon
- the Operational Group met on a fortnightly basis
- a further report on the second phase would be presented to the next meeting.

**(Action: Kirsten Major)**

#### (b) Metal on metal hip prostheses

(GC/12/06) The Medical Director reported that the Trust had not used these specific prostheses since 2008 and the Trust had been proactive and had been monitoring all patients who had these prostheses prior to the national recall.

#### (c) Minor Injuries

(GC/12/06) The Chief Nurse/Chief Operating Officer explained that the Trust continued to assess the usage of the Minor Injuries Unit at the Royal Hallamshire Hospital. She explained that the Trust was exploring whether those resources could be used more effectively if the Unit was moved across the City to the Northern General Hospital.

## GC/12/14

### Governors' Matters

#### (a) Governors' Forum – Notes of Meeting held on 17<sup>th</sup> April 2012

Susan Wilson referred to the Notes of the Meeting of the Governors' Forum held on 17<sup>th</sup> April, 2012 and highlighted the following items:

- Tony Weetman had attended the meeting and gave an overview on his role of Non Executive Director
- The Governors' Time Out would be held in early August and the Planning Group would be meeting to finalise arrangements
- Vivien Stevens and Frank Edenborough had attended Domestic Staff team briefing meetings to encourage them to stand for election as Staff Governors. The response was positive.

Susan Wilson explained that it was Vivien Stevens and John Holden's last meeting and she took the opportunity to thank them for their enormous contribution to the

work of the Governors' Council and Governors Forum and wished them well for the future.

The Governors' Council **RECEIVED** and **NOTED** the Notes of the Meeting of the Governors' Forum held on 17<sup>th</sup> April, 2012.

(b) Governors' Report on Presentation on Catering Infrastructure 17<sup>th</sup> January 2012

The Governors' Council **RECEIVED** and **NOTED** the Governor' report on the Presentation on Catering Infrastructure.

During discussion the following points were made:

- CLAHRC and Patient Partnership had been working with Volunteers to ascertain if there was a role for them in helping to feed patients. This was being piloted on some wards and a risk assessment completed and all the volunteers involved were fully trained and were continually evaluated. The Trust also encouraged relatives to help in that way if they wished to.
- Concern was raised that meals were being delivered earlier than usual on some wards which was impacting on Consultant ward rounds. The Chief Nurse/Chief Operating Officer was not aware of any change in practice and agreed to look into the matter.

**(Action: Hilary Chapman)**

**GC/12/15**

**Clostridium Difficile**

The Chief Nurse/Chief Operating Officer reported that:

- there were 14 cases in March 2012
- the full year performance for 2011/12 was 178 cases thus achieving the improvement target for the year of less than 184 cases.
- the performance for the past two quarters, 24 cases and 29 cases respectively, was well within the performance range required to achieve the 2012/13 target of 134 cases for the year or 33 cases for each quarter and had shown that the Trust can now deliver consistently at this level.

**GC/12/16**

**Trust Operations**

(a) **Chief Executive's Report**

In the absence of the Chief Executive, the Chief Nurse/Chief Operating Officer presented the Chief Executive's Report (Enclosure D) circulated with the agenda papers and highlighted the following items:

- Performance
  - 18 weeks - whilst it had not been possible to achieve 18 weeks across every individual specialty within the Trust in 2011/12, the national standards for both admitted and non-admitted patients across the Trust as a whole were met.
  - Cancer - The Trust was one of only a few organisations to meet nationally all the cancer targets in 2011/12 across all quarters.

- Finance - The Trust had achieved its financial plan and the surplus would be utilised to support the capital programme in 2012/13.
- Communications – 7<sup>th</sup> to 12<sup>th</sup> May 2012 was International Nurses Week and the Sheffield Star was running a series of features throughout the week. There was also information and display stands located around the Trust showcasing some of the amazing achievements made by nurses over recent years.

As part of the work to redevelop the Trust's website, it was felt that consideration should be given to including Consultants' profiles in order to promote the work/specialties/expertise within the Trust. The Chief Nurse/Chief Operating Officer agreed to feed back that suggestion to Julie Phelan, Communications Director, who was leading on that piece of work.

**(Action: Hilary Chapman)**

- Industrial Action - Members of the union UNITE would be taking industrial action on Thursday 10<sup>th</sup> May, 2012. The Trust had around 400 staff who were members of UNITE and they were concentrated in a number of areas including the Operating Department. Therefore the Trust may suffer some disruption of services as a result of the industrial action and business continuity plans had been put in place.

## **GC/12/17**

### **Corporate Strategy and Engagement Process**

The Director of Service Development introduced the item by way of a brief presentation which covered the following areas:

- (i) Engagement Process - The engagement process followed by the Trust had been robust and involved both staff and stakeholders via road shows, workshops, presentations, walkabouts and an electronic survey.

In terms of staff engagement there had been an extremely good response and better than expected. On the whole, the new strategy was welcomed and the comments received were positive and there was agreement about the direction of travel, particularly with regard to the Vision, Mission and Aims and Objectives.

- (ii) Why do we need a new strategy?

The organisation faced significant change ahead which was driven by a number of factors eg

- Health and Social Care Act
- Quality expectations (Francis 2)
- NHS Funding
- Specific issues such as becoming a Major Trauma Centre, research performance
- Technology and innovation
- Merger with community services

(iii) What is a strategy?

- It was the long-term – how we pull in the same direction but ensure innovation
- Responsiveness not reactive-ness to the external environment.
- How we shape proposals, take decisions and formulate annual plans
- Not the business plan for every clinical service

(v) How has it changed?

The key substantive changes to the content of the strategy from the previous versions were:

- Re-establishing the emphasis on getting every patient and visitor contact right first time.
- Reflecting greater partnership opportunities and describing the centrality of Right First Time to our approach to emergency and unscheduled care, especially of older people, in the city.
- Streamlining and reducing the wordiness of the values and behaviours into four overarching themes eg
  - Be kind, respectful, fair and value diversity
  - Celebrate our success, learn continuously and ensure we improve
  - Be efficient, effective and accountable for our actions
  - Work in partnership and with the people we serve at the heart of all that we do
- Emphasising the link between the strategy and staff appraisal, objective setting and recruitment.
- Clarity on what happens next and how directorates would be expected to respond
- The title had changed to “Making a Difference” and it was supported by a range of supporting strategies.

(vi) What next?

The following programme of work was currently being developed to ensure that the strategy was embedded in the organisation:

- A plan for dissemination and launch of the new strategy subject to approval by the Board of Directors
- Linking the objective setting and appraisal process for individuals with the organisational aims and values;
- Establishing recruitment processes that assess values and behaviours;
- Developing five year strategies in each of the clinical and corporate directorates in the organisation that will inform their annual business plans from 2013/14 onwards;
- Using the strategy to develop key strategic risks that would form the basis of a redeveloped Assurance Framework outlining controls and assurances for the Board; and,
- Development of a set of performance metrics that would form the basis of a performance dashboard for the strategy to inform and assure TEG and the Board that the strategy remains relevant and is being implemented across the organisation.

During discussion, the following comments were made:

- Fee paying patients – This had been included within the Strategy and while there had been a degree of support for the consultation it was also recognised that this was a new area for the Trust. The Director of Service Development emphasised that full discussions would take place should any opportunities arise which the Trust needed to consider.
- Members welcomed the move towards recruitment based on values and behaviours and also value based appraisals for staff.
- It was important to ensure sufficient resources were available to put in place the necessary training to change staff behaviour.
- In terms of service improvements it was important to look from the bottom up as well as top down.
- The Trust's achievement in terms of research was a little disappointing. The Chairman stated that the Board had recognised that fact and was determined to improve its performance in that area.

The final version of the Strategy would be completed within the next 4 weeks and would include an Executive Summary.

#### **GC/12/18**

##### **Right First Time Programme**

The Director of Service Development explained that the programme comprised three interlinking projects to be taken forward over the next year:

- Integration of Community Services with Primary Care - led by Penny Brooks, Clinical Director, Primary and Community Services Care Group
- Urgent Care System – led by Professor Mike Richmond, Medical Director, and Eithne Cummings (GP)
- Discharge/Assessment Process – led by Eddie Sherwood, Sheffield City Council

The programme was overseen by a Project Board, comprising representatives of all the organisations involved. The Project Board reported to the Transforming Sheffield Health Steering Group.

The leads for each project had been asked to develop Project Plans and these were to be presented to the Clinical Summit on 30<sup>th</sup> May, 2012. Following the Clinical Summit, the plans would be finalised and a further update brought to the next meeting of the Governors' Council

**(Action: Kirsten Major)**

#### **GC/12/19**

##### **To receive and note:**

- (a) 2012 Elections to Governors' Council: Update

Jane Pellegrina reported that the following Governors were not standing again:

- John Holden

- Shirley Lindley
- Yvonne Challans
- Viv Stevens

Governors' were asked to note that the deadline for applications was 17<sup>th</sup> May, 2012.

(b) Patient Experience Report: October – December 2011

The Patient Experience Report for the period October to December 2011 was **RECEIVED** and **NOTED**.

Governors' felt that it was an excellent report and contained a significant amount of information.

**GC/12/20**

**Any Other Business**

(a) Staff Governors

Frank Edenborough mentioned that there was some unfinished business in terms of the number of Staff Governors and how they operated. He wanted to ensure that, if he was not re-elected as a Staff Governor, the work would be continued. He suggested identifying a Staff Governor Champion who could carry on the work with Neil Riley and Jane Pellegrina.

Maggie Rowlands stated that, as a new Governor, she could suggest a few ideas which would help new Governors settle into their role more quickly.

(b) Staff Survey

The results of the Staff Survey would be presented to the next meeting of the Governors Council.

**(Action: Mark Gwilliam)**

(c) Governors' Time Out

The Governors' Time Out would be held at 9.30 am on Friday 3<sup>rd</sup> August, 2012. Final arrangements would be circulated in due course.

(d) Board Meetings

The Chairman informed Governors that the Board of Directors would be holding their meeting in public with effect from 16<sup>th</sup> May, 2012. In view of this he proposed to change the date of the meetings of the Governors' Council to the day before the Board meeting in order to give Governors' the opportunity to discuss the Board's agenda.

The Governors' did not have any objection to that proposal.

(e) Governors

The following Governors were not standing again for election and the Chairman took the opportunity to thank them for their contribution and wished them well for the future:

- John Holden

- Shirley Lindley
- Yvonne Challans

**GC/12/21**

**Date of Next Meeting:**

The next Meeting of the Governors' Council would be held at 5.00 pm on Tuesday 17<sup>th</sup> July, 2012, in a venue to be notified.

Signed .....

Chairman

Date: .....