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COUNCIL OF GOVERNORS

Minutes of the Meeting of the Sheffield Teaching Hospitals NHS Foundation Trust COUNCIL OF GOVERNORS held on Tuesday 29th January, 2013, the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. T. Pedder (Chair)

PATIENT AND PUBLIC GOVERNORS

Richard Barrass	John Laxton	Shirley Smith
Georgina Bishop	Andrew Manasse	Graham Thompson
George Clark	Kaye Meegan	Paul Wainwright
Anne Eckford	David Owens	John Warner
Caroline Irving	Kathleen Parker	Michael Warner
Joyce Justice	Hetta Phipps	Susan Wilson

STAFF GOVERNORS

Frank Edenborough	Chris Monk	Claudia Westby
Christina Herbert	Craig Stevenson	

PARTNER GOVERNORS

Heather MacDonald	Nicola Smith	Jeremy Wight
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APOLOGIES

John Donnelly	Simon Torr
Mary Lea	Tony Weetman

IN ATTENDANCE

Sir Andrew Cash	Mark Gwilliam	Neil Priestley
Andy Challands	Shirley Harrison	Neil Riley
Hilary Chapman	Kirsten Major	David Throssell
Sue Coulson (Minutes)	Jane Pellegrina	
Vicki Ferres	Julie Phelan	

OBSERVERS

No members of the public were present

GC/13/01

Declaration of Interests

No declarations were made.

GC/13/02

Minutes of the Meeting of the Council of Governors held on Tuesday 20th November 2012

The Minutes of the meeting held on Tuesday 20th November, 2012, were agreed and signed as a correct record by the Chairman subject to the following amendments:

- Kathleen Parker to be added to the list of those present
- Page 9 – “Despatches” should read “Dispatches”

GC/13/03

Matters arising:

(a) Involving Governors in Capital Projects

(GC/12/35d) The Director of Strategy and Planning referred to the update (Enclosure B) circulated with the agenda papers. She explained that further to discussions at the last Council of Governors Meeting regarding the input of Governors in capital schemes, she had asked the Director of Estates to look at how that could be achieved. Following discussions at the Capital Investment Team and Trust Executive Group a simple procedure (as set out in the paper) had been agreed to increase lay involvement in the design and development of capital schemes. It was acknowledged that some capital schemes would be excluded (those relating to infrastructure and replacement of equipment) where the involvement of Governors, public, patient and carers would be unlikely to add value.

It was noted that the representative would be expected to attend regular project team meetings and to provide constructive feedback on ideas, options and designs as the project developed and generally contribute to the process. The representative would also be expected to maintain an interest in the project through construction up until the new facility came into use.

The proposal was to trial the approach for a period of 12 months.

Governors expressed concern that it could turn out to be a heavy responsibility and involve a significant time commitment for one person. Consideration should be given therefore to having 2/3 people involved to share that responsibility. It was also acknowledged that there could be several schemes running at the same time which could be an added complication.

It was felt that lay involvement should be focussed in the early design stages of the scheme as it was at that stage when people’s views made a fundamental difference to the finished design.

It was **AGREED** that the new procedure should be trialled for a period of 12 months and then reviewed.

(b) Sustainability Update Report

(GC/12/35d) The Director of Strategy and Planning explained that the request for an update on Sustainability at the last meeting was a timely one and she referred to the update prepared by the Estates Director (Enclosure C) circulated with the agenda papers. She highlighted the following points:

- The post of the Sustainable Development Project Manager would be reviewed during 2013 and consideration would be given to whether the Estates Directorate was the best place for that role to sit.

- The Trust was on trajectory to achieve the 2015 NHS carbon reduction target given current performance trends continued.
- To meet carbon reduction targets post 2015 would require a step change in service provision. If the Trust intended to achieve those targets, strategic planning would need to be established in 2013.
- Governors would be kept up to date periodically on Sustainability Projects.

Action: Kirsten Major

During discussion Governors made the following comments:

- The update was welcomed and Governors emphasised the need to be kept up to date on the sustainability agenda
- Concern was expressed that the following areas had not been included in the report given the amount of work that had been undertaken in those areas:
 - Recycling
 - Waste Management
 - Sustainable Travel
- The Be Green profile needed to be raised.
- Would the Sustainability Strategy Group be reconvened and would it be involved in the decision regarding the replacement of the Project Manager?
- It almost felt that a new beginning was required.
- Perhaps the Trust should look at what the Project Manager could bring to the Trust in terms of savings rather than it being a matter of compliance.

It was **AGREED** that a further discussion on this matter should take place at the next meeting.

Action: Kirsten Major

(c) Major Trauma Centre

(GC/12/34(a)) The Director of Strategy and Planning reported that the National Commissioning Board had now published a new set of standards and the Trust had also received a revised set of numbers of the major trauma cases the Trust may expect to receive. The Trust was currently working through that information and a more detailed report would be presented at the next meeting.

Action: Kirsten Major

GC/13/04

Right First Time Programme:

The Chief Executive gave a detailed presentation on the Right First Time Programme.

He explained that it was a long term strategy focussing on the next five years and the main aim of the programme was to transform the system in a transformational way.

The key points to note were:

- The vision was to ensure all Sheffield's residents lived longer and healthier lives, and were supported in their local community wherever possible by joined up, high quality, responsive, health and social care services which offered continuity of care, shared decision making, and a lifelong, personalised, preventative approach to health and wellbeing.
- The aim of a new partnership between GPs, local hospitals, mental and community health teams, the City Council and voluntary organisations was to make sure Sheffield residents continued to get the best possible health services.
- The Right Care, Right Time, Right place partnership was particularly focussed on transforming and improving the way older people received healthcare and also those patients who had long term illnesses such as diabetes, heart failure and dementia.
- Phase 1 of the programme was split into 3 projects which had begun to deliver real benefits to patient care and was the start of the transformation journey across the health system:
 - Project 1 (GP Associations) had focused on the development and prototyping of integrated care teams (ICTs) that align with the emerging GP Practice Associations, enabled by Risk Stratification, Assistive Technology and Self Care. There would be 16 Associations in 4 quadrants.
 - Project 2 had focussed on redesigning the 'front door' response (e.g. Frailty Unit) at STH by reducing the number of elderly admissions and by completing comprehensive assessments at the point of referral and developing consistent thresholds for admission.
 - Project 3 was particularly about streamlining discharge process for complex patients; social care, assessment processes; reduced number of patients with long lengths of stay; fast track process for patients going into long term care and better in reach services for patients with dementia.
- Phase 2 of the programme for the next 3 years was to broaden the scope to include mental health, children's unscheduled care and parts of planned care; to significantly reduce avoidable emergency admissions; aim to further integrate community services to manage the re-alignment of care more proactively.

During discussion the following points were made:

- The Medical Director confirmed that "medically fit" meant that the patient no longer needed to be in an acute hospital environment and could be cared for in the community.
- In response to a question that the NHS should be preventing people from coming into hospital as well as curing them, Jeremy Wight explained that the NHS did need to do more about prevention but despite those efforts over the next ten years there would still be a large number of people who would become ill because of their age and life styles and prevention alone would not stop that from happening. However that should not detract from the efforts put into prevention work. The Right First Time Programme was about how patients were cared for when they became ill.
- Governors asked what the barriers were which were holding up progress. The Chief Executive explained that good progress had been made in the past year but that it was a long term transformation of a whole system and so it would take time to come to fruition.

- It was acknowledged that some innovative work would need to be undertaken in the community in order to change the traditional organisational service boundaries which were in place and had been for many years. Given the present financial constraints it was recognised that it would be challenging to achieve city wide transformation but the partners of Right First Time shared the same ambition to ensure patients received the right care, in the right place at the right time and in the most cost effective way.

The Chief Nurse/Chief Operating Officer reported that as part of that work steps were being taken to bring together the Community Intervention team and the Short Term Intensive Care Services.

- It was important to capture the views of patients regarding their experiences of being treated in the community.
- With regard to the involvement of Voluntary Organisations in providing support to patients, the Chief Nurse/Chief Operating Officer explained that the Trust was looking to build on existing community initiatives such as S&4Cs and further discussions were to be arranged with Voluntary Action Sheffield.

The Chairman emphasised that the critical importance of success of the Right First Time Programme for the Trust.

GC/13/05

Governors' Matters:

(a) Council of Governors Nominations Committee

The Chairman reported that a meeting of the Nominations Committee was to be held on 20th February, 2013. The main item of business was finalising arrangements for the appointment of a Non Executive Director following the retirement of Rhiannon Billingsley in December 2012.

(b) Governors' Time Out - 3rd August 2012

John Laxton referred to his written paper (Enclosure D) circulated with the agenda papers and highlighted the following points:

- The Governors Forum Convenor would meet with the Trust Secretary to agree the agenda for Council of Governors' meetings.
- Continue to look for alternative venues to hold the meetings.
- Two additional open and interactive Council Sessions per annum would be introduced to consider:
 - Trust targets
 - Key strategic issues

(c) Notes of Governors' Forum Meeting held on 23rd January 2013

John Laxton referred to the Minutes of the Governors' Forum held on 23rd January, 2013 (Enclosure E) circulated with the agenda papers.

He reported that he had acted as Convenor for the past two years and had now taken the decision to stand down and hand over the role to another Governor. Nominations for a replacement were sought and following due process Andrew Manasse was appointed to take over the role.

Andrew Manasse took the opportunity on behalf of Governors to thank John Laxton for his leadership of the Forum over the last two years.

In 2013, Governors were looking forward to receiving a number of presentations including one on the Workforce Strategy. They also welcomed the opportunity to learn more about the Non Executive Directors and their role.

The Council of Governors **RECEIVED** and **NOTED** the Notes of the Governors Forum held on 23rd January 2013.

GC/13/06

Trust Operations:

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

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

- The Francis Report was due out on 6th February, 2013 and the Trust was preparing for that and its implications. The Trust Secretary would take the lead in co-ordinating the Trust's response working closely with the Medical Director and Chief Nurse/Chief Operating Officer.

The Trust Secretary reported that a joint meeting of the Board of Directors/Council of Governors would be held to discuss the Francis Report recommendations in more detail.

- The Friends and Family Test would start in early February in the Accident and Emergency Department at the Northern General Hospital and selected wards before being rolled out to other areas of the hospital by April 2013.

In terms of the recent pressure being experienced by the Accident and Emergency Department and the Press Release issued by the Trust encouraging people to "choose well" when deciding where to attend for treatment, Governors were surprised that the Press Release had not included the Minor Injuries Unit at the Royal Hallamshire Hospital. Julie Phelan explained that on that particular occasion the Minor Injuries Unit was also experiencing extreme pressure and therefore the aim was to direct patients to Broad Lane. She also reported that over the coming weeks radio broadcasts would be going out and messages displayed on the sides of buses giving information of where to access treatment including the Minor Injuries Unit.

The Council of Governors **RECEIVED** and **NOTED** the Chief Executive's Report.

(b) **Review of the Trust's Constitution**

The Trust Secretary referred to the progress report (Enclosure G) on the work being undertaken to review the Trust's Constitution circulated with the agenda papers.

He explained that the revised Constitution would be presented to the Council of Governors for approval before being submitted to Monitor by the end of March 2013. However, as the Council of Governors were not scheduled to meet again until 30th April, 2013, an Extraordinary Meeting would be held at 5.00 pm on Monday 18th March, 2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital. The Trust's Constitution would be the principal item of business.

The Council of Governors **RECEIVED** and **NOTED** the progress report.

(d) Lead Governor

The Chairman reported that a single nomination had been received from Andrew Manasse, Public Governor, in response to the call for nominations for the role of Lead Governor.

The Council of Governors **SUPPORTED** and **APPROVED** the appointment of Andrew Manasse as Lead Governor with immediate effect.

(e) Briefing on National Planning Guidance 2013/14 (Everyone Counts – Planning for Patients 2013/14): Presentation

The Executive Team gave an in depth presentation on the National Planning Guidance. The presentation covered the following areas (a copy is attached to the Minutes):

- National guidance – “Everyone Counts”
- Financial framework
- Key themes from STH business planning
- Quality
- Activity and contracting
- 2013/14 Financial plan
- Workforce plan
- Capital programme and priorities
- Commercial activity

The Director of Strategy and Planning explained that the Executive Team had gone into more depth than in the past but it was important for Governors to be aware of and understand the scale of the challenge facing the Trust in the year ahead.

The Chairman stated that the success of the Right First Time Programme was key to the achieving the Trust’s planning objectives.

John Laxton thanked the Executive Team for an excellent presentation.

It was also acknowledged that the role of Governors was changing as well as the interface between the Board and the Council of Governors and that may need to be addressed as part of the complexities.

GC/13/07

To Receive and Note:

(a) Patient Experience Report: July - September 2012

The Council of Governors **RECEIVED** and **NOTED** the Patient Experience Report for the period July to September 2012.

GC/13/08

Date and Time of Next Meeting

The next meetings of the Council of Governors would be held at 5:00 pm on

- Monday 18th March, 2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital (Extraordinary Meeting to discuss the review of the Trust Constitution)

- Tuesday 30th April 2013 in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital