Approved – need to remove draft

Sheffield Children's NHS
NHS Foundation Trust

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Minutes of the Public Meeting of the Council of Governors held on March 11 2014 The Wilson Carlisle Centre, Sheffield

Member of the Council of Governors present:

	Nicholas Jeffrey	Trust Chairman (Chair)
	Philip Ayrton	Staff Governor - Non Clinical
	Alan Baranowski	Partner Governor - Yorkshire Ambulance Service
	Holly Blair	Patient / Carer Governor
	Alison Cross	Public Governor - Doncaster
	David Jefferson	Staff Governor - Non Clinical
	Richard Knighton	Public Governor - Sheffield South West
	Amaka Offiah	Partner Governor - Sheffield University
	Joy Owens	Staff Governor - Medical / Dental
	Kate Quail	Carer Governor
	Nicholas Roe	Staff Governor - Nursing & Midwifery
	Deborah Salvin	Staff Governor - Nursing & Midwifery
	Gillian Sykes	Public Governor - Sheffield North West
	Gerard Tayeh	Public Governor – Barnsley
	Faye Wooding	Public Governor – Rotherham
Also present:	Judith Green	Trust Secretary
	Isabel Hemmings	Chief Operating Officer
	Meredydd Hughes	NED
	Sarah Jones	NED
	Alastair McCloskey	Communications Officer
	Steven Ned	Director of HR & OD
	John Reid	Director of Nursing & Clinical Operations
	Mark Smith	Acting Director of Finance
	Gareth Watkins	NED
	David Williams	NED
Apologies:	Momtaz Begum	Public Governor - Sheffield South East
	Jane Buckham	Staff Governor - Other Clinical
	Derek Burke	Medical Director
	Tom Butler	Public Governor – Sheffield South West
	Mary Gerrard	Public Governor - Sheffield North West
	Sue Greig	Partner Governor - 0-19+ Partnership
	Jacqueline Griffin	Public Governor - Sheffield North East
	Hassan Hajat	Public Governor - Rest of England & Wales
	Thomas Hall	Public Governor - Sheffield South East
	Julia Hirst	Partner Governor - Sheffield Hallam University
	Luke Jenkinson	Public Governor - Sheffield South East
	Neil MacDonald	NED
	Simon Morritt	Chief Executive
	Richard Oliver	Partner Governor - Sheffield CCG
	Lindsey Thompson	Patient / Carer Governor
	Dawn Walton	Partner Governor - Sheffield City Council

01/14	**Welcome & Introductions** The Chair welcomed Governors to the meeting.	
02/14	**Apologies for absence** Apologies were received as noted above.	
03/14	**Any declarations of interest** There were none.	
04/14	**Minutes of the previous meeting** The minutes of the meeting held in public on 20 Nov 2013 were taken as a true and accurate record.	
05/14	**Matters arising** A matters arising log from the last meeting was tabled. With the exception of the following actions all others had either been completed or a relevant update was included as part of an item on the agenda of the meeting. 02/13 Sharing Your Views (16/11/13) - Dawn Walton was not in attendance at the meeting but Isabel Hemmings would discuss the matter of the Trust including a question in the Every Child Matters questionnaire – Action carried forward. 09/13 Declarations of Interest (20/11/13) - Governors were prompted to complete and return the register of interests proforma sent out in meeting paper packs if they had not done so previously Trust news - The Chair announced that the Trust had appointed a new Chief Finance Officer following a standard recruitment process involving an executive search company and the Non-executive Directors. Mr John Somers, who had previously worked in the private sector before becoming Chief Finance Officer at The Rotherham NHS Foundation Trust, will take up the role on the 1 May 2014. The Chair said that John was very much looking forward to working at the Trust and that he would be heavily involved in the hospital's redevelopment plans.	**IH**
Governor Involvement in Trust Business		
06/14	**Notification of CQC Inspection and learning from involvement in inspections at other Trusts** The Chair advised Governors that the Trust had previously attained near perfect results in all its previous inspections, however, due to the new format of inspections this could not be guaranteed and expectations would need to be managed. It was highlighted that four members of the Trust had been involved with Care Quality Commission (CQC) inspections elsewhere and that they would provide good insight into the new format. The Chair then invited Director of Nursing, John Reid, to give a presentation on the forthcoming CQC Inspection. John began the presentation by saying that the Trust would feature in the third wave of the new regime of inspections and that the Trust had been fairly positively reviewed under the old regime. The first two waves of inspections had just involved acute trusts and had made use of 100 Hospital Intelligence Monitoring indicators to guide assessors on where to focus their inspections. These indicators were not particularly useful for the basis of an inspection at a specialist paediatric hospital like ours as less than half of them were applicable to the Trust. The third wave of inspections included the first specialist trusts and a new set of indicators were being developed, however Governors were advised that these had not been announced	

yet.

Based on his experience as an external expert assessor at another Trust, John ran through the outline of how an inspection would work. He noted that pre-inspection the CQC would be looking through local and regional press for potential leads that would be followed up during the inspection. The pre-inspection surveillance would also involve looking through Board papers, surveys and other hospital data. The CQC will look into any service as a key line of enquiry (KLOE) if it makes up more than 10% of a Trust's income so this would include wellbeing and mental health and community services.

An inspection takes place over three days, usually from Tuesday through to Thursday, with one unannounced visit. The inspection team is made up over 30 people. This includes CQC assessors, experts, analysers and leaders.

The first day of the inspection would involve a team briefing which would include methodology, a pre-inspection data pack and a Trust presentation from the Chief Executive. Methodology was evidence based so as to prepare for the possibility of legal challenges over special measures.

The first day would also see a local listening event – these are events advertised in local and regional media which encourage the public, patients, governors and staff to attend and speak to CQC inspectors about their experiences. John noted that these events were popular with the press who would often stand outside the venue to speak to those who had issues or concerns about a Trust.

The second and third days would see KLOE teams sent out to each Trust site and inspectors visiting clinical and public areas to see if correct procedures were in place and staffing levels were adequate. Pre-arranged interviews also take place on these days and that those spoken to would be interviewed by someone from a similar background. John gave the example that the Director of HR would be interviewed by someone with an HR background. Pre-arranged focus groups with different groups of staff would also take place. John used the example of a focus group of junior doctors so that inspectors could hear about their concerns.

Across these two days, team corroboration meetings would take place twice daily amongst the inspectors to triangulate problems. This allows teams to flag up potential issues in one department and for other teams to investigate whether the issue exists in other departments.

John Reid explained to Governors that if two key lines of enquiry were found to be inadequate, then a Trust would automatically be deemed inadequate. John took the Governors through the possible ratings and how the CQC reaches the conclusion as to whether a Trust is outstanding, good, requires improvement or inadequate.

John then invited comment and questions on the presentation.

Staff Governor, Deborah Salvin, asked John how many staff would come into a clinical area during the unannounced visit and when they typically take place.

John explained that there were usually four or five members from the inspection team during the unannounced visit and that it typically takes placed within 10 days of the inspection. However, John explained that the team have guidelines and behave in a courteous and respectful manner. They would consult with ward staff if there were any families or patients on the ward that it would be inappropriate to speak to at that time. Similarly, the team are unable to interrupt the delivery of patient care but if they had concerns could contact the chief inspector who in turn would contact the Trust Chief Executive.

Staff Governor, Deborah Salvin, then asked whether someone from the Trust would be on

	hand during the inspection. John clarified that the purpose of the unannounced inspection was to see how a department operated normally and that having members of the Board on hand during the inspection outside would not be part of this. The Chair thanked John for his presentation and added that he regularly receives emails asking about whistleblowers, procurement and gagging clauses at the Trust. He assured the Governors that the were no gagging clauses in staff contracts and the Trust was part of a procurement group with seven other Trusts working to get the best deal for the Trust and making services efficient. The Chair told Governors that the Trust was doing all that it could, but if anyone had any concerns that the Trust was not doing what it said it was doing to tell a Director immediately. The Chair said that the Executive Board openly welcomed the CQC inspection. The Council of Governors noted the report.	
07/14	**Governor feedback from back to the floor visits/other activities around the Trust** Trust Secretary, Judith Green, spoke about the involvement of Governors in activities and visits around the Trust but noted that a number of those who had been active were absent and so unable to speak about their experiences. Judith noted that Public Governor, Mary Gerrard, had taken part in a cleanliness audit on M1 on 5 November 2013. Staff Governor, Jane Buckham, took part in a cleanliness audit on PACU on 21 November 2013 and Public Governors Richard Knighton and Mary Gerrard had taken part in a further cleanliness audit on 11 December 2013. Judith then invited Public Governor, Richard Knighton who was present at the meeting, to speak about his experiences taking part in the audits. Richard encouraged all Governors to get involved with activities around the Trust. He said that his visit to the wards during the cleanliness audits was well received and that staff were pleased to see Governors getting involved. He said that he had spoken to the Modern Matrons about Governor visits and schedules. He explained that the Modern Matrons would be happy to accommodate Governors by rescheduling audits for evenings if they were unable to attend during the day. Richard also spoke about how he had volunteered on subcommittees such as the research and innovation board. He noted that as well as the early start of 8am for these meetings, the content was often very technical. There were plans to establish a Patient and Public Involvement (PPI) research committee. Richard said he would feedback more information to the Governors at the next meeting of his experiences on these committees. The Lead Governor said that Governors had a duty to represent their constituents and take up the opportunities offered by the Trust to get involved. However, the Lead Governor recognised that many of the Governors had busy schedules. She drew attention to the yellow form about Governor availability and asked that all complete and return them so that there was a better understanding of Governor schedules. The Chair added that the Trust would be happy to accommodate Governor schedules as he wants Governors to see the Trust in action and have them attend Board meetings. The Council of Governors noted the verbal reports.	

Contributing to the development of the Trust's forward plans		
08/14	**Feedback from the joint strategy session held on 21 January 2014** Non-executive Director, Sarah Jones, said that the joint strategy session had a good level of debate and had highlighted where there were gaps in understanding between the Board and the Council of Governors which would mean that the Governors would require more briefing. Sarah said that risk management was a big part of the organisation and that she was looking for exceptional risks or those that may inhibit the Trust when compiling the list of the top 20 strategic risks over the next three years. The top 20 were anonymously scored at the Strategic Risk Workshop on 21 January 2014. The top two risks were the lack of supply and availability of suitably qualified staff and the failure to take advantage of technological innovations due to a lack of strategic IT planning. Sarah noted how risks change over time and that they must constantly be monitored and assessed. She pointed to the example of how during the scoring in September 2013 the score related to district general hospitals reducing paediatric services had dropped from the third biggest risk to the eighth biggest risk by January 2014. Sarah said that the Board and Non-executive Directors should keep these risks under review and bring back the list every 12 months to allow them to be debated. Sarah explained that one of the benefits of anticipating risks was that it demonstrated to regulators that the Trust was not only running a tight ship today but also looking to the future to ensure that it remained in the best possible position. She described it as good exercise between the Board and Council and that it presented an opportunity to make sure both were of the same understanding. Sarah then invited questions and comments on the paper. Public Governor, Richard Knighton, asked how the risks were drawn up originally. Sarah explained that each Director had brainstormed a number of possible risks facing the Trust over the next three years. She had then used this information to put together the 20 key risks. Richard Knighton then asked whether there were any particular events that had led to certain risks on the list. Sarah answered that there were risks that were known but had not yet been highlighted elsewhere. The knowledge and context of the Directors was necessary to the drawing up of potential risks. The Lead Governor queried whether any of the risks were as a result of what has been learnt from the Francis Report. Sarah explained that while it was easy to address the issues from the present that had already been highlighted, this list was a case of looking ahead to what could happen. Staff Governor, Deborah Salvin, asked whether the Governors would be able to see what action has been taken as a result of this list. Sarah Jones explained that this would be covered later in the meeting by Isabel Hemmings. Sarah recommended that the Board and Non-executive Directors should keep these risks under review and bring back the list every 12 months to allow them to be debated. The Council voted unanimously to jointly discuss on an annual basis an update from the Board on progress in minimising the impact of these risks and any new risks identified.	

	The Council of Governors noted the report.	
09/14	**Trust Corporate Objectives for 2014/15** Chief Operating Officer Isabel Hemmings spoke about the corporate objectives for the next 12 months and how they fit in alongside the five year objectives. Isabel explained how the objectives were set up to take into account the Trust's intentions for the future, what is going on nationally and any issues in the way of the Trust. Isabel used the example of how there had been an issue with the strategic approach around IT and that the Trust needed to make the most of opportunities with technology in order to drive it forward. As a result a more comprehensive IT strategy is needed and this is now clearer in the Trust corporate objectives. Isabel also noted that the work led by Sarah Jones on strategic risks has also provided the corporate objectives with a more focussed and strategic approach into how IT can be used to benefit the Trust. Similarly, there have been moves to identify key areas over staffing levels and how this is incorporated in the current HR strategy. Isabel then explained that Monitor have changed how they want Trust to format their forward plans. Previously, Monitor had required them to submit plans for the next three years with the first year in detail. This has now changed to submitting a detailed plan of objectives for the next two years in April followed by a further three years in broad detail at the end of June. This has meant that the Trust has had to go into a lot more detail and has such has required more rigorous planning. Isabel noted that these objectives must also incorporate how the Trust works alongside other local healthcare providers and the CCG. Isabel noted that that the Trust, as a specialist provider, had an income that was split 50/50 between the Sheffield CCG and NHS England. She explained that NHS England currently has a number of financial problems surrounding specialist services. This means that there may be fewer providers in the future meaning that Trust has to take on more patients. In order to do this the Trust must be able to demonstrate that it meets all compliance requirements for providing specialist services. The Council of Governors noted the report.	
10/14	**Quality Report 2014** Director of Nursing John Reid explained to Governors that the Trust as part of its regulatory licence must submit an annual quality report to Monitor. The report has a specification that a number of indicators must be checked by the Trust's external auditors, KPMG. John explained that it is the responsibility of the Council of Governors to choose the mandatory indicators and a local indicator. Monitor has mandated that two out of three mandatory indicators must be selected and one local indicator should be selected. John told the group that one of the mandatory indicators does not apply and as such the mandatory indicators essentially pick themselves. John also expanded on the third mandatory indicator of emergency re-admissions with 28 days of discharge from hospital. He explained that the hospital's re-admission rate is influence by the Trust preferring to send children home and encourage parents to come straight back if they have concerns rather than keep children in hospital. John added that children have their own in-built care package in the form of parents whereas adults don't. He said that he would be happy for KPMG to audit these figures as it is their role to give assurances that what the Trust is saying is true. The Council therefore voted unanimously for indicators one (number of Clostridium difficile (C.	

	difficile) infections, for patients aged two or over on the date the specimen was taken) and three (emergency re-admissions within 28 days of discharge from hospital). Moving onto the local indicators, John said that he had put together a selection of indicators for Governors to choose from and invited the council to discuss. The Chair commented that the indicator relating to waits for X-ray was an issue that the Board is currently looking at and the diagnostics waiting list is an area of concern. Public Governor, Alison Cross, asked if the redevelopment would increase the number of High Dependency Unit (HDU) beds. Isabel Hemmings replied that although there would be no extra HDU beds as part of the redevelopment, the Trust was looking at the business case for expanding HDU on top of the Theatres development currently taking place on Damer Street. Isabel added that the hospital does not cancel a lot of operations; however one reason for doing so may be the lack of HDU beds and so this may impact on local indicator number one. Alison Cross then asked whether new beds as part of an extension on top of the theatres expansion would be for theatres or HDU. Isabel said that the Trust was still considering a number of different areas and cases, one of which may be using the space for long term ventilation patients, however a decision has not yet been reached. Kate Quail, Carer Governor, questioned the rationale for auditing Embrace and for auditing the time between the occurrence and reporting of a serious clinical incident. The Chair agreed and asked Governors to consider the point of an audit which was not to justify bureaucracy but to identify areas to improve. Staff Governor, Amaka Offiah, raised the point that radiology had a large waiting list and with the recent retirement of a senior radiologist the indicator related to diagnostic tests may be the most appropriate. Isabel Hemmings responded that the Board had approved the purchase of a new 3T MRI scanner and that this would provide additional capacity. Funding staff that would be able to operate this equipment was included in the business case. Alison Cross, asked if an audit would be used as evidence to increase bed numbers or the purchase of an X-ray machine. Isabel Hemmings explained that the audit should examine whether a patient has been dealt with correctly, if data has been recorded properly and give assurance that we are in line with our procedures. She noted that a lot of data was already available for business cases, but that an audit was more to do with if the Trust was collecting and reporting data in a proper and timely manner. John Reid explained that one of the benefits of an audit was that if it did identify an area of concern that it opens up a whole line of inquiry and opportunity to improve. Staff Governor, Amaka Offiah, then asked whether it made the most sense to vote for the most complex indicator. The Lead Governor agreed with the logic and added that it was chance to test whether complex systems were robust. Non-executive director, David Williams, said that the one of the ways the Council could look at the audit was from a negative point of view and try to identify areas of concern. The Lead Governor then suggested putting the second local indicator to a vote. All but two of the Council voted for option two (waits for X-ray). Both Staff Governor Nicholas Roe and Staff Governor Philip Ayrton voted for option one (cancelled operations) as the local indicator.	

	Staff Governor, Nicholas Roe, said that to him cancelled operations represented a more interesting option for an audit as it is a more complex system which deals with a number of areas such as staffing, bed availability and time of year. Nick believed that the information that would result from the audit would more beneficial to how the hospital deals with cancelled operations. Staff Governor, Philip Ayrton, also preferred option one over two due to his role in the hospital analysing why patients went over the 18 weeks limit and that many were down to cancelled operations. Philip felt that it would be more useful to find out what was effecting patients and why some had long waits. He mentioned that anecdotally waits were often due to cancelled operations or the lack of HDU beds. The Lead Governor thanked Nicholas and Philip for their points and that cancelled operations was an issue for patients, but was unsure if the audit for these reasons was the correct decision. Public Governor, Faye Wooding, asked for clarification on what was meant by the 28 day waiting period. John Reid explained that patients must be readmitted for surgery within 28 days. Isabel Hemmings added that if someone has been cancelled once, then they can be cancelled again but the hospital tries to avoid this. Staff Governor, David Jefferson, clarified that the 28 day clock started from the cancellation of the first operation. The Lead Governor asked whether an audit was needed for this issue, but did not want the points of Nicholas and Philip to be forgotten. Nicholas asked whether the indicators could be changed yearly and John Reid said they could. Public Governor, Gillian Skyes, asked what caused the delay between in option four between serious clinical incidents occurring and them being reported. John Reid explained that it was normally due to the incident not being discovered for a couple of days before being reported. Public Governor, Richard Knighton, then asked why the Council could not pick two local indicators. John Reid informed him that KPMG are only paid to audit one. The indicators were then put to a vote again. All but one voted for option two (Waits for X-ray) and on the basis of this majority the vote was passed to select option two as the local indicator for the quality report.	
Statutory Responsibilities		
11/14	**Holding the Board to account:** The Chair introduced Chief Operating Officer, Isabel Hemmings, to present the Directors' report to the Council of Governors due to the absence of Chief Executive Simon Morritt. The Chair asked that any questions be directed after the end of each section. The Chief Operating Officer took the paper as read but highlighted a few major areas: • The Trust was on plan financially at this point in time. • The Trust had achieved all but one externally assessed performance target which related to the diagnostic test wait times. The Trust had subcontracted the Thornbury Hospital for some patient MRI scans which should help to alleviate the problem. • Patients are experiencing long waits at the Charles Clifford Dental Hospital run by Sheffield Teaching Hospitals (STH) before being transferred to Sheffield Children's	

Hospital. This means that 25% are past the 18 week point when transferred and 50% past 12 weeks. It was clarified that the 18 week target does not start fresh when they transfer. Breaches of the 18 week target are currently shared between SCH and STH on a 50/50 basis to report.

- There have been issues with the transfer of the Emergency Department (ED) to the new Medway system. The current system in ED is outdated and Medway has its own ED system so ED will move to this system when Medway goes live. However, the current issue will mean that the staff would have to input information twice. McKesson/System C who make Medway are aware of the problem and are addressing it with a matter of urgency.
- John Reid provided an update on the parking situation saying that people now know there is no car parking at the hospital. The University of Sheffield are starting to build a multi-storey car park in the summer which will be complete by May 2015. It will provide 100 protected spaces for patients and families. Staff will be able to use the pay and display facilities. The underground car park at the hospital will be complete by the end of 2015.
- Director of HR, Steve Ned, explained that the Trust was one of the best in the region for sickness absence rates however it is still problematic.
- The annual staff awards have taken place with a record number of nominations. The award for Customer Care went to the car park attendants.
- The Your Voice forum takes place next month and continues to grow. Steve Ned asked Staff Governors to encourage colleagues to attend.
- Back To The Floor initiative – a number of visits have taken place over the past months with Directors and Non-executive Directors attending Outpatients, the Emergency Department and HDU. Isabel Hemmings described the initiative as very helpful for the Executive team.
- The Trust is part of a Working Together programme with a number of other regional Trusts to establish best practice. The Chair said it was early days but it was moving in the right direction and that it was necessary for Trusts to come together in order to be more effective.

Isabel Hemmings invited questions and comments.

Public Governor, Gerard Tayeh, asked if there had been any further cases of C-difficile since the last update.

Isabel Hemmings explained that there had been a case fairly recently taken the Trust to four cases for the year and over the Department of Health target meaning that there would be a financial penalty.

Acting Director of Finance, Mark Smith, added that this penalty could be anywhere in the region of up to £50,000.

Staff Governor, Amaka Offiah, asked if the Department of Health would review these figures in the forthcoming year.

John Reid said that the target for cases only ever declines. The Chair added that anything less than 20 cases is usually brilliant in most hospitals and that there could be up to 40 reported cases.

Public Governor, Gerard Tayeh, asked if there was a target for MRSA. Isabel Hemmings

	explained that there was not. The Council of Governors noted the report.	
Statutory Responsibilities		
12/14	**FT Office Update and Lead Governor Position** Foundation Secretary Judith Green informed the Council of Governors that Monitor have revised their Code of Governance. On an annual basis the Trust has to see how it performs against the code. Judith had conducted a gap analysis of how the Trust performed against this revised code which was being considered through the Board committee structure. It may be helpful to receive some Governor input into the Trust's self-assessment and this would be arranged as appropriate, most likely as a separate piece of work. Judith had also put together a summary of the involvement of Governors during 2013/2014 as an update on action plan developed in July 2013 following the 2012/13 effectiveness review. Judith noted that some with the exception of a small number of areas where some additional work was required most of the action plan was complete. The training available to Governors through the Foundation Trust Network's Govern Well scheme was highlighted. Public Governor, Richard Knighton, was invited to discuss his experience and said it was worth taking part in. Judith also announced the intention to bring a Foundation Trust Network training day to the city in September which would coincide with 13 new Governors on the Council. She added that it would be a good opportunity to train new Governors and to refresh current ones. Judith encouraged all Governors whose first term was due to expire to consider running for a second term and encouraged Governors to communicate with other Trust members about running in Governor elections. A framework for the 2014 Council of Governors meeting was also presented and it was noted that topical issues could be fitted into the framework when they present themselves. It was also explained to the Council that Lead Governor, Kate Quail, was coming to the end of her term as Lead Governor. The Chair added that Kate had been in the role for more than 12 months due to first taking the role on an acting basis. The Lead Governor encouraged all to think about running for the role and to ask if they had any queries. The Chair said that a key requirement was enthusiasm and that he was happy to answer any questions from potential candidates. Staff Governor, Amaka Offiah, asked if the Lead Governor should be a Patient/Carer Governor or a Public Governor rather than a Staff Governor. Judith Green said that this was the case. The Chair added the term can be longer than 12 months if the Lead Governor wishes to run for another term. On behalf of the Council, Public Governor, Gerard Tayeh, added that he would like to thank the Lead Governor for her time and considerable efforts. The Chair endorsed this.	
13/14	**Any other Business** None	
14/14	**The meeting closed at 8.55pm.**	