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**Minutes of the Public Meeting of the Council of Governors  
held on May 13 2014  
The Mount, Sheffield**

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**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
Momtaz Begum	Public Governor – Sheffield South East
Holly Blair	Patient / Carer Governor
Hassan Hajat	Public Governor – Rest of England
Mary Gerrard	Public Governor – Sheffield North West
Sue Greig	Partner Governor – 0-19+ Partnership
Jackie Griffin	Public Governor – Sheffield North East
David Jefferson	Staff Governor - Non Clinical
Luke Jenkinson	Public Governor – Sheffield South East
Richard Knighton	Public Governor - Sheffield South West
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
Faye Wooding	Public Governor – Rotherham

**Also present:**

Derek Burke	Medical Director
Judith Green	Trust Secretary
Isabel Hemmings	Chief Operating Officer
Neil MacDonald	NED
Simon Morrill	Chief Executive
John Reid	Director of Nursing & Clinical Operations
John Somers	Director of Finance
Charlotte Taylor	Head of Communications

**Apologies:**

Alison Cross	Public Governor – Doncaster
Sarah Jones	NED
Thomas Hall	Public Governor – Sheffield South East
Med Hughes	NED
Julia Hirst	Partner Governor – Sheffield Hallam University
Gerard Tayeh	Public Governor – Barnsley
Amaka Offiah	Partner Governor - Sheffield University
Steven Ned	Director of HR & OD
David Williams	NED
Gareth Watkins	NED

<b>15/14</b>	<p><b>Welcome &amp; Introductions</b></p> <p>The Chair welcomed Governors to the meeting and took the opportunity to introduce John Sommers, the new Chief Finance Officer who started with the Trust on 01 May 2014. John said he was very pleased to attend the meeting and provided a brief summary of his background, stating that he looked forward to working with Governors.</p>	
<b>16/14</b>	<p><b>Apologies for absence and declarations of interest</b></p> <p>Apologies were received as noted above.</p>	
<b>17/14</b>	<p><b>Minutes of the previous meeting</b></p> <p>The minutes of the meeting held in public on 11 March 2014 were taken as a true and accurate record.</p>	
<b>18/14</b>	<p><b>Matters arising</b></p> <p>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.</p>	
<b>19/14</b>	<p><b>Appointment of lead Governor</b></p> <p>The Chair announced the results of the recent vote for the position of Lead Governor. Richard Knighton had secured the highest number of votes and would take over the role from Kate Quail following the meeting. The Chair thanked Kate for all her hard work and enthusiasm.</p>	
<b>Getting Out and About - looking and listening</b>		
<b>20/14</b>	<p><b>CQC Inspection</b></p> <p>The chair advised Governors that the CQC visit had now taken place. He explained that this was the first of the new style of CQC inspections which were much more rigorous than in the past. The visit had involved a team of 36 inspectors and held a number of meetings where anyone could speak to the inspectors. Due to this new format the near perfect results that the Trust had attained in all its previous CQC inspections was unlikely to be replicated and expectations would need to be managed.</p> <p>The Chair then invited Chief Executive, Simon Morritt, to give feedback on the CQC Inspection. Simon explained that the inspectors were with the Trust for three days. A number of the Executives met with the inspectors at the beginning of the visit and gave a presentation on the organisation.</p> <p>He explained that, reassuringly, the issues fed back by the inspectors were the ones the Trust had raised with them as challenges that the Executives were already aware of. These included out of hours consultant cover in the Emergency Department, and compliance with mandatory training and PDRs and appraisals.</p> <p>Particular interest had been given to what were considered higher than normal emergency readmission rates. While it was likely these could be explained by counting practices relating to short-stay admissions, the Trust had drafted an action plan which incorporated plans to audit acute assessment unit activity.</p> <p>An area explored during the inspection was around completion of discharge summaries. The Trust has put in place a plan of action to address this.</p> <p>Informal feedback given at the end of the visit was very positive about the whole caring domain and about the staff and the staff feedback about the organisation. Inspectors noted the positive feedback from children and family feedback.</p>	

	<p>An unannounced, follow up inspection was still due to take place.</p> <p>It was explained that the Trust would get a draft report in about six or seven week's time. This would be checked for factual accuracy before a Quality Summit would be held where the report would be shared with the Trust's key stakeholders. The exact date for this summit was still to be decided.</p> <p>Director of Nursing, John Reid told the meeting that that the comments were largely positive and that there will be some areas where the Trust may need improvement, which is to be expected in any inspection.</p> <p>He 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.</p> <p>Simon then invited comment and questions from the Governors.</p> <p>A question was asked around how many other Trusts have gone through this process. It was thought that approximately 20 Trusts have now gone through the new process, although we were the first small, specialist Trust to be inspected.</p> <p>A number of Governors had attended the Governor focus group with the CQC inspectors and these Governors provided feedback to the Council around the tone of the discussion and the types of questions asked to gauge whether Governors were sufficiently aware of issues facing the Trust. One of the areas probed was involvement of younger people. A suggestion was made at the Council meeting that the Trust could consider setting up a Young Peoples Forum.</p>	
21/14	<p><b>Governor feedback from back to the floor visits/other activities around the Trust</b></p> <p>Richard Knighton reported that he had taken part in a further cleanliness audit and was made to feel very welcome.</p> <p>He reiterated that his visits to the wards during the cleanliness audits were always 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.</p> <p>Nick Jeffrey provided an update on the process to appointment new NEDs which Governor members of the Remuneration and Recruitment Committee were involved in. The Council were advised that head hunters had been selected by the Governors and approaches were being made by them to identify potential candidates. Initial feedback was that this was a much loved organisation and as a result there was a huge amount of interest in these roles.</p> <p>It was also reported that NEDs had been involved in back to the floor visits.</p>	
<b>Helping to Shape the Trust's Forward Plans</b>		
22/14	<p><b>Did we do what we said we were going to do? - Performance against 2013/14 objectives</b></p> <p>Chief Operating Officer, Isabel Hemmings, gave a presentation looking back at the Trust's objectives for 2013/ 14</p> <p><u>Activity</u></p>	

She highlighted the change in demand for the Trust's hospital services which have seen a 9% growth over the past year. These are just the hospital statistics and don't include mental health figures. Overall the growth of patients referred to the hospital has risen by 30 % over the past five years.

Isabel reported that pleasingly the Trust has seen a reduction in the number of people attending the A and E department by three per cent which could reflect work undertaken with local GPs to establish alternative pathways.

#### Quality and safety - feedback from patient surveys.

Isabel explained that the outpatient survey showed that 90% would describe their care as very good or excellent.

When asked if our staff would recommend the Trust to their friends and family. 83% of staff said they would. This places us 22 in the list of all Trusts.

Infection control was reported as good and we have recorded no cases of MRSA. We have had five cases of C Diff and have done a lot of work in this area.

The past year has also seen the opening of Magnolia House parents' accommodation, which is a real positive.

We have also completed a pilot regarding our out of hour's service which has been a successful and useful thing to do.

#### Service Development

The Trust was recognised as a children's trauma centre two years ago and a recent peer review saw experts assess how the Trust is doing in terms of meeting these stringent guidelines. There were lots of positives from the review.

Neurosciences was another important area for the Trust and in the last few months there has been a great deal of work with commissioners and other providers to set up a network for the North. Sheffield Children's NHS Foundation Trust has been asked to host this network. We still have an issue nationally with epilepsy where commissioners are looking to rationalise this to four centres.

Isabel explained the process the Trust is going through regarding specialist services standards. The Trust is looking at 41 specialist service standards and of those we currently comply with 32 of the standards set by the commissioners. There are a small number which will be difficult to meet without additional funding and discussion is taking place with commissioners.

Developments in specialised pathology have included a next generation gene sequencer being introduced at the Trust which is giving us better capabilities. The new born screening programme which Jim Bonham has been working on will now be rolled out nationally.

Other highlights include:

The Trust was working with the CCG and GPs locally to see if we can set up an urgent care service for children out of hours.

There had been investment in Speech and Language Therapy Services which had made a real impact in the city.

Unfortunately due to Sheffield City Councils review of their services the Trust no longer

	<p>provided the Sure Start services which were previously provided in the city.</p> <p>The Trust had a plan to increase the number of health visitors in the city. This target has proven difficult to achieve but we are almost at our target. The Trust was working very hard on this.</p> <p>The financial performance of the Trust was extremely good again in the last year. We came in a £2.42m against a plan of £2 million surplus.</p> <p>A new patient administration system has now been implemented and patient data have now migrated over to the new system.</p> <p>Other major projects included the new ward block, operating theatre scheme for two new operating theatres to give us more capacity to meet patient demand, including a 3T MRI. This was state of the art equipment.</p> <p>Isabel explained that it had been a particularly busy 12 months with other key initiatives for the Trust including the transformation and efficiency programme, the working together initiative, improved trust website and embedding the Trust values.</p> <p>Isabel then invited questions:</p> <p>A question was asked regarding whether it was possible to identify the reasons why the 17 % of staff who wouldn't recommend the Trust to family and friends. Isabel explained that she was not sure whether the Trust could access narrative with the survey</p> <p>An explanation was sought regarding the situation around epilepsy. Isabel gave the history regarding the under fives needing surgery being sent to specialist centres and explained that the Trust was in communication with commissioners regarding how things are moving in this field.</p> <p>A final question regarding the target for diagnostic waiting times not being met was asked. Isabel explained that some of the main problems the Trust has encountered have been around demand and capacity.</p>	
23/14	<p><b>Preparing the Trust's Forward Plan</b></p> <p>Chief Operating Officer, Isabel Hemmings, stated that following the Trust's submission of a two year plan to Monitor at the beginning of April, the Trust now needed to submit a five year plan by the end of June.</p> <p>The plan would detail how the Trust planned to developing its services and how it was going to spend its money and would be based on work undertaken to develop the long term financial model for the hospital development.</p> <p>This plan would be shared with Governors at the next Council meeting.</p>	<b>AGENDA</b>
24/14	<p><b>Assurance regarding non principal purpose income plans</b></p> <p>John Somers, Chief Finance Officer, explained that there was a need for Governors to review the Trust's plans for generating income from non-principal purpose activities. Previously there had been a cap on how much income a Trust could raise from private patient work but this had now been removed. The Health and Social Care Act 2012 had introduced a requirement for trusts to consult with their Council of Governors on the level of income to be raised from non-NHS work to ensure that this had no detrimental impact on a trust's provision of health services.</p> <p>Governors were asked to note the proposed level of non principal purpose income for 2014/15</p>	

	<p>in relation to that for 2013/14 and to vote on whether the Council of Governors was satisfied that the carrying on with the activities to generate non principal purpose income would not to any significant extent interfere with fulfilment by the Trust of its principal purpose.</p> <p>The Council of Governors voted unanimously that they were satisfied that the carrying on with activities to generate non-principal income would not significantly interfere with the fulfilment of the Trust's principal purpose.</p>	
<p>25/14</p>	<p><b>What do you think of our statutory priorities: Draft Quality Report 2014</b></p> <p>Director of Nursing, John Reid, gave a presentation on the draft quality report. He explained that the Trust now had undertaken additional work to the report which was completed that morning.</p> <p>He explained that there are three priorities and nine indicators which the Trust needs to concentrate on and explained the rationale for proposing these.</p> <p><b><u>Quality Priorities</u></b></p> <p><b>1. Implement Mid Staffs improvements - national</b></p> <p>This is an important national issue which has resulted in lots of reports and suggested changes for the NHS. The issues around Mid Staffs significantly dented the public confidence in the NHS. The Trust needs to ensure that we are addressing these issues and that the recommendations are being implement</p> <p><b>2. Review of CAMHS to fit with demand - regional</b></p> <p>The Trust feels that is our duty to meet that standards set nationally for CAMHS and as such a full review of CAMHS services will take place</p> <p><b>3. Maintain normal services during extensive construction – local</b></p> <p>It is going to be extremely challenging getting through the next few years. There is construction work going on all around the hospital. Maintaining normal services during this time is a real priority.</p> <p>Public Governor Richard Knighton asked if there were any other priorities that nearly made the list. John Reid explained that there were lots of considerations and each of these areas has its own priorities. These are focusing on our top priorities but there are lots of others as well. Isabel Hemmings added that there were elements of quality focus across many of objectives that the Trust was working to deliver over the next year which would themselves bring about improvement in the quality of our services.</p> <p><b><u>Indicators</u></b></p> <p><b>Patient safety indicators:</b></p> <p><b>1. 80% of our staff have to have undergone and completed mandatory training,</b></p> <p><b>2. Medication incidents that cause harm</b> - we have very complex issues to deal with, all of these complications mean that delivery and prescribing is complicated. We are committing to ensure that no more than 1% of incidents cause harm</p> <p><b>3. CAMHS transition documented 100%</b></p> <p>The Trust has to ensure there is an orderly transition for patients and discussions are taking place with commissioners. Overview and scrutiny feel very strongly about this and it is also something that our families and patients are saying to us.</p>	

There was a question re mandatory training asking for clarity on the 80 % figure. John Reid explained that we are saying that 80% of staff have to have attended and completed 100% of the mandatory training that we need them to have completed.

Medical Director, Derek Burke talked about the Trust getting the definitions correct and then meeting these targets.

John Reid went on to explain that this figure is for staff every year. For the mandatory training we are currently at 69 % across the board but within that there are training courses that are much higher. He also highlighted the fact that it is difficult to benchmark as there is no national definition about what mandatory training is, everyone has a different take on it.

The medication target is something the Sheffield Children's NHS Foundation Trust have agreed with Birmingham children's so we can report back on how we have both done on this.

### **Clinical effectiveness indicators:**

#### **1. Reduce re admissions of emergency patients to national average**

John Reid explained that on paper it appears that the Trust is an outlier as we seem to re admit patients more than other Trusts. He went on to say that we believe that this is just about how we are documenting this.

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.

At the minute, John explained, we don't know that this is the case - we need to test this out.

Isabel said that we have done a clinical review and a proportion of those re admissions could have been avoided. This does get taken into account in financial terms and we don't get paid for those.

#### **2. Reduce re admission of elective patients to national levels**

Typically we have reduced the length of elective stays. We have done this by processing children differently. Children don't typically come the night before an operation now. It is possible that because our parting words are if you have any concerns don't hesitate to come back to us. They come back to AAU.

Chair, Nick Jefferies said this is a problem with the way it is set up. It is not a one size fits all metrics. We are dealing with children and they are different to adults.

John Reid explained that children often can't describe what is wrong with them and you have to do a number of observations to check that.

#### **3. 85% of discharge letters within 48 hours**

The Trust used to write our discharge letters on carbon copy. What patents get now is a legible detailed copy from a computer print out, this has had an issue on timeliness. The Trust recognises that timeliness is as important as legibility.

### **Patient experience**

#### **1. Carry out Picker survey of neonatal families**

John informed the Governors that the Trust wants to conduct a survey of neonate families as this is an area that is often missed. These are babies who have been delivered with a medical

	<p>problem and we feel this is a gap that we've never addressed</p> <p><b>2. Construct and implement Health Visitor survey action plan</b></p> <p>The Trust has undertaken its first Health Visitor survey. The results are not with us yet but when they are an action plan will be developed</p> <p><b>3. Implement and publish friend and family test for inpatients</b></p> <p>John explained that a good way to do this test would be via the screens at the end of patient beds. Screen savers could come up and patients have to answer the question to get back in. There will be national standards for these.</p> <p>John said he will send out to everyone the updated report and he would happily take any comments on this by e-mail before it was submitted to the May Trust Board meeting for approval.</p> <p>The draft quality report was noted by the Council of Governors.</p>	<b>JR</b>
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### Statutory Responsibilities

<b>26/14</b>	<p><b>Asking questions about the Trust's performance</b></p> <p>Simon Morrilt talked through the paper and gave Governors the opportunity to ask any questions.</p> <p>He reported that the Board had just held an extraordinary meeting to discuss the latest position regarding costs for the new build development. The Board had agreed what would be an acceptable contract value and that as Chief Executive he had been given authorisation to progress discussions with building contractors Simons with a view to entering into a building contract at this value.</p> <p>The paper also provided information about accommodation that had been taken at the Northern General to allow the hospital to meet the capacity needs.</p> <p>In the paper there was also a brief summery of the annual staff attitude survey. Simon highlighted a correction in that staff engagement at the Trust was higher than the national average.</p>	
<b>27/14</b>	<p><b>Seeking Assurance</b></p> <p>Neil MacDonald, NED, introduced himself to the meeting and gave his background. He talked about the scale and complexities dealt with by the Trust. He discussed the similarities between the role of a NED and that of a Governor.</p> <p>Neil highlighted the importance of the NEDs, Governors and exec function as a unit. He went on to explain that it is a requirement that at least one NED should have relevant financial auditing experience and that he was that person.</p> <p>He informed Governors that as they've seen from the numbers the Trust is successful financially but there are very fine margins. He pointed out that the Trust was not always in control of its own destiny as the national landscape can change so quickly. Neil painted the picture of the impact of the other projects, five year plans, building, IT and the cost pressures which get harder and harder.</p> <p>He stressed that we have to be open and transparency is vitally important, recounting learning from his previous experience.</p> <p>Neil referenced the 'Together we care' values statement and commented on the fact that</p>	

	<p>people love working for Sheffield Children's NHS Foundation Trust.</p> <p>Chair, Nick Jeffrey, thanks Neil for his contribution to the meeting and followed this up by stating the importance of good levels of trust and put to the Governors that if they had any concerns at all they should voice them to the Non Execs.</p>	
<b>28/14</b>	<p><b>Terms of reference of the Risk and Audit Committee</b></p> <p>Neil MacDonald introduced the paper and explained that the terms of reference set out all the detail of the work undertaken by the Risk and Audit committee, a sub committee of the Trust Board.</p> <p>The Committee had a number of interactions with the Council of Governors in relation to the appointment of the external auditors and Governors were asked to assure themselves that these responsibilities were adequately represented within the terms of reference.</p>	
<b>29/14</b>	<p><b>FT Office Update</b></p> <p>Judith Green explained that the paper was for information with a couple of exceptions.</p> <p>Governors whose first term of office was due to end in the autumn were invited to consider whether they wished to restand for election for a second term.</p> <p>The Trust was required to submit a number of declarations to Monitor alongside its annual plan submission and input was required from Governors. Due to the timing of these submissions, Judith proposed that governors be consulted outside the meeting on the statements that the Trust was required to self-certify against. Governors would be contacted by e-mail over the next couple of weeks.</p> <p>Judith confirmed that the GovernWell Training would take place on September 18. All Governors were asked to note this date and further details will be provided nearer the time.</p> <p>Judith reiterated the request for volunteers for the Whit Fayre on May 18.</p> <p>Nick Jefferies thanked the two governors who are definitely retiring at the end of their first term; Alison Cross and Jane Buckham.</p>	<b>JG</b>
<b>30/14</b>	<p><b>Any other Business</b></p> <p>None</p>	
<b>31/14</b>	<p><b>The meeting closed at 9.10pm.</b></p>	