



Council of Governors: Summary Sheet

Title of Paper:

Governor Feedback

Presented By:

Chair, Professor Alan Walker

Action Required:

For Information

For Ratification

For a decision

For Feedback

Vote required

For Receipt

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust's auditor	
Approving or not the appointment of the trust's chief executive	
Receiving the annual report and accounts and auditor's report	
Representing the interests of members and the public	X
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust's constitution with the Board	
Expressing a view on the Trust's forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	X
Monitoring the Trust's performance against its targets and strategic aims	

How does this item support the functioning of the Council of Governors?

Governors attend a number of events and sit on various committees in order to better understand the NHS landscape and to ensure that their and their members' views are heard. In addition, their involvement allows them to better understand the business of the Trust so that they can be confident that it is operating within its terms of authorisation and constitution, and in the best interests of the people it serves.

Author of Report:

Sam Stoddart on behalf of various governors

Designation of Author:

Deputy Board Secretary

Date:

4th December 2015



Report to the Council of Governors	
(please tick if appropriate) For Information only	
(please tick if appropriate) For Action	
From:	Ian Downing
Governor Constituency:	Carer
Feedback from:	Inpatient Forum – 9 th November 2015
<p>Details:</p> <p>I attended the Impatient Forum in the Mayfield Suite on 9th November. The discussion was on Safe Wards and on Restrictive interventions.</p> <p>We had a presentation by 3 people who work in the new PICU with pictures and the history. It was both interesting and instructive.</p>	
Action to be taken:	Please state what is required of governors, ie provide feedback etc n/a
Timescale for action:	n/a
Signed: Ian Downing Date: 10 Nov 2015	

Report to the Council of Governors

(please tick if appropriate) **For Information only**

(please tick if appropriate) **For Action**

From: Jules Jones

Governor Constituency: Public SE/Lead

Feedback from: NHS England: forum for people with learning disabilities and/or Autism, their families, carers and supporters. Sheffield Town Hall 13/11/15

The event tied in with the publication of the new government policy document entitled: *‘Building the right support: a national plan to develop community services and close inpatient facilities for those with a LD and/or Autism who display behaviour that challenges, including those with a MH condition’*, which was published on 30th October 2015. (I would recommend that SHSC Goves take a look at this policy document and think about the possible implications for SHSC and the wider community).

NHS England were very helpful prior to the event, I had been in contact with NHS England to suggest that they provide a ‘quiet room’, for the event, for those who might need to retire in order to avoid sensory overload (this is quite common in the Autism community). I am glad to say that NHS England took this suggestion on board.

I attended for the final 2 hours of the session, during which time participants were asked to break-out out onto different tables to discuss how NHS England might improve its communication with individuals who have LD and/or Autism. I sat on the table which was supposed to discuss ‘other methods of communication’. This table got ‘hijacked’ (for want of a better word) by a group of participants who had another agenda.

The event was attended by a group of parents, whose children had LD and/or Autism, they had come to the meeting with the express aim of telling their stories, and “getting answers” and to press the specific viewpoint that inpatient wards are horrendous and dangerous places which should be shut down immediately. (The same style of argument that the ‘anti-psychiatry’ lobby uses). One woman told me that they had travelled 350 miles to Sheffield for this meeting, from the south of England.

Clearly many of these parents/carers had suffered, and were still suffering, and needed to tell people about it, (participants were very patient and listened). The problem was that many of their issues were nothing to do with NHS England, but were related to their own local authorities, or their local clinical commissioning groups.

What I did learn was that children with Autism/LD had recently died in NHS inpatient facilities (located in the south of England) and that the parents/carers were utterly furious over their loved ones care, they were outraged that “the NHS” had allegedly sought and been granted “gagging



orders” through the Court of Protection, in order to prevent them from naming hospitals.

I attempted to ask the group of aggrieved parents what they hoped that NHS England could do for them? But the answer was always the same: they want inpatient wards to be shut.

This ‘hijacking’ reveals that users of the NHS may not understand how the NHS is structured; how it is separated into lots of different NHS organisations, and the separation between providers and commissioners. Some people believe that ‘NHS England’ is actually “*The* NHS in England”, which it isn’t. NHS England needs to take some responsibility for this misconception and improve the information on its website and enhance the booking information for its own ‘listening events’.

Near the end of the event, all of the participants got together again and a more balanced discussion took place. I was able to ask NHS England reps: “What, if anything, does NHS England plan to do in order to build carer capacity within the homes and communities of people who are discharged from long stay hospital placements? Or to support the carers upon whose (largely unpaid) work this entire project is predicated?” I got the standard issue response: “Carers are and will be supported” (Where’s the evidence?). I mentioned, in response, that I was a FT carer and that I wasn’t even entitled to a carer’s assessment. There was no answer.

In summary, despite the event not going precisely to NHS England’s plan I was pleased to attend, and I am pleased that NHS England is staging these events. This is a step in the right direction for NHS England when it comes to engaging with hard to reach communities.

Jules Jones
Public Governor SE and Lead Governor

Action to be taken:	to note
Timescale for action:	
Signed: J.Jones	Date: 19/11/5

Report to the Council of Governors

(please tick if appropriate) **For Information only**

✓

(please tick if appropriate) **For Action**

From:	Jules Jones	
Governor Constituency:	Public SE/ Lead Governor	
Feedback from:	Endcliffe ward (PICU) open day	20/11/15

I am very pleased to have had this wonderful opportunity to look around the new 10 bedded Psychiatric Intensive Care Unit (PUCU), known as the Endcliffe ward which located in the Longley centre, within the Northern General Hospital. On my approach to Endcliffe I passed the Memory Service, Maple & Rowan wards and the 136 suite. The contrast between this old estate and the new Endcliffe ward could not be more apparent (I understand that some of this old estate is earmarked for a makeover/rebuild in phase 2 of the refurbishment).

Endcliffe is both pleasant but disconcerting at the same time. It is pleasantly decorated, and arranged around a central courtyard that wouldn't be out of place in a hotel, complete with sun loungers and smart design features. The bedrooms are all en-suite and are furnished with cleverly designed but robust furniture. I noticed that attention had been paid to designing out ligature points, so taps were all flush to the wall and automatic, en-suite doors were cut with an angle at the top, furniture was fixed. The decoration was pleasant and reminded me of smart but functional hotel rooms.

I took a stroll around the complex; I noted the open plan lounge, women's lounge, treatment room, games room, family room, meeting room, activities room, quiet room and the seclusion suite.

I entered the 'quiet room' and laid back on the huge beanbag that dominates the room, my children were with me, one of them dived onto the other side of the beanbag and I was bounced into the air, rather like a comedy cartoon sketch.

I looked around the seclusion suite, which comprises 2 en-suite rooms located on either side of a small yard. I found the seclusion suite rather disconcerting; it is painted in a shade I would not choose - dark magnolia - and has 'mood lighting' consisting of yellowish lights - these tend to give me eye strain. The furniture consisted of a large foam block covered in robust wipe-clean plastic, which I assume serves as a bed and chair? I was shocked to see that the seclusion suite en-suite has an observation and recording area complete with a 2-way intercom (something that my children used to great effect to enact a few cheesy James Bond style one-liners).

It comes as a surprise to someone like me who is unfamiliar with the PICU environment, to see the levels of supervision that people might need when they stay in a PICU, especially in the seclusion suite. This illustrates just how very ill some of the service users must be when they come to the PICU.

I chatted with Richard Bulmer about the seclusion suite, and he informed me that they were getting blinds to prevent observations into the en-suite unless absolutely necessary.

We should be very proud that the Trust planned and completed this project without resorting to expensive borrowing. Congratulations to all who worked so hard to make this happen.

Action to be taken:	None	
Timescale for action:	None	
Signed:	J.Jones	Date: 4/12/15.....

Report to the Council of Governors

(please tick if appropriate) **For Information only**

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(please tick if appropriate) **For Action**

From:	Jules Jones
Governor Constituency:	Public SE/Lead Governor
Feedback from:	Patient Participation Group (PPG) held at Darnall Primary Care 19/11/15

In previous feedback to Council about the Clover PPG I mentioned that patients had felt the need to resort to formally writing to NHS England (twice) in order to get find out what NHS England has planned for the Clover group.

- 1) Patients have finally received a partial response to their letter sent to NHS England 7 weeks earlier, requesting clarification on whether the Clover group was to be put to tender or not and requesting that potential tenderers present their 'pitch' to the PPG. The response from NHS England stated that the contract was to be put to tender, there was no acknowledgement or response to the question about potential tenderers' presenting their 'pitch' to patients.

Related to the above and recalling NHS England's 'Vision' statement, patients expressed their disappointment, dissatisfaction and disagreement with NHS England's claim (on its website, & quoted below) that patients were at the heart of everything it did. Here's the quote from NHS England's 'vision' statement:

'Our behaviours: leading by example

We prioritise patients in every decision we take: everything we do is directly connected to our purpose of improving outcomes – not a process, not an organisation, not a profession – but the people who are at the heart of all that we do.'

- 2) The future: The main subject which dominated the PPG meeting was the tendering process (just announced), which has a 3 week turnaround. Concern and speculation were raised about who the potential tenderers could be (patients had previous bad experiences with some of the likely candidates). Patients wanted to be involved in SHSC's bid, to give a patients perspective.
- 3) 'The spine': There is an ongoing issue with the (automated?) unauthorised alteration of medical records for Clover patients. Patients have found that when they attempted to access Sheffield Teaching Hospitals (STH) services (for example as an out-patient referral) their GP address had been altered without their permission from Darnall or Tinsley practice addresses to the Jordanthorpe GP address.

It was hypothesised that this was an issue with 'The spine' and/or STHs new computer records system. A formal response from STH says that it is not their computer system but is likely to be a problem with 'The spine'. At that point I revealed that I had experienced



similar issues with Sheffield Children’s Hospital, (GP addresses had been changed repeatedly and without my permission to the Jordanthorpe GP address). This had resulted in confusion, stress and inconvenience at secondary care appointments. The correct GP address needed to be manually written onto the patient records at each appointment. Clearly the problem is bigger than had previously been thought.

The next PPG will be an informal Coffee and mince pies session. Patients and staff from all 4 of the Clover practices will meet in Darnall Primary Care: Friday 18th December 2015. 10.30am.

Action to be taken:	None.
Timescale for action:	None.
Signed: J.Jones Date: 5/12/15	

Report to the Council of Governors

(please tick if appropriate) **For Information only**

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(please tick if appropriate) **For Action**

From:	Sue Roe
Governor Constituency:	Carer
Feedback from:	Various Meetings

Sheffield Parent Carer Forum (SPCF)

AGM held on 20th November. Was unable to attend due to personal circumstances. Christmas film is on the 12th December at the Showroom Cinema and will feature the animated Nativity. Tickets going very well. The SPCF Conference is 8th March at St. Mary's Bramall Lane and will be based on health with dual purpose of information giving and lobbying for greater parent participation.

Families Lobbying and Advising Sheffield (FLASH)

5th November: Anne Ellis from SCC gave a presentation on helping people with learning disabilities to find accommodation when they are ready. Looking at three sites on which to build new accommodation. Some housing associations are good, some private landlords not so understanding of meeting peoples' needs. I have a copy of the presentation if anyone would like to see this. It shows figures for residential and nursing care and supported living for 2015.

Lee Teasdale-Smith brought an update on the Carer's Strategy for Carers and Young Carers. There is still work to be done on this.

12th November: A big meeting held at Norfolk Lodge with Phil Homes, Director of Adult Social Services, SCC, Andrew Wheawall Head of Learning Disability, Mental Health and Transition SCC, Cllr Mary Lea Cabinet member for Health and Independent Living, other heads of services included Phil Homes, Andrew Wheawall, Anita Winter and Eamonn Harrigan. A presentation on meeting the requirements of the Autism Strategy was to have been given but due to the amount of questions from family carers there wasn't enough time.

Sheffield Mencap is having their Christmas Fair on 28th November.

17th November: attended a workshop at Moorfoot on meeting carer's needs, with Emma Dickinson and Lee Teasdale-Smith. It was a very good meeting. It seems this has come about due to features in The Sheffield Star and Radio Sheffield regarding unpaid family carers saving local authorities and health services billions of pounds a year.

Learning Disability Partnership Board (LDPB)

23rd November: Meeting started with the presentation of the Peter Woodall for Sport and Achievement. Presentations by the Lord Mayor Cllr. Talib Hussain. There were many worthy winners. The main meeting included a review of SCC Learning Disabilities Provider Services by Andrew Wheawall, Head of Learning Disability Service. He is new in post and has been looking at where the failings are and where they have made improvements. This is ongoing with training staff in care and safeguarding, medications, care of people with dementia, care of service users money and record keeping and that mental health needs are met. Kirsten Johnson gave a short presentation on the Signpost Sheffield web site which is now the Sheffield Directory.



Report to the Council of Governors

26th November: I attended a workshop on Learning Disabilities Mortality Review Programme – Improving the standard and quality of care for people with learning disabilities. This piece of work is being undertaken by the University of Bristol. It was very interesting and is a three-year project. In the first year they are looking into early death in more detail of young people 18 to 24 and the BME groups. I have information from Bristol University if anyone wants to look at this.

28th November: attended the Christmas Fair at Sheffield Mencap. Despite the weather it as a great event with lots of lovely gifts made by or designed by the people who use Mencap. The two young men who manned the care park were brilliant.

29th November: Westfield Sports College had their Christmas Fair and Bents Green Secondary School have a satellite unit at the school. As part of the fundraising group Friends of Bents Green (FOBG) we were invited to have a stall. It was a brilliant event and again despite the weather it was very busy.

I attended the Involve editorial in October and then planning meeting in November, both were very interesting and enjoyable.

Action to be taken:	Please state what is required of governors, ie provide feedback etc For information only
Timescale for action:	n/a
Signed: Sue Roe	Date: 1 st December 2015



Report to the Council of Governors	
(please tick if appropriate) For Information only	
(please tick if appropriate) For Action	
From:	Rosemary de Ville
Governor Constituency:	Public South West
Feedback from:	Fitzwilliam Centre, Monday 16 th November
<p>Details:</p> <p>A very productive meeting with Chris Wood which greatly clarified the current overall picture within substance misuse services.</p> <p>The ongoing problem within Alcohol Services is the lack of referrals, particularly within the area of clients prior to dependency as they are unwilling to recognize and acknowledge their high levels of consumption until it becomes problematic.</p> <p>The entire alcohol services contract will be reviewed in January 2016, awarded in April and go out in June. It makes good sense to award all the substance misuse contracts to one provider, although good sense rarely prevails.</p> <p>SHSC has a very good chance of succeeding in winning the tender, but it does have a serious rival.</p>	
Action to be taken:	Please state what is required of governors, ie provide feedback etc None – for information only
Timescale for action:	n/a
Signed: <i>R de Ville</i>	Date: 28 November 2015



Report to the Council of Governors	
(please tick if appropriate) For Information only <input checked="" type="checkbox"/>	
(please tick if appropriate) For Action <input type="checkbox"/>	
From: 12. 11. 2015.	Mrs. Dorothy Cook
Governor Constituency:	Public South East
Feedback from:	Forward Planning meeting Trust HQ
<p>Details:</p> <p>The annual meeting between Governors and representatives from planning with Sam Stoddart and Faye Mellors in attendance.</p> <p>After Helen had outlined the written plan, there was a lively discussion with many issues, suggestions and omissions raised, which were noted. Then Jason shared the schedule leading to further consultation of governors and members via the web and Involve Magazine in December 2015, prior to final submission to the board at the end of March 2016.</p>	
Action to be taken:	Please state what is required of governors, ie provide feedback etc n/a
Timescale for action:	for information
Signed: <i>Dorothy Cook</i> Date: 18 Nov 2015.	



Report to the Council of Governors	
(please tick if appropriate) For Information only	
(please tick if appropriate) For Action	
From:	Mrs. Dorothy Cook
Governor Constituency:	Public S E
Feedback from:	Monthly meetings of the community Sun:Rise at the Circle and satellite ones in the suburbs.
<p>Details:</p> <p>The monthly group at the Circle has the largest group of members and many attend regularly, though others come intermittently, as their recovery permits. Naturally a large group takes some managing and some service users surprise us with their ability to command our respect as chairpersons, and manage interruptions skillfully.</p> <p>Speakers are varied between those seeking feedback from service users and others reporting on their research or work initiatives.</p> <p>A number of members are doing valued work as volunteers within the trust and recently three of them told us of their initiative to ensure that compassion, as showcased at the recent seminar at Bramall Lane is taken forward in the Trust. They are being mentored by Rachel Warner, Medical Director and I am sure we shall hear more of their activities in future.</p> <p>There are Sun:Rise meetings on inpatient wards, but access to these is restricted because of the vulnerability of the client group and the Trust's duty of care.</p> <p>For more details of future meetings, please contact a member of staff; clair.mullineaux@shsc.nhs.uk or noelle.riggott@shsc.nhs.uk</p>	
Action to be taken:	Please state what is required of governors, ie provide feedback etc [for information only]
Timescale for action:	n/a
Signed: <i>Dorothy Cook</i>	Date: 07.12.15



Report to the Council of Governors	
(please tick if appropriate) For Information only	
(please tick if appropriate) For Action	
From:	Mrs Dorothy Cook
Governor Constituency:	Public South East
Feedback from: 15.10.2015.	“Why won’t you talk to us?” [Survivors Of Bereavement by Suicide]
<p>Details:</p> <p>Angela Samata was the very inspiring main speaker at this event on 15 Oct 2015. Her husband died by suicide and over the years she has become the main lobbyist for the National Group SOBS. She has a full diary of public and government meetings aiming to prevent suicide and highlight the needs of those affected.</p> <p>Other speakers included the Trust Chaplain Rev’d Sally Ross who spoke about both her own loss and her work in hospital and the community, and the lead Coroner for Sheffield city.</p> <p>The Mayfield room was full, there were many questions and much networking in the breaks.</p> <p>Sadly I do not have the follow up pages to hand, but SOBS national website has more information and you can view the BBC documentary [2014] of Angela’s story and the number of local groups including one for Sheffield.</p> <p>Since attending this event I have seen another recent BBC documentary featuring the rapper, ‘Professor Fox’ and his own story. A different perspective but equally inspiring.</p>	
Action to be taken:	Please state what is required of governors, ie provide feedback etc for information
Timescale for action:	n/a
Signed: <i>Dorothy Cook</i>	Date: 18 Oct 2015

Report to the Council of Governors	
(please tick if appropriate) For Information only	
(please tick if appropriate) For Action	
From:	Mrs Dorothy Cook
Governor Constituency:	Public South East
Feedback From:	Meeting for Sheffield Disability Group at St Mary's Centre, Bramall Lane, on International Disability Day 3 Dec 2015.
<p>Details:</p> <p>Several initiatives were showcased at this event, around the group's work to assist disabled people, especially those of working age to get or keep work. Some were supported to set up their own business.</p> <p>It was highlighted that some clients have both physical and mental disabilities and they were proud to have been able to help them all.</p>	
Action to be taken:	Please state what is required of governors, ie provide feedback etc for information
Timescale for action:	n/a
Signed: <i>Dorothy Cook</i> Date: 7 December 2015	

Report to the Council of Governors

(please tick if appropriate) **For Information only**

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(please tick if appropriate) **For Action**

From:	John Buston
Governor Constituency:	Public NW
Feedback from:	Regional Governor Network Event – October 2015

Details:

On the 27th October, 2015 myself and two other SHSC governors attended a Regional Governor Network Event held at Doncaster. The Chief Executive for Rotherham, Doncaster and South Humber outlined that a transformation within the NHS is to be attained via the framework of Sir David Dalton's "Five Year Forward View." Thus creating a change of strategy that focuses on prevention and competition in order to adapt to changing demands and the challenge of demographic trends.

Representatives of the Lincolnshire Partnership NHS Trust presented their model for evaluating Council of Governor effectiveness facilitated in 2010 by the use of an electronic system which is online. The evaluation process provides each Governor with an individual login for the use of appraisals on the overall function of the Council of Governors, the Chairs Performance and other groups and individuals as required. From this process a C of G report is presented in public which identifies year on year movement, seeks to identify causes, training need and enables more effective performance in future years. This creates for the organisation a more effective body of governors, which in terms of regulation complies with Monitors Code of Governance and Annual Reporting Requirements for foundation trusts.

A presentation by the representatives of the Care Quality Commission (CQC) indicated an intent for them to engage with Foundation Trusts Council of Governors, in order to enhance the CQC's purpose of ensuring health and social care services provide people with safe, effective, compassionate, high - quality care and that the Council of Governors encourage care services to improve. The role of the CQC is achieved by the process of monitoring, inspecting and regulating services to make sure they meet fundamental standards of quality and safety, the findings of which are published to help people choose care. The CQC inspection of NHS trusts determines whether services are safe, effective caring and responsive to peoples' needs and whether they are well led. The CQC inspection would therefore include levels of staffing. Audits of work are considered to ensure the best outcomes for people served and would be inclusive of all staff and therefore include an assessment of care regarding 1:1 interaction, admin clerical, receptionists, porters and management. The CQC's remit therefore covers a broad area relating to hospitals, adult social care, and primary and social care. In consideration of which Governor training may be provided to assess and understand the CQC inspectorate process with the Lead Governor providing feedback at the Quality Summit.

A presentation by Annette Lack, Strategic Development Lead emphasised that strategy is a key area of Governor involvement – Monitor's reference guide for NHS foundation trust Governors states " Directors must take account of Governors views when setting the strategy for the trust, giving governors the opportunity to feed in the views of trust members and the public and to question the Non-Executive Directors if these do not appear to be reflected in the strategy. The process therefore, being that the Executive write strategy, the NEDs challenge this strategy and the Governors hold the NEDS to account by feeding in views regarding strategy. An example of Governor involvement in strategy would be via the provision of strategy and planning days; held annually with a follow up meeting six months on. Consultation with members in August followed by presentation to governors of the proposed plan in



September/October. Governor working groups covering different topics, including strategic planning plus the involvement of Focus groups for the members of the trust when preparing the annual plan. Members may vote on initiatives using post- it notes.

The overall aim of the conference was to enable Governors to facilitate their role effectively.

Action to be taken:	Please state what is required of governors, ie provide feedback etc For information –
Timescale for action:	n/a
Signed: John Buston..... Date: 7 th December 2015	