

## Council of Governors

Notes of the 48<sup>th</sup> Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 27<sup>th</sup> April 2017 from 2.45pm to 4.45pm in the 7<sup>th</sup> Floor Conference Suite of Fulwood House, Old Fulwood Road, Sheffield S10 3TH

### Present:

Name	Designation	Name	Designation
Sue Rogers MBE	Chair/Non-Executive Director	Angela Barney	Carer Governor
Barbara Bell	Public Governor	John Buston	Public Governor
Adam Butcher	Service User Governor	Debjani Chatterjee	Service User Governor
Tyrone Colley	Service User Governor	Dan Creber	Staff Governor
Billie Critchlow	Carer Governor	Deborah Gamsu	Staff Governor
Sylvia Hartley	Public Governor	Cllr Adam Hurst	Appointed Governor
Celia Jackson-Chambers	Appointed Governor	Jules Jones	Public & Lead Governor
Dr Paul Miller	Staff Governor	Pat Molloy	Service User Governor
Toby Morgan	Service User Governor	Cllr Josie Paszek	Appointed Governor
Terry Proudfoot	Service User Governor	Lorraine Ricketts	Public Governor
Dr Abdul Rob	Appointed Governor	Sue Roe	Carer Governor
Janet Sullivan	Appointed Governor	Joan Toy	Service User Governor
Susan Wakefield	Appointed Governor		

### In attendance:

Name	Designation	Name	Designation
Faye Mellors	Governor & Membership Officer	Richard Mills	Non-Executive Director
Margaret Saunders	Director of Corporate Governance (Board Secretary)	Ann Stanley	Non-Executive Director
Mervyn Thomas	Non-Executive Director	Clive Clarke	Deputy Chief Executive
Mike Hunter	Medical Director	Helen Crimlisk	Deputy Medical Director
Richard Bulmer	Service Director	Pamela Allen	Carer Strategy Lead
Tania Baxter	Head of Clinical Governance	Peter Bowie	Clinical Director

**Apologies:**

Name	Designation	Name	Designation
Jayne Brown OBE	Chair	Richard Fletcher	Service User Governor
Elaine Hall	Staff Governor	Sue Highton	Staff Side Governor
David Houlston	Public Governor	Dani Hydes	Staff Governor
Mohammed Kwahja Ziauddin	Public Governor	Vin Lewin	Staff Governor
Sam Stoddart	Deputy Board Secretary	Kevan Taylor	Chief Executive
Michael Thomas	Young Service User/Carer		

Minute	Item	Action
CoG48/1	<p><b>Welcome and Apologies</b></p> <p>In the absence of Jayne Brown, Sue Rogers acted as Chair. Everyone was welcomed to the meeting and apologies were noted. Governors were reminded to complete an annual declaration of interests form and return as soon as possible. The Chair updated governors on Council changes. Dr Leigh Sorsby has stepped down as appointed governor for NHS Sheffield Clinical Commissioning Group (NHSSCCG) with a replacement currently being sought. Governor elections are taking place in two constituencies; Service User and Staff and Allied Health Professionals. Sylvia Harley, Public NW and Jules Jones Public SE were both re-elected unopposed. New unopposed appointments are Liz Donaghy, Public South East, Rivka Smith, Young Service User/Carer, Adam Rodgers, Staff Clinical Support and Antony Sharp, Staff Support Workers. Full results will be announced on Friday 26<sup>th</sup> May with governors taking office from 1<sup>st</sup> July 2017.</p> <p>Congratulations are extended to Adam Butcher who has been selected as a representative on the National Learning Disabilities Observatory.</p>	
CoG48/2	<p><b>Declarations of Interest</b></p> <p>No Declarations were made.</p>	
CoG48/3	<p><b>Minutes of the Council of Governors meeting held on 23<sup>rd</sup> February 2017</b></p> <p>Page 5, paragraph 3 – The Deputy CE corrected an inaccuracy. Incidents of racial abuse reported directly into the BME Group. The reporting process of incidents of sexual abuse is currently being determined.</p> <p>Jules Jones commented the minutes were difficult to check for accuracy as names of individuals were omitted. The Chair noted this as a matter of opinion but agreed to a compromise in style.</p> <p>The minutes were accepted as a correct record.</p>	

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CoG48/4	<p><b>Matters arising from the meeting held on 23<sup>rd</sup> February 2017 and Action Log</b></p> <p>CoG47/4 Restricted Practices update – This is now due in June 2017. At the request of governors an internal audit on Restricted Practices is underway and a restrictive interventions project is also taking place. The report will be compiled following this work.</p> <p>CoG47/8 Chief Executive’s Update – It was confirmed that Liaison Psychiatry received £530k additional monies.</p>	
CoG48/5	<p><b>Governor Feedback</b></p> <p><b>a) Feedback from governor activities</b> Feedback was provided for information and the governors thanked for their reports.</p> <p><b>b) Feedback from Board questions</b> All questions from Governors have been or are in process of being answered. None outstanding.</p>	
CoG48/6	<p><b>a) Service User Engagement Implementation Plan</b></p> <p>Helen Crimlisk, Consultant Psychiatrist/Deputy Medical Director presented the Plan. This is an ambitious five year Plan and recognises service user engagement is a continuous process. The Implementation Plan reflects the strategic aims of the Trust and creates links with service users and quality improvements. Richard Fletcher, Service User Governor and member of Sun:Rise is currently engaging with the Quality Improvement Team and training to be a Microsystems Coach to support implementation in conjunction with the Trust Engagement Managers.</p> <p>Highlights include:</p> <ul style="list-style-type: none"> <li>• Continuing progress towards a city-wide Recovery College (Sheffield Information Exchange).</li> <li>• Improved use of digital methods to gain feedback/data.</li> <li>• Rolling out ‘Patient Opinion’ to gather feedback.</li> </ul> <p>The Trust has made significant progress in association with the University of Sheffield to engage in research in this field.</p> <p>The Chair commented the Plan accessible and user friendly.</p> <p>Angela Barney acknowledged the Plan was the first step and suggested mutual benefits would be gained if linked with the work of the Carers Strategy. Helen Crimlisk confirmed colleague, Pam Allen is involved and aware of the vision underpinning the Plan. The possibility of joint meeting with</p>	

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	<p>service users and carers has been discussed.</p> <p>Mike Hunter responded although the needs and engagement of service users and carers is distinct there may be overlap with potential elements of original thinking and good practice that could be shared. Both perspectives are equally important and require strategies in place to enable governors to hold the Board to account. Jules Jones suggested that the report would benefit from progress steps alongside the Red, Amber, Green (RAG) ratings.</p> <p>The Chair thanked Helen Crimlisk and Mike Hunter and asked governors to welcome and support the plan.</p> <p><b>b) Quality Report</b></p> <p>The Chair acknowledged the tight timeframe of receiving the draft Quality Report. The final version will return to Board prior to being presented with the Trust's Annual Report to Parliament later in the year. Tania Baxter provided a brief overview of the past year and looking forward to 17/18. Last year there were three quality objectives:</p> <ul style="list-style-type: none"> <li>• improve access to services and treatments;</li> <li>• improve physical health outcomes; and</li> <li>• improve experience through service user feedback.</li> </ul> <p>Of these objectives waiting and access times have reduced and place of safety beds have increased from one to two. Physical health remains challenging. There are two national measures relating to physical health;</p> <ol style="list-style-type: none"> <li>1. How information is communicated to GPs following a CPA review. Targets were unachieved as not all the standards set on a national audit were met.</li> <li>2. Follow up interventions from screening physical health. Inpatient achieved 86% of a target of 90% and Community achieved 16% of a 65% target. Mechanisms are in place to achieve these targets and will be reviewed in 17/18.</li> </ol> <p><b>Service User Experience</b></p> <ul style="list-style-type: none"> <li>- Recently signed up to Care Opinion (previously Patient Opinion)</li> <li>- Further investment in staffing engagement and monitoring. Developed a strategy and implementation plan.</li> <li>- Friends and Family testing.</li> </ul>	

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	<p><b>External view/benchmarking</b>  The Trust underwent a comprehensive inspection by the Care Quality Commission (CQC) in November 2016 resulting in a rating of 'Good' overall. Good across four domains and requires improvement in one.</p> <p>NHS Improvement ratings changed in October 2016 and reporting is now in segments. At the moment the Trust is in Segment 2, which is the segment for Trusts rated 'requires improvement', although it was anticipated this would change following the CQC rating of 'Good' overall in March 2017</p> <p><b>Staff Survey perspective</b>  The Trust is above average for staff appraisals and equal opportunities for career progression, however below national average on staff attending work despite being unwell; quality of training, and staff motivation at work.</p> <p>The Community Mental Health Survey for 17/18 is currently underway. Based on last year's results the Trust is consistent nationally with other Trusts. The Trust maintains an acceptable position overall on all national performance indicators.</p> <p><b>Looking forward to 17/18</b>  The quality indicators remain in within the priority areas of last year. Focus is upon specific area; safety, restrictive practice interventions, implementing additional ligature reduced rooms and continuing work in relation to physical health specifically within community services. A mapping exercise will be undertaken to share good practice across the organisation.</p> <p>Adam Butcher requested information regarding quality benchmarking in relation to perceiving disparities between physical health and mental health. The Trust is working with commissioners to ensure that GPs are aware of a patient's mental health needs and equally mental health services are mindful of a service user's physical health. This holistic approach reflects the progression to ensure parity and co-ordination of service provision.</p> <p>Pat Molloy sought clarification for the underpinning rationale for the safety figures which appear to be twice the national average when benchmarked. The Trust is a high reporter of low level incidents the majority of which have negligible impact. However does reinforce the transparent safety culture practised by the Trust.</p> <p>Terry Proudfoot queried the rise in medication incidents year on year; is this due to improved reporting or higher incidents of risks concerning medication? There is a trend to report medication incidents and the CQC inspection in 2014 identified</p>	

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	<p>problems with monitoring fridge temperatures which meant improved operational procedures were introduced. This increased reporting for a time and is now plateauing. This is an underlying trend that is welcome.</p> <p>Jules Jones requested assurance the Trust is safe following the CQC's 'requires improvement' rating for safety. It was confirmed that each of the Executive Directors was leading a CQC area/domain with the Medical Directorate responsible for the 'amber' safety domain. The overall rating of the Trust is 'good' and it is acknowledged improvements in safety are required however all staff take this seriously and are fully engage to improve this position.</p> <p>The Chair thanked Tania Baxter and Mike Hunter for the presentation.</p>	
CoG48/7	<p><b>CMHT Reconfiguration</b></p> <p>Richard Bulmer, Service Director and Peter Bowie, Clinical Director presented an overview on the recommended model for Community Mental Health; how it will work and the next steps. The new model is a result of the multidisciplinary Task and Finish Group's city-wide consultation process with staff, stakeholders and service users/carers. Richard briefed governors on the reasons for the reconfiguration and how it will work to deliver best practice across community mental health services in Sheffield. The reconfiguration will improve links with primary care and build on strengths within community teams enabling further development. Principles of the future operating model will ensure:</p> <ul style="list-style-type: none"> <li>- quality clinical leadership</li> <li>- equality in access</li> <li>- standardised assessments and treatment in line with NICE guidance</li> <li>- clear expectations for service users</li> <li>- well managed and well governed with effective and motivated staff</li> <li>- financially affordable</li> </ul> <p>The benefits of which will be a value based high quality responsive and accessible service with an expectation for staff to spend at least 15 hours of the working week with service users. This is will improve working across teams and assist in the development of measureable outcomes to aid staff accountable. It will provide a standardised, fair and equitable service across the city. Currently four teams in the Trust have acquired accreditation under the Royal College of Psychiatrists Quality Improvement Scheme and it is intended that all CMHT teams will achieve the position in the future.</p> <p>Proposing;</p>	

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	<ul style="list-style-type: none"> <li>- Single 24/7 point of access service.</li> <li>- Central one single home treatment team working from several bases.</li> <li>- One single short term care team working from several bases.</li> <li>- One Early Intervention Team working from several bases.</li> </ul> <p>Longer term recovery and assertive outreach care will be provided by two teams managed under one umbrella for consistency across city.</p> <p>Mobilisation leads were appointed in March 2017 to take plans forward:</p> <ul style="list-style-type: none"> <li>• Anne Marie Hurst – Early Intervention</li> <li>• Imelda Murphy – Home Treatment</li> <li>• Rachel Allt – Recovery</li> <li>• Toni Mank – Primary Care</li> <li>• Greg Hackney and Nichola Whatley – Short term interventions</li> </ul> <p>Engagement continues with a formal 90 day consultation with staff commencing in June 2017. Service transition will begin from September 2017. Existing service users will continue with their care plans and no service users will be discharged as a result of these changes.</p> <p>Jules Jones commented regarding the Personality Disorder Service (PDS) and the importance of ensuring experienced, trained staff in place at the single point of access as many first episode psychosis are experienced by young people. Clarity was sought regarding age limits, assessment process and liaison with Sheffield Children’s Hospital (SCH).</p> <p>Peter Bowie explained the PDS was a service which had benefitted from recent progress in service development. A core number of staff have been appointed who will be available for people at the initial stage of accessing the service. If longer term treatment is required all staff within the CMHTs will be involved. Clive Clarke gave reassurance that integration of terms will maintain cohesion and ensure enhanced support for people with high level of need. The Trust assesses and accepts people from the age of 16 with the occasional overlap with the Child and Adolescent Mental Health Service (CAMHS).</p> <p>Billy Critchlow queried changes to the assertive outreach teams and if care coordinators within these teams will maintain their current caseloads with current success due to relatively low caseload numbers.</p>	

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	<p>Richard Bulmer provided assurance that packages of care would be in place via the maintenance of close working relationships between the care coordinator and team delivering the care. The same professional would ensure continuity of service. The service user would have the correct contacts and interventions.</p> <p>The achievements of the assertive outreach model were acknowledged and it is intended to capitalize on this success and increase accessibility. Assurance was also provided that service users would retain current care coordinators however changes in caseload could occur in the future.</p> <p>Mike Hunter clarified services required a flexible approach to provide service users with the face to face therapeutic contact as appropriate. This is to maximise the positive elements of current practice with service users provided with clear information regarding service availability and what can be expected complemented by regular monitoring.</p> <p>On reviewing the model Angela Barney suggested an increasing number of people were accessing the service under short term care potentially creating a rise in demand. Peter Bowie explained, providing clarity to colleagues regarding the referral process will assist in managing any rise in demand during this transitional stage.</p> <p>Angela Barney queried the identity of key stakeholders including carers.</p> <p>Internal consultation with staff and service users had taken place in conjunction with presentations to stakeholder groups i.e. Sun:Rise, NHSSCCG, Sheffield City Council (SCC), Police and voluntary sector organisations via Voluntary Action Sheffield (VAS). Views and feedback was also sought via surveys. A number of consultations with carers had occurred with more planned over the coming couple months.</p> <p>The model indicates referrals will be submitted to a single point of access before moving onto Home Treatment, Short Term, or Early Intervention Service (EIS) for assessment; with the ability to move between services depending on need. Emergencies identified via the Police will be referred to the mental health professional from the Home Treatment Team at the 136 Suite. Referrals to the Crisis House will be via the Home Treatment Team.</p> <p>Paul Miller queried the composition of the medical staffing model in the recovery and assertive outreach teams. This was awaiting finalisation however was currently based on the principle of 15 hours face to face contact which would equate to four whole time equivalent consultants across the recovery</p>	

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	<p>teams plus junior staffing support. This was complemented with a mixture of training and non-training specialist grades.</p> <p>The Chair thanked Richard Bulmer and Peter Bowie reminding the meeting the consultation process continues.</p>	
CoG48/8	<p><b>Carers Strategy</b> Pam Allen, Billie Critchlow and Angela Barney presented a brief overview of the Carers Strategy including the developmental process.</p> <p>Billie Critchlow confirmed carers welcomed the Strategy which was predicated upon the mutually beneficial and symbiotic relationship between carers and the Trust which is valued and supported. The invaluable role of carers was also noted not only in financial terms but also in provided 24/7 emotional and physical support, comfort, companionship and love. Carers require and value the Trust's clinical, medical and social expertise. The Trust can offer help and support with carers by delivering a good clear unambiguous consistently applied Carers Strategy.</p> <p>Pam Allen provided background to the development of the Strategy predicated upon the Care Act 2014 with further changes made in 2015. Consultation and engagement has taken place with staff and carers groups across the city resulting in a co-produced charter reflective of carers needs. A Carers Strategy Implementation Group is currently being established to progress.</p> <p>Angela Barney appealed to governors for support to enable the Trust to demonstrate meeting the requirements of the Strategy and support accountability. It is believed the Strategy is excellent in relation to engagement with the care teams and family carers and would benefit from further details regarding wider engagement.</p> <p>Billie Critchlow queried the training offered to carers and staff and the monitoring of the Strategy.</p> <p>Carers assessor training has been delivered to all CMHTs and elements included within the Trust Induction Programme. Currently a collaborative city-wide e-learning and recovery education for carers is in development.</p> <p>The effectiveness of the Strategy will be monitored via the Implementation Group and reported through existing governance structures.</p> <p>Celia Jackson-Chambers queried if there were any difficulties in securing feedback from the BME community as there lacked a</p>	

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	<p>specific reference in the document. Pam Allen explained despite endeavours to engage with BME groups via the Carers Centre with offers to provide information and undertake visits minimal progress was achieved. There had also been limited representation at the information events.</p> <p>John Buston referred to point four and the need for carer breaks. The important of carer breaks was acknowledged including when carers required help and referral to the Carers Centre for additional support. The Care Act 2014 states carers have the right to withdraw from providing care.</p> <p>As a carer Jules Jones sought clarification of the statutory right under the Care Act 2014 for a carer to undergo a carer's assessment as carers of people less than 18 years of age are ineligible. Pam Allen confirmed it was a legal duty to signpost individuals to relevant support.</p> <p>Angela Barney was of the understanding as only a relatively small number of carers receive assessments it is difficult to produce an accurate record of carers to provide a conduit for engagement. It was suggest a Trust wide carers register would be of benefit. Clive Clarke confirmed via Insight a register of carers has been created.</p> <p>The Chair agreed that this should be given further consideration and thanked everyone for their contributions.</p>	
CoG48/9	<p><b>For Information: Performance and Strategy</b> Governors received the report for information.</p>	
CoG48/10	<p><b>Appointment of Lead Governor</b> The current term of office of the lead governor role ends shortly. Governors were made aware procedures are in place and further information will be shared with governors.</p>	
CoG48/11	<p><b>NED Notice Period</b> Leigh Bramall resigned from SCC in March 2017 and is ineligible to continue as a Non-Executive Director. It is proposed a three month notice period is served to enable the Trust to seek a suitable replacement. Governors agreed to a three month notice period with the proviso that Leigh Bramall's private sector appointment does not create a conflict of interest with the Trust.</p>	
CoG48/12	<p><b>Chief Executive's Update</b> Deputy Chief Executive provided a brief update.</p> <p>In relation to carers the Trust's CQUIN performance objectives provided by NHSSCCG for:</p>	

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	<p>1. Number of carers being offered assessments – target achieved.</p> <p>2. Number of carers assessed – target slightly underachieved target.</p> <p>5 Year Forward View – The Trust has secured £530k for liaison psychiatry and £1.8m to develop IAPT services over the next two years.</p> <p>NHS Improvement (NHSI) have been asked to review our Segment 2 rating. As following a ‘good’ rating by the Care Quality Commission (CQC) and ensuring managed and balanced finances the Trust believes a Segment 1 rating would be appropriate which provides additional opportunities and benefits.</p> <p>The Trust has over achieved the surplus formulate by NHSI. This has enabled money to be set aside for 2018/19 for capital spend and developments.</p>	
CoG48/13	<p><b>Any Other Business</b></p> <p>The proposed date for this year’s Annual Members Meeting is Tuesday 26 September 2017 to be held at Sheffield United FC.</p> <p>The Vice Chair informed governors Faye Mellors would be leaving the Trust at the end of May 2017 and asked governors to join her in wishing her well and thanking her for the support provided to Council.</p> <p>Post meeting note. The date of the next meeting has been changed from Thursday 20 July to Friday 14 July 2017. Timings remain the same.</p>	All to note
CoG48/14	<p><b>Chair’s Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b></p> <p>In accordance with Section 7.2 of Annex 6 of the Trust’s Constitution, members of the public or press to be excluded from the remainder of the meeting on the grounds that publicity would be prejudicial to the public interest or the interests of the Trust by reason of the confidential nature.</p>	