

Minutes of the 29<sup>th</sup> Council of Governors' meeting of the Sheffield Health and Social Care NHS Foundation Trust held on Thursday 12<sup>th</sup> December 2013 in the Mayfield Suite of the Fulwood House Training and Conference Centre, Old Fulwood Road, Sheffield, S10 3TG

Council of Governors  
4<sup>th</sup> February 2014  
Item 3

## PRESENT:

Name	Governor Constituency	Name	Governor Constituency
Professor Alan Walker	Trust Chair	Vin Lewin	Staff (Nursing)
Leon Ballin	Carer	Dr Paul Miller	Staff (Medical and Clinical)
Tyronne Colley	Service User	Pat Molloy	Service User
Dorothy Cook	Public (SE)	Geraldine Mountain	Staff (Social Worker)
Joan Davies	Staff (Psychology)	Dr Abdul Rob	Appointed (PMC)
Cllr Roger Davison	Appointed	Sue Roe	Carer
Ian Downing	Carer	Tamsin Ryder	Public (SW)
Dr Paul Harvey	Public (NW)	Russell Sheppard	Service User
Joan Healey	Appointed (Sheffield Hallam)	Trudie Smallwood	Public (NE)
Diane Highfield	Staff (Clinical Support)	Kate Steele	Service User
Sue Highton	Staff Side	Janet Sullivan	Appointed (Sheffield MENCAP)
Dave Jones	Public (NE)	Nev Wheeler OBE	Service User
Jules Jones	Public (SE)	Myra Wilson	Service User
Neel Khan	Service User	Sue Wood	Public (NW)

## APOLOGIES:

Name	Governor Constituency	Name	Governor Constituency
Dr Amir Afzal	Appointed	Mervyn Thomas	Non-Executive Director
Cllr Jenny Armstrong	Appointed	Shamshad Hussain	Service User
Jean- Michel Bellas	Young Service User/Carer	Tina Levitt	Public SW
Teresa Barker	Appointed	Jean Nicholson	Carer
David Bussue	Appointed	Stephanie Pursehouse	Staff (Support Work)
Elaine Hall	Staff (AHP)	Sue Sibbald	Service User
Elliott Hall	Staff (Central Support)	Professor Peter Woodruff	Appointed (University of Sheffield)

## IN ATTENDANCE:

Name	Role	Name	Role
Tony Clayton	Non Executive Director	Jason Rowlands	Director of Governance, Planning and Performance
Dr Amanda Hendry	Consultant Psychiatrist	Sharon Sims	PA to Board Secretary (Notes)
Susan Rogers	Non Executive Director	Sam Stoddart	Membership Manager
Rosie McHugh	Board Secretary	Kevan Taylor	Chief Executive
Cllr Mick Rooney	Non Executive Director	Linda Wilkinson	Professional Lead Psychologist
Martin Rosling	Non Executive Director		

## MEMBERS/PUBLIC:

Name			
Ron Evans	Stephen Ripley	Sally Ross	Theo Kandhasany

Minute Note	Item No.	Item	Action
COG 29/1	1	<p><b>Chair's welcome and apologies</b></p> <p>The Chair had been unavoidably detained therefore John Kay, Lead Governor opened the meeting on his behalf. He welcomed everyone and in particular, the two newly appointed staff governors, Joan Davies (Psychology) and Diane Highfield (Clinical Support) and Sharon Sims, the new administrator.</p> <p>Apologies for this meeting were received and noted.</p>	
COG 29/1	2	<p><b>Declarations of Interest</b></p> <p>No declarations were made.</p>	
COG 29/3	3	<p><b>Minutes of the Council of Governors' meeting held on 10<sup>th</sup> October 2013</b></p> <p>CoG 28/8 Chief Executive Update The notes record that there have been problems in recruiting to the Specialist Consultant post. It was clarified that this appointment is for the Consultant Psychiatrist in the Asperger's service.</p> <p>The minutes of the meeting held on 10<sup>th</sup> October 2013 were agreed as a correct record subject to the above amendment</p> <p>Professor Walker arrived and assumed the Chair.</p>	
COG 29/4	4	<p><b>Matters Arising from the meeting held on 10<sup>th</sup> August 2013</b></p> <p><b>(a) CMHT Reconfiguration Review Update</b> A presentation on the outcome of the CMHT review will be given to the Council in February 2014.</p> <p><b>(b) Recovery (minute 28/07)</b> Sue Sibbald expressed concern that recovery was full. The Chair reported that the response from the Directorate is that Recovery is not "full". The teams' activity does fluctuate at different times of the year, which can lead to longer delays with the increase in patient demand. Staffing issues can also be attributed to this, meaning that individuals might have to wait longer to access to the Recovery Team. The Access Team would support these individuals in the interim. This issue can be raised with Tom Ayers, Service Director who is presenting to Council in February 2014.</p> <p><b>(c) Any other matters arising</b> <b>15 Steps Challenge</b> It was reiterated that any volunteers wishing to be part of the review team should contact Sam Stoddart in the first instance. Neel Khan expressed an interest.</p>	<p>All to note</p> <p>Neel Khan</p>
COG 29/5	5	<p><b>Self-Harm (Presentation)</b></p> <p>The Chair welcomed Dr Amanda Hendry, Consultant Psychiatrist, Intensive Treatment Service and Linda Wilkinson, Professional Lead Psychologist, Acute directorate to the meeting. They had been invited to give a presentation to the Council on Self Harm.</p>	

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		<p>Key points included:</p> <ul style="list-style-type: none"> <li>• What is self harm and methods</li> <li>• Commonality of self harm</li> <li>• Reasons why people might do it</li> <li>• NICE Guidelines</li> <li>• Approach the Trust want to take</li> <li>• Assessment</li> <li>• Treatments</li> <li>• Challenges for professions and how to overcome these</li> </ul> <p>Following the presentation Amanda and Linda answered governor's questions.</p> <p>Tamsin Ryder said that in the presentation it was reported that people are more likely to self-harm if they have a mental health problem. She questioned what support was available for those who are self-harming and who are not diagnosed with a mental health problem.</p> <p>Amanda replied that evidence does suggest that you are more likely to engage in self-harm if you have been diagnosed with mental health problems and these people are already in our services. There is a great number who self-harm in isolation and who are not known or who are only known in Primary Care and there is guidance available for them. She added that there is a national awareness campaign for self-harm being launched in March.</p> <p>Leon Ballin asked about the common reasons for self-harm and suicide and do the pathways differ? The response was that it is the motivation that will determine the pathway a person takes.</p> <p>Dr Paul Harvey asked what percentage of those who present having self-harmed also have a personality disorder and how many are dealt with by Liaison Psychiatry. Amanda replied that Liaison Psychiatry does not keep people in their team if it is clear they need longer term support packages. However, they are assessed by Liaison Psychiatry and referred on to other appropriate areas depending on their needs.</p> <p>Sue Highton asked if there is any support through Primary Care for carers who see the early signs of self-harming. Linda responded that the NICE Guidelines recommend connectivity through Primary Care and GP services and early intervention programmes in schools to raise awareness. The Chair added that the strategy for children and adolescents was discussed at a recent Health and Wellbeing Board.</p> <p>John Kay asked in self harming was increasing, decreasing or cyclical. Amanda said that it is getting harder for young people and there are less productive coping strategies for young people.</p> <p>The question was asked as to whether data was being gathered regarding self-harm? Linda responded that it is being gathered nationally, but the question is how it is gathered, as you get a different perspective if you ask teenagers, parents or professionals the same questions. There may be more data and information available in the Child and Adolescent Mental</p>	

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		<p>Health Service (CAMHS), which The Trust can access.</p> <p>In her absence, Sam Stoddart asked a question for Sue Sibbald. Is there a follow up system for those presenting to A&amp;E having self-harmed? Linda responded that this would be dependent on where the patient is in the system and if they are known already to services.</p> <p>Joan Davies who works in the Improving Access to Psychological Therapies (IAPT) service informed Council that there is a young people's intervention project working with GP's. Awareness of self-harm is very much part of the project.</p> <p>The Chair thanked Amanda and Linda for their presentations.</p>	
COG 29/6	6	<p><b>Trust Board Review: explanation of process, governor involvement and outcomes</b></p> <p>The Chair reported that the Board is interested in reviewing its performance and has commissioned a review to be undertaken by an external organisation called The Real World Group.</p> <p>Key stakeholders including members of this Council, SHSC Directors, Commissioners and the Board itself will be asked to complete and submit a confidential questionnaire. The responses will then be collated and a report produced.</p> <p>Sam reminded people that there was another week to complete the questionnaire online and that feedback is valued. Provision has also been made for those without an email account.</p> <p>Carol Borrill, Head of Organisational Psychology will feed back the results to the Board at a development session and this will then be shared with and discussed with the Council at a future meeting.</p>	All to note
COG 29/7	7	<p><b>Council Appraisal</b></p> <p>The Chair reported that in light of the Francis report it is timely to undertake a review of the Council to ensure it is fulfilling its role and function. This is being planned to start early in 2014.</p> <p>In the past, the Council has appraised itself through a questionnaire process and this has been used to support improvement. He will be meeting with Sam Stoddart to determine if this remains the best process. New guidance from Monitor will also be looked at.</p> <p>There will also be a review of the Governors Charter as this has not be revised for a number of years and it needs to be strengthened to reflect the Health and Social Care Act 2012 and the Francis report.</p> <p>Details of the process and timescales will be shared with the Council.</p>	All to note  Sam Stoddart
COG 29/8	8	<p><b>Performance Report</b></p> <p>Jason Rowlands, Director of Governance, Planning and Performance</p>	

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		<p>presented to the Council the October Performance Report.</p> <p>He reported that indicators remain positive and work is ongoing to improve CPA annual reviews.</p> <p>Jason provided responses to questions asked at the last meeting.</p> <p>How can we see people in Early Intervention (EIS) when there is no dedicated EIS Team?  <i>EIS have been integrated into the mainstream CMHT Pathway. People are still receiving care and new patients are being supported. A review of CMHT's will relook at EIS functions.</i></p> <p>What is the current position on those patients who have not been allocated a Care –Co-ordinator?  <i>Everyone has been allocated a Care Co-ordinator. Assurance has been given by Dr Katy Kendall and Tom Ayers, Clinical and Service Directors that temporary Care Co-ordinates have been appointed where staff have left their posts.</i></p> <p>Myra Wilson reported that to her knowledge, she knew of 2 people who did not have access to anyone, but there may be more. Jason stated he would feed this back to the Directorate</p> <p>Serious Untoward Incidents appear to be missing from the Dashboard  <i>This information will be prepared for the meeting in February.</i></p> <p>There appears to be a mismatch in admission and discharge data.  <i>The data is collected from various areas and includes information on new admissions, discharges as well as episodes of internal transfers and movements. The next report will be more consistent.</i></p> <p>The notice period Care Co-ordinators get for a CPA Review is only only six weeks. Can this be extended?  <i>The Directorate has introduced a plan to begin a review for every patient on a 10 month bring forward cycle with an 8 weeks' notification period. Administrative processes will be put in place to support this.</i></p> <p>Dr Paul Miller raised concerns that this change in notice period may significantly increase workloads by 20% when staff are already under pressure. Jason reported that this is something the service wants to put in place and admin processes will be put in place so that it will not be dependent on Care Co-ordinators to set up these reviews.</p> <p>What is happening with Carers Assessments?  <i>The Directorate has been asked and it is looking at its priorities for service improvements. They want to do more carers assessment work in the future.</i></p> <p>John Kay stated that the data shows that there were 505 new referrals but only 211 (41%) were assessed. What about the others? Do we know what happened to them? Jason responded that there is more liaison work with GPs' now and people may have gone on to other services and therefore not needed to be assessed.</p>	<p>Jason Rowlands</p>

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COG 29/9	9	<p><b>Annual Plan: communicating with members update</b></p> <p>Jason Rowlands updated Council on the progress of the Trust's objectives following the session with Council on 5<sup>th</sup> November. A small subgroup of governors met to determine how best to frame questions for members and the public.</p> <p>An article is being placed in the January INVOLVE magazine asking for views.</p> <p>There will be a focus on:</p> <ul style="list-style-type: none"> <li>• Service user feedback</li> <li>• Improving access and care</li> <li>• Effectiveness of care</li> <li>• Supporting staff</li> <li>• Training value based approach.</li> <li>• Housing</li> <li>• Delayed Discharges</li> <li>• Enabling bureaucracy</li> <li>• Information systems</li> </ul> <p>Submission of feedback will close on 21<sup>st</sup> January and there will be a subgroup of Governors meeting on 30<sup>th</sup> January to prepare a report for the Council of Governors on 4<sup>th</sup> February. Anyone wishing to join the subgroup should contact Sam Stoddart in the first instance.</p>	All to note
COG 29/10	10	<p><b>Determining Trust Values: explanation and information about governor workshop</b></p> <p>Rosie McHugh, Director of Organisation Development/Board Secretary reported that following the workshop attended by staff, service users and governors which looked at the recommendations from the Francis Report the Trust agreed that it needed to do further work to look at its values.</p> <p>A workshop will held on 27<sup>th</sup> January for Governors from 10am to 12:30pm to explore governor views. This will be one of a number of workshops held for staff and service users.</p> <p>An invitation with details will be circulated to the Council</p>	All to note  Sam Stoddart
COG 29/11	11	<p><b>Chief Executive Update:</b></p> <p>Kevan Taylor, Chief Executive updated the Council on some key issues.</p> <p><u>Care Quality Commission (CQC)</u> He reported that the recent CQC visits had been very positive and the Trust was compliant in all locations. He also reported that the CQC is implementing a new system of inspections, which will focus more on areas that are of concern. These areas will be pre-determined following evaluation of various data prior to the visit. Senior NHS staff will lead each team.</p> <p>Prof Kendall is part of the national pilot group and will be leading one of the first pilot inspections in Devon and will feedback to the executive team</p>	

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		<p>once this has been completed. The Trust will also conduct its own “mock visit”. One of Kevan’s Chief Executive colleagues in Yorkshire has also been appointed as a lead investigator.</p> <p>The new regime should make it easier for the Trust to identify and work on any weaknesses. As yet there are no dates of scheduled visits.</p> <p><u>Wensley Street (Learning Disabilities Service)</u> Kevan reported that there is evidence to suggest that financial irregularities have been found at Wensley Street, which is a residential home for clients with learning disabilities. The details of the case cannot be discussed as the Police are involved and there may be a prosecution. The Trust has worked with the Police on a comprehensive investigation and the individual clients involved are being supported and have been fully reimbursed. Other learning disability units are also being reviewed. The Trust is as confident as it can be that it has dealt with this matter.</p> <p><u>Right First Time</u> Sam Stoddart asked if the Chief Executive could update governors on Right First Time.</p> <p>Kevan reported that the Right First Time project was delivering on its objectives. The main aim of the project is to ensure people get back home following inpatient treatment as soon as possible and to ensure community, city teams and departments work collaboratively to make this happen.</p> <p>Work is ongoing in the workstreams which are:</p> <ul style="list-style-type: none"> <li>• Provision of older adult alternatives to admissions to acute hospitals.</li> <li>• Resources to improve liaison dementia services reducing length of stay on an acute ward.</li> <li>• Improve discharge rates for geriatric patients who are medically fit.</li> <li>• New ways of working – implementing rehabilitation programmes.</li> </ul> <p>The next phase will look at supporting capacity in primary care or “staying well at home”. Evidence suggests that community and family support networks work well. There will also be a Community Support Worker appointment at Darnall Medical Centre. Kevan suggested a presentation to Council from the Clover Group on their input to this project.</p> <p>There will also be an engagement event in March, which will involve service users and governors from across all the Trusts, as well as the public, scrutiny committee members and professionals working in related areas.</p> <p><u>Respite Care</u> Myra Wilson reported that a carer had their respite care cancelled at Longley Meadows and questioned why this happened?</p> <p>Sam Stoddart on behalf of Clive Clarke reported that this was due to a power surge. It wiped out the information system and took out electrical points, and as a result some planned respite care had to be cancelled.</p> <p>Janet Sullivan made the point that the Trust should have offered alternatives when cancelling a stay. Kevan Taylor acknowledged this point.</p>	

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		<p><u>Finances</u> Dr Paul Harvey asked about the Trust’s financial position and if there has been a turnaround following recent cuts. Kevan responded that the Trust has performed better this year than anticipated, but savings are non-recurrent. There has been some surplus, which has been reinvested in some non-recurrently funded improvement projects. The Trust is behind on its current Cost Improvement Plans (CIPS) and historically we have had to carry this over from previous years, but this year we will only be covering CIP’s from the current year, so the position is positive.</p> <p><u>Staff Awards</u> Dorothy Cook asked if all the staff who were nominated for staff awards could be acknowledged somehow and suggested that an e-book is generated with their achievements, as the Trust should promote and praise innovation, not just the winners and share this.</p> <p>The Chair agreed.</p>	
COG 29/12	12	<p><b>Governor Feedback</b></p> <p><b>(a) Feedback from governor activities</b> The Chair reported that a number of feedback forms had been received from Council members following attendance at meetings and events including Dorothy Cook, Elaine Hall, Dave Jones, Jules Jones, Tina Levitt, Geraldine Mountain, Sue Roe and Myra Wilson.</p> <p>Geraldine Mountain reported there have been positive things happening with SDS to speed up processes. There will be no indicative budgets anymore and the focus will be on actual needs. Cllr Rooney reported that he did not think things would have moved on and praised Geraldine’s tenacity for making it so.</p> <p>The Chair suggested that Council should receive a presentation on Self Directed Support and that Tom Ayers, Director of Community Director will be invited to present on this and the overall changes between the partnership arrangements with the Trust and the Local Authority at a future meeting.</p> <p><b>(b) Feedback from Board Questions</b> The Chair stated that Council needs to be mindful that questions to the Board often require research and evaluation before a response can be given and therefore responses may take some time.</p> <p>Two questions had been submitted to the December Board and responded have been tabled.</p> <p>Dave Jones reported that he had not be satisfied with the response to his question in relation to how the Trust supports staff suffering from stress and potential drug and alcohol issues and will seek further information.</p> <p>Myra Wilson asked for further clarification on the meaning of non-pay spend by procurement. It was reported that this related to the purchase of goods and services. eg: medical /non-medical equipment, food, utilities etc.</p>	<p>All to note</p> <p>Dave Jones</p>

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		<p><b>(c) Performance Overview Group</b>            John Kay reported that the inaugural meeting had taken place and its terms of reference had been included in Council papers. The next meeting is scheduled for 19<sup>th</sup> February and will be extended to a 2-hour meeting. Anyone is welcome to attend and the discussions will be more focused and look in-depth at specific topics.</p>	All to note
COG 29/13	13	<p><b>Any Other Urgent Business</b></p> <p><b>(a) Governor Elections 2014</b></p> <p>The Chair reported that there will be 18 seats contested in 2014 details of which have been circulated. The Trust values the Governors it currently has and would like to retain their experience and expertise. It is hoped people will stand again, where this is constitutionally possible.</p> <p>The timetable for the elections was included in the papers, and will start with an article in Involve magazine in January. Workshops are also being organised for prospective Governors on 5<sup>th</sup> and 11<sup>th</sup> February and the Chair asked for governor attendance at these.</p> <p>b) Myra Wilson raised a question in relation to the event held in October on Quality and when feedback could be expected, as none has been received to date. Jason Rowlands responded that the work is ongoing and the input from users and carers is valued. The work from the session will be fed into a draft report being produced, which will be shared with those who attended after it has gone to Board in January 2014.</p> <p>c) Jules Jones asked Cllr Rooney if the Scrutiny Committee would be looking at testing food as it did at Sheffield Teaching Hospitals NHS FT, and whether that report is available for governors. Cllr Rooney reported that the report has been through Scrutiny and he will send Sam Stoddart a copy to forward to Council. It was noted that SHSC was not included in the plans to evaluate hospital food as it was an issue of resources. However if in the future the Council of Governors request this it would have to be considered by the Scrutiny Committee</p> <p>The meeting was brought to a close and the Chair thanked everyone for their input and wished them all a Merry Christmas and a Happy New year.</p>	<p>All to note</p> <p>Cllr Rooney Sam Stoddart</p>

**Date of Next Meeting:** Tuesday 4<sup>th</sup> February 2014, 11.15am – 1.15pm, Mayfield Suite

Apologies to Sharon Sims, PA to Board Secretary, [sharon.sims@shsc.nhs.uk](mailto:sharon.sims@shsc.nhs.uk) Tel: 0114 2716370