

Council of Governors

Minutes of the 55th Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 18 October 2018 from 2.45pm to 4.45pm in the Charles Street Building of Sheffield Hallam University

Present:

Name	Governor Constituency	Name	Governor Constituency
Jayne Brown OBE	Chair	Angela Barney	Public
John Buston	Public	Adam Butcher	Service User
Dr Liz Carthy ^{left} 4.35pm	Staff (Psychology)	Fay Colphon	Appointed (SACMHA)
Lee Coxon ^{left} 3.55pm	Service User	Billie Critchlow	Carer
Nick Hall	Service User	Sue Highton	Appointed (Staffside)
David Houlston	Public	Cllr Adam Hurst ^{left} 4.15pm	Appointed (SCC)
Jules Jones ^{left} 4.30pm	Public/Lead	Dr Nusrat Mir ^{left} 4.35pm	Staff (Medical/Clinical)
Toby Morgan	Service User	Cllr Josie Paszek	Appointed (SCC)
Terry Proudfoot	Service User	Sue Roe ^{left} 4.35pm	Carer
Antony Sharp ^{left} 3.45pm	Staff (Support Work)	Kate Steele	Service User
Janet Sullivan	Appointed (MENCAP)	Michael Thomas ^{left} 4.25pm	Young Service User/Carer
Joan Toy	Service User	Susan Wakefield	Appointed (SHU)
Prof Scott Weich	Appointed (UoS)	Maggie Young	Staff (AHP)

In attendance:

Name	Designation	Name	Designation
Cllr Olivia Blake	Non-Executive Director	Sean Challis	Public Gallery
Clive Clarke	Deputy Chief Executive	Phil Easthope	Executive Finance Director
David Harper	Public Gallery	Dr Mike Hunter	Executive Medical Director
Liz Lightbown	Executive Director of Nursing, Professions & Care Standards	Richard Mills	Non-Executive Director
Brenda Rhule	Deputy Director of Nursing	Margaret Saunders	Director of Corporate Governance (Board Secretary)
Laura Serrant OBE	Non-Executive Director	Ann Stanley	Non-Executive Director
Sam Stoddart	Deputy Board Secretary	Kevan Taylor	Chief Executive

Name	Designation	Name	Designation
Sareeta Vyas	Public Gallery	Dean Wilson	Director of HR

Apologies:

Name	Designation	Name	Designation
Tyrone Colley	Service User	Mark Gamsu	Appointed (NHSSCCG)
Sandie Keene	Non-Executive Director	Ann Le Sage	Appointed (Carer's Centre)
Julian Payne	Service User	Dr Abdul Rob	Appointed (PMC)
Adam Rodgers	Staff (Clinical Support)	Ellie Wildbore	Service User

Minute	Item	Action
55/01	<p>Welcome</p> <p>The Chair welcomed everyone and asked if Item 5 on the Agenda – CQC Well-led Inspection - could be taken first to afford it sufficient time. This was agreed</p>	Agreed
55/02	<p>Declaration of Interest</p> <p>Richard Mills and Ann Stanley declared an interest in item 4 for which they would leave the meeting.</p>	
55/03	<p>Minutes of the Council of Governors' Meeting held on Thursday, 26 July 2018</p> <p>These were accepted as a true record. A query raised by Terry Proudfoot was resolved outside of the meeting.</p>	Accepted
55/04	<p>Report from the Nomination & Remuneration Committee</p> <p>(a) For approval: proposal to extend the terms of office for Ms A Stanley and Mr R Mills:</p> <p>For the purposes of the minutes, this item was taken at the end of the meeting. Ann Stanley and Richard Mills left the room for the item. The Chair enquired with Council of Governors (CoG) as to the likelihood of the item being subject to significant discussion and if so, should be deferred and a brief extraordinary meeting convened in November to conduct the business. The Chair went on to explain that by the end of November 2018 both terms of office will end and without an extension the Board will lose two NEDs and Board business will be compromised. The Chair therefore proposed an amendment to the item and sought CoG approval to extend the terms until the end of December 2018, rather than 31 March 2019 as stated in the paper, in order to avoid the necessity of an extraordinary meeting in November and to allow sufficient time for the appraisals to take place. The outcome of their appraisals would be presented to the December 2018 CoG.</p>	

Minute	Item	Action
	<p>The Chair requested agreement to continue the extension to the end of December 2018. The proposal was agreed. Sue Highton reminded CoG that, in light of the discussion which had taken place regarding the work required to be undertaken by the Board, it was essential CoG approve the extensions.</p> <p>(b) For approval: proposal to appoint Mr R Mills as Vice Chair: This item was deferred to the 6/12/18 meeting.</p> <p>(c) In accordance with paragraph 2.13 of the Trust's Constitution, the Council to be informed of the appointment of the Senior Independent Director: At its meeting of 10 October 2018 the Board approved the appointment of Sandie Keene CBE as Senior Independent Director (SID) with effect from 11 October 2018. CoG duly noted the appointment.</p>	<p>Agreed</p> <p>Deferred</p> <p>Noted</p>
55/05	<p>CQC Well-led Inspection</p> <p>The Chair opened the meeting by expressing her personal and the Board's disappointment at the outcome of the CQC Well-led Inspection. However highlighted those services which had been rated highly and reinforced the importance of staff in these teams receiving positive feedback.</p> <p>Since the inspection report had been made public, the Chair had received questions from Jules Jones, Public and Lead Governor and Dr Nusrat Mir, Staff Governor (Medical and Clinical) which would be answered in the meeting. The questions were:</p> <ol style="list-style-type: none"> 1) What are NEDs going to do to improve the organisation following the CQC judging the Trust as 'requires Improvement' in the 'well-led' domain? 2) Do NEDs feel that they have the capacity to improve in the 'well-led' domain? 3) Insight and forward planning: Prior to CQC coming in, what level of understanding did NEDs have of the issues which eventually led to a judgement of 'requires improvement' on how 'well led' the organisation is? How insightful would NEDs say that they were of the potential for downgrading 'well-led'? 4) Can the Board reassure governors that they have a robust action plan in place to deal with the recent downgrading of the Trust's CQC rating? We would like some specific details of how it plans to ensure that the Trust is safe and well led? 	

Minute	Item	Action
	<p>The Chair asked Kevan Taylor, Chief Executive, to provide his view of the report. He responded that the Board believed the report did not truly reflect the performance of the Trust overall, however also acknowledged that its outcome did not reflect where the Trust wants to be.</p> <p>The changes in the inspection results were outlined from the last and current inspection. However, during the presentation it became clear that the information contained in the presentation differed to that within the CQC report. Upon scrutiny it was discovered the CQC Inspection Report contained errors. These errors had been raised with the CQC by the Trust and it was agreed they would be amended prior to publication, this had not taken place.</p> <p>The Chief Executive explained the three major items that changed the status of the Trust from 'Good' to 'Requires Improvement' (RI):</p> <ol style="list-style-type: none"> 1) The Trust had not made sufficient progress in the safety domain since the last inspection; 2) One of the service areas had changed from RI to Inadequate; 3) Another service had changed from Well Led/Good to RI. <p>Mike Hunter, Executive Medical Director stated three areas were high-lighted by the CQC regarding Crisis Care and the Health Based Place of Safety:</p> <ol style="list-style-type: none"> 1) Nursing numbers in the Place of Safety; 2) Telephone system at Single Point of Access (SPA); 3) The timely fulfilment of Mental Health Act Assessments <p>The inadequacies of the telephone system at SPA were acknowledged. However, when SPA opened it received a 40% increase in referrals which created a challenge for the telephony system and the staff. This was recognised by the Board, action was taken quickly, as additional staff were employed and a call handling protocol introduced.</p> <p>Prior to June 2018 the Trust had received six complaints concerning the telephone systems however no complaints were received subsequently, suggesting the action taken had positively impacted on the service. Whilst CQC Inspectors were at SPA it was noted that calls were handled well. Mike Hunter informed CoG he had worked at SPA since the summer and could confirm the system appears to be working well. Nonetheless assured CoG the system is under constant review with oversight by the Board.</p> <p>The Chief Executive presented three further slides which</p>	

Minute	Item	Action
	<p>outlined actions the Trust must do, should do and next steps. Questions were invited regarding the report. David Houlston, Public Governor queried why the CQC does not provide a percentage rating or a figure rather than arrows and asked how the Trust compared to others. The Chief Executive explained the CQC process is unscientific and changes in ratings have always been shown by arrows. In terms of comparison, across South West Yorkshire the CQC rating for Trusts within the Integrated Care System has gone from Good to Requires Improvement.</p> <p>The question was then asked “how does the Trust know how much to improve by? The Chief Executive replied at the end of each domain the report lists items that the Trust must do and should do. Overall there are fewer ‘should do’s’ than ‘must do’s’ in this report compared to its predecessor.</p> <p>Angela Barney, Public Governor questioned whether CoG needed to have a broader discussion regarding the feasibility of reviewing the CQC report independently or in conjunction with the Staff Survey results further adding that in the governor pre-meeting, it had become evident staff have lost trust in the Board and felt they had no other way to express their views than via the staff survey.</p> <p>The Chief Executive agreed the biggest single challenge faced by the Trust is that of staff engagement, an issue supported by the poor staff attitude survey results. Staff had been challenged by the level of change however provided assurance the Trust was actively working with staff to address this. An agreement has been reached with Staffside regarding the review of the impact of the CMHT reconfiguration and additionally a new role is being created in organisational development, where capacity had previously been lost, to support greater staff engagement.</p> <p>Another key issue is the safety ratings within the report. As previously stated, the Trust has not made as much progress in the safety domain as it would have liked. A contributory factor has and continues to be the difficulty in recruiting and retaining staff which is a national issue, not just a local one. There is also an issue of capacity within the organisation as the Trust is relatively small and does not have the same level of resources afforded to larger trusts.</p> <p>The Chair reiterated the disappointment of the Board with the rating and its ambition for the organisation to be outstanding, which will be its mantra from here on in.</p> <p>The Chair informed CoG that initial conversations with the Board had taken place at its meeting of 10 October 2018, and Governors are encouraged to attend future Board Meetings to</p>	

Minute	Item	Action
	<p>gain assurance that the Trust is making the progress required to improve to Good and ultimately become outstanding.</p> <p>The Chair has requested executive colleagues to provide a full statement on capability and capacity within the organisation to deliver the CQC action plan in addition to all current projects. The statement will include identification of gaps and additional areas of support required, both internally and from external sources. All senior team portfolios will be reviewed to ensure absolute clarity regarding lines of accountability.</p> <p>The Chair stated the key component is a disconnect between empirical data, information and how people feel. The Board receives a plethora of data which requires triangulation of both qualitative and quantitative information and must be prepared to 'listen in order to understand' rather than 'listen to reply' which is what it is perceived is believed by staff. Provided the Board works more closely with staff then service users will experience better outcomes. There was no substitute for visibility and invited the Service User and Staff Governors to consider about how CoG and Board can work together to drive forward this approach.</p> <p>Laura Serrant, Non-Executive Director (NED), who was appointed as a NED in April 2018 with a background in nursing, supported the comments from the Chair on service user focus being central to care and workforce. She had carried out the national evaluation of the Compassion in Practice Strategy following the Mid Staffordshire enquiry by the Chief Nursing Officer. The national picture demonstrated NHS services focusing on service users and their experience following the Mid Staffordshire enquiry, however in doing so the NHS had overlooking the wellbeing of its staff and workforce. The recommendations nationally were NHS services need to focus on workforce as well as service users as there was not one Trust in the country which had paid sufficient attention to its workforce.</p> <p>Ann Stanley stated NEDs considered the Board needed to refocus, adding there was much to do within the NED role and more within the executive role; however the Board must identify its priorities. NEDs used to undertake visits which were scheduled albeit none had taken place recently and there was a case for reinstating. However clarity was required to reach a common understanding of the purpose, how visits were undertaken and the process for NED feedback into the organisation.</p> <p>Richard Mills stated NEDs continue the detailed work of scrutinising reports by evidencing via the committee process, due process is being followed. NEDs also respond comments made by staff and compare this to the content of reports in order</p>	

Minute	Item	Action
	<p>to feed this back to the Board. The help of Governors in this matter would enable NEDs to have improved intelligence in order to compare and contrast information, and in so doing, anticipate issues.</p> <p>The Chair confirmed the immediate actions:</p> <ul style="list-style-type: none"> • An greater emphasis on the triangulation of information, service user experience, staff experience and feedback and data quality; • Release resources to the front line; • Monthly forensic examination of the CQC action plan by the Board and also via the Quality Assurance Committee (QAC). <p>The tone will be one of high ambition, openness, transparency and learning. The Chair added that the Board wishes to understand the variations between services which makes some work well and others less so. The Chair then took questions from governors.</p> <p>Dr Nusrat Mir, Staff Governor Does the Board look at other Trusts which have achieved an outstanding rating and learning from them? The Chair responded approximately 20% of her time working and sharing information with colleagues from other Trusts. Members of the QAC are to visit and spend time with members of the Quality Committee driving quality within the Trust in Northumbria which is rated outstanding in order to learn and identify good practice which could be adopted in this organisation. The Chair is also in touch with colleagues in Sussex and Teesside who have offered to share good practice.</p> <p>Mike Hunter, Executive Medical Director, confirmed colleagues liaised with organisations with good results in quality improvement which, while complex, had at its core valuing staff, summarising:</p> <ul style="list-style-type: none"> • Staff should not be reckless • Staff should feel valued and empowered to change things they know need changing to make things better. <p>The Board has to better communicate the message to staff that ‘we respect and value our staff and we trust you to do the things you know you need to do to make things better and you should not worry if you make mistakes along the way because this is part and parcel of making improvements in quality.’</p> <p>Sue Highton, Staffside Governor, was pleased to hear this response and agreed the way forward is to make staff feel</p>	

Minute	Item	Action
	<p>empowered, much like three or four years ago when the Trust had 'good' ratings. In trying to identify why a number of services fared better than others in the staff survey reconfiguration in older adult community services was reference in which staff felt included and during which there was stability in the management structure and compared this to the CMHT reconfiguration where staff felt the opposite was true. Staff now no longer feel empowered borne out by the results of the staff survey. Staff must be part of helping identify and shape any changes going forward.</p> <p>The Chief Executive confirmed the Board is aware the system of communication with staff required improving. However, in relation to staff within the community services, it was stressed the demand for community mental health has been increasing throughout the country and the Trust does have vacancies that it is challenging to fill.</p> <p>Sue Highton acknowledged this and referred to the changing service requirements at Woodland View in which staff had been involved as an example of good practice.</p> <p>Comment from Adam Butcher, Service User Governor Adam made two points: firstly learning disability required inclusion along with mental health and the Trust needs to ensure parity between the two; and secondly if the Trust hopes to get back to the place it was three or four years ago, staff needed to be brought on the journey of improvement and have a greater sense of working together.</p> <p>The Chief Executive responded this is exactly what the Board is trying to achieve.</p> <p>Questions from Terry Proudfoot, Service User Have senior leadership reflected on what the report says – 'the senior leadership of the Trust had not recognised deterioration in safety and effectiveness of services during the reconfiguration of services and the implementation of a new management structure' and taken steps to address it.</p> <p>The Chief Executive replied the Board was well aware of the difficulties that emerged and minutes from EDG and Board meetings evidence this and the action taken.</p> <p>Mike Hunter, Executive Medical Director, informed CoG he visited the service and saw service users on a regular basis. Maintaining the point relates to the disconnect between management and staff and specifically, that despite the Board knowing about the issues, it did not appear to staff the Board was aware. He then challenged the statement from Adam Butcher regarding the Trust returning to the position it held in</p>	

Minute	Item	Action
	<p>the recent past stating its ambitions had to be higher. Adam confirmed this should be the case.</p> <p>The Chair acknowledged the issues were known by the Board, however did not accept sufficient speed was adopted to change that outcome. The learning for the Chair and the NEDs is the need to triangulate data with emotional intelligence.</p> <p>Terry Proudfoot referred to the need to engage with staff to ensure they feel listened to and questioned how the Trust intends to improve staff morale.</p> <p>The Chair stated from a Chair and NED perspective the correct tone needs to be set and evidence and data needs to be triangulated.</p> <p>The Chief Executive stated the Trust continues to support staff and communications need to reflect the Trust values and the emphasis placed upon them.</p> <p>Finally Terry Proudfoot questioned how the Trust can ensure improvement one area, safety for example is not to the detriment of another area that requires improvement.</p> <p>Mike Hunter stated many of the areas requiring improvement are connected and the Trust will overview of them all adding the Trust needs to lead well on everything, but with safety being first and foremost.</p> <p>Question from Prof Scott Weich (Appointed UoS) Governor Prof Weich clarified it was not the job of CoG to interrogate executive colleagues, rather governors should be hold the NEDs to account and believed governors had failed in doing this. It was suggested in order for CoG to become more effective, development time would helpful. The Chair agreed this would be a positive action to take forward.</p> <p>Comments from Toby Morgan, Service User Governor Toby Morgan stated he was assured by the action taken by the Board to address the issues with the telephone system at SPA. It was believed that had the service been located at the Longley Centre as planned as part of the acute care reconfiguration, the inspection would have rated the service outstanding.</p> <p>Further suggestions were made for improving staff morale including social events to encourage mixing of staff groups.</p> <p>The Chief Executive agreed and said that certain events have taken place in the past; more recently the 5k run which have all helped to improvement engagement and morale.</p> <p>Angela Barney stated the Trust had not listened to staff</p>	<p>Agreed</p>

Minute	Item	Action
	<p>sufficiently and there needed to be a real demonstration of active listening, adding a bottom-up exercise was required in which staff could identify the ways in which they wished to be listened to and engaged.</p> <p>The Chief Executive agreed with and accepted this and reiterated the total commitment of the Trust to improving the relationship with staff, highlighting actions taken over the last two to three months to support this. Mike Hunter re-iterated that because of the staff survey the CQC had placed significant emphasis on what staff had said.</p> <p>The Chair reiterated her invite to Staff Governors in particular to a meeting to discuss how the Board can support greater staff engagement.</p> <p>The Chair referred to one of the initial questions regarding capacity to ensure change. The NEDs have multiple demands including chairing and attending committees and visits amongst other NED duties and the Chair was honest with CoG in saying NEDs are working at full capacity and beyond. It was necessary for the Board to prioritise areas NEDs need to be engaged in and conversely, areas they should not. There may be a case for having Associate NEDs however this required further discussion at Board level.</p> <p>Richard Mills confirmed NEDs need to focus on the main issues as effectively as possible and have the capability and capacity to do so.</p> <p>The Chair referred to question three relating to Board understanding and insight of the issues. There were a number of elements the Board knew and were concerned about including the staff survey and its role and influence as an integral element of the evidential base considered by the CQC. The Board were cognisant of the challenges presented at SPA. It was aware of the concerns regarding the CMHTs which had been discussed in detail with CoG, however was rated as good. The Chair questioned whether the Board took its eye off the ball and presented this as a challenge. The Board should ask itself if it was clear about the overall lack of progress in the patient safety domain.</p> <p>The Chief Executive replied by stating that the CQC report is a composite of messages related to parts of the organisation as opposed to the whole. It was also stressed the CQC is only source of intelligence regarding the veracity of the Trust.</p> <p>The Chair summarised items raised in this meeting for review by the Board:</p>	<p>Staff governors</p>

Minute	Item	Action
	<ul style="list-style-type: none"> • service user experience; • use and interrogation of soft and hard intelligence; • resources to front line; • staff empowerment; • forensic examination of data; and • setting the right tone. <p>The Chair asked if there were any further questions.</p> <p>Cllr Olivia Blake, NED, believed in relation to the workforce the wrong questions are being asked. The Trust may need to ask broader questions such as “what will make a difference to you in your job and your team”, encouraging qualitative conversations. The Chair agreed.</p> <p>Toby Morgan queried if it would be possible to have a Service User Director who has oversight of user engagement. The Chair acknowledged this may be possible and would be considered along with the possibility of Associate NEDs.</p>	
	<p>Date and time of next meeting Thursday 6 December 2018 at 2.45pm. Committee Room, Victoria Hall, Norfolk Street, Sheffield, S1 2JB</p>	