

Council of Governors

Minutes of the 50th Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 19th October 2017 from 2.45pm to 4.45pm in the Mayfield Suite of Fulwood House, Old Fulwood Road, Sheffield S10 3TH

Present:

Name	Governor Constituency	Name	Governor Constituency
Jayne Brown OBE	Chair	Cllr Steve Ayris	Appointed (SCC)
John Buston	Public	Adam Butcher (left at 15:40)	Service User
Tyrone Colley	Service User	Billie Critchlow	Carer
Mark Gamsu	Appointed (CCG)	Joan Green	Public
Cllr Adam Hurst	Appointed (SCC)	Jules Jones	Public/Lead
Mohammed Kwahja Ziauddin (left at 15:40)	Public	Toby Morgan	Service User
Terry Proudfoot	Service User	Dr Abdul Rob	Appointed (PMC)
Sue Roe	Carer	Adam Rodgers	Staff
Jonny Sibbring	Staff	Michael Thomas	Young Service User/Carer
Susan Wakefield	Appointed (SHU)	Maggie Young	Staff

In attendance:

Name	Designation	Name	Designation
Jillian Dudley	Support Worker	Phil Easthope	Executive Director of Finance
Michelle Fearon	Service Director	Mike Hunter	Executive Medical Director
Richard Mills	Non-Executive Director	Sue Rogers	Non-Executive Director
Margaret Saunders	Director of Corporate Governance (Board Secretary)	Sam Stoddart	Deputy Board Secretary
Kevan Taylor	Chief Executive	Mervyn Thomas	Non-Executive Director

Apologies:

Name	Designation	Name	Designation
Angela Barney	Carer Governor	Cllr Olivia Blake	Non-Executive Director
Liz Donaghy	Public Governor	Sylvia Hartley	Public Governor
Sue Highton	Appointed Governor	David Houlston	Public Governor
Vin Lewin	Staff Governor	Tammy Raines	Service User Governor
Antony Sharp	Staff Governor	Rivka Smith	Young Service User/Carer Governor
Ann Stanley	Non-Executive Director	Janet Sullivan	Appointed Governor
Joan Toy	Service User Governor	Prof Scott Weich	Appointed Governor

Minute	Item	Action
CoG 50/1	<p>Welcome and Apologies The Chair welcomed everyone to the meeting and apologies were noted.</p>	
CoG 50/2	<p>Declarations of Interest Sue Rogers and Mervyn Thomas declared an interest in Item 7 and would leave the meeting for the item.</p>	
CoG 50/3	<p>Minutes of the meeting held on 14th July 2017 Page 3: correction under Governor Feedback. Terry Proudfoot requested an amendment to clarify her feedback that during the Mental Health Course the people dominating the discussion were the individuals on her table and not the attendees as a whole.</p> <p>Page 4: amendment to CoG49/8 a) ease should read easy.</p> <p>Subject to these amendments the minutes were agreed as an accurate record.</p>	Agreed
CoG 50/4	<p>Matters Arising from meeting of 14th July 2017</p> <p>(a) Bed Occupancy Update: included within Item 9, performance report.</p> <p>(b) Easy Read Annual Report: an executive summary has been produced which has been circulated to governors, albeit not an easy read version.</p> <p>(c) Restrictive Practices report: Kevan Taylor stated this was awaited and expected in November 2017. Mike Hunter provided a verbal update on progress to date. Key points were:</p> <ul style="list-style-type: none"> • Restrictive Interventions Project Group (RIPG) established and reports to Service User Safety Group (SUSG) with assurance provided to the Quality Assurance Committee (QAC); • Ten areas are monitored; key indicators are positive and demonstrating the Trust is making progress; • Majority of staff are trained and equipped with the skills to manage escalating situations without the need for restraint; • Over the last five consecutive months across the 120 acute inpatient beds, rates of seclusion, restraint and rapid tranquilisation have dropped below average; • Ward G1 achieved eight months below average and the average was then halved; • Firshill Rise achieved a below average rate for three consecutive months; 	

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	<ul style="list-style-type: none"> 90% of service users are currently offered the chance to discuss their experience of an incident of restrictive practice with staff within 72 hours of the episode. <p>Mike Hunter concluded the picture is positive, however the Trust is not complacent and will continue to actively manage the use of restraint until restrictive practices are no longer used anywhere within the organisation.</p> <p>Toby Morgan asked if there was any correlation between the number of restrictive practices and assaults on staff. Mike Hunter responded that by the nature of incidents there is a degree of correlation between restrictive interventions and assaults in general, not just involving staff. Jules Jones asked if this was the reason behind the spike in incidents of assault in April 2017. Mike Hunter acknowledged that on occasions this is the underlying reason behind the figures but not always. The Chair thanked Mike Hunter for his detailed update.</p> <p>(d) Individual Placement Support Scheme: responded in governors' questions, Item 5b.</p> <p>(e) Benchmarking Report: Kevan Taylor reported that once received this would be shared with governors.</p> <p>(f) Did Not Attend (DNA) rates: Phillip Easthope explained that the high numbers of DNAs within the Substance Misuse Service are expected due to the nature of the service. However, the service has a high response rate and offers a same day drop-in service. Across the Trust, proactive work is underway to target frequent DNA offenders to encourage attendance at appointments, and following completion of the transformation and reconfiguration programme there should be increased flexibility of availability and location of appointments.</p> <p>(g) Meeting between SHSC and Sheffield Children's Hospital governors to discuss transition. Action outstanding.</p>	<p>Kevan Taylor</p> <p>Sam Stoddart</p>
CoG 50/5	<p>Governor Feedback</p> <p>(a) Feedback from Governor Activities The Chair thanked the governors for their reports and sought any related queries.</p> <p>The Chair asked the Chief Executive to clarify information obtained from the feedback received from</p>	

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	<p>Terry Proudfoot regarding attendance at a recent Healthwatch meeting. There is one Accountable Care System (ACS) for South Yorkshire and Bassetlaw which covers a number of specialist local services. However, the majority of Sheffield services fall within the locally formed single Accountable Care Partnership Board (ACPB). The Chair suggested a glossary is produced to aid understanding and suggested Healthwatch is made aware of the current terminology. The Chief Executive went on to provide additional background regarding the formation of the partnership and its aim to provide all the benefits of a large organisation without structural change. It was confirmed he is Chair of the Mental Health and Learning Disability Delivery Group with representatives elected from two separate reference groups, one for mental health and one for learning disabilities. The nominees will be selected from third sector organisations, such as service user and carer organisations.</p> <p>Billie Critchlow queried where the Council of Governors (CoG) would be positioned within the accountable care system and the processes available to influence future developments. Kevan Taylor replied that CoG comments could be channelled via the Chair and himself as both are members of the ACPB. However, the Board provides a strategic overview of accountable care partnership development rather than operational detail.</p> <p>The Chair reminded governors of the upcoming ACS conference in Rotherham and encouraged governors to attend to further their knowledge, ask questions and air views and raise concerns. Feedback would be appreciated.</p> <p>(b) Feedback from Governor Questions to Board All questions submitted received a response. Adam Butcher requested further information regarding consultant psychiatry provision in relation to a recent report stating Yorkshire and the Humber lacked provision when compared nationally. Mike Hunter informed governors that national benchmarking identifies the Trust as average. The Board receives a monthly medical staffing report and governors could be assured the Trust has a high percentage of consultants present within services.</p> <p>Patient engagement and co-production: Billie Critchlow reported a thorough response to her written question from Clive Clarke had been received. However she remained sceptical that enough was being done to</p>	<p>All to note All to note</p>

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	<p>engage with harder to reach people. Mike Hunter explained how engagement and experience are reported as two different things and added the internal auditors found the Trust evidence good for co-production. However, it needs to improve on patient experience.</p> <p>Adam Butcher reported the Friends and Family Test had been discussed at a recent service user group where it was apparent that easy read versions were not always available to service users and carers. How can the Trust ensure that service users have access to the relevant versions? Mike Hunter thanked Adam for the useful feedback and agreed to progress this matter. The Chair summed up by agreeing that the Trust is doing well. However there are always improvements to be made.</p>	<p>Mike Hunter</p>
<p>CoG 50/6</p>	<p>Chair Appraisal Process The Senior Independent Director (SID) Mervyn Thomas provided a verbal report to governors regarding the annual Chair appraisal process which is led by the SID.</p> <p>Board members and governors will receive a questionnaire to complete on the performance of the Chair. The responses will be collated and used to assist in the appraisal, to which the Lead Governor will be invited.</p> <p>The Chair informed governors the whole appraisal process was the most robust she had experienced.</p>	<p>All to note</p>
<p>CoG 50/7</p>	<p>Non-Executive Director (NED) Appointments Mervyn Thomas and Sue Rogers left the meeting for this item. The Chair explained this item would usually go through Nomination and Remuneration Committee (NRC) first before coming to CoG as a recommendation. However, as there was only one item for discussion the decision had been made to bring it straight to CoG for ratification.</p> <p>The Chair explained that Ann Stanley, Non-Executive Director (NED), was currently on extended sick leave and in order to maintain capacity it was proposed that the positions of both Mervyn Thomas and Sue Rogers are extended by two months to the end of January 2018. This would maintain adequate NED representation at Board. The Chair informed CoG that during Ann Stanley's absence Mervyn Thomas will undertake the additional duty of Chair of Audit Committee.</p> <p>Jules Jones asked if a two month extension is adequate. Margaret Saunders, Director of Corporate Governance (Board Secretary), explained the recruitment process to replace Sue Rogers and Mervyn Thomas had commenced, and it was</p>	

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	<p>intended to recruit to the posts by the end of January 2018. Both Toby Morgan and Adam Butcher suggested a six month extension may be preferable to relieve time pressure on everyone and enable a hand over period for the new NEDs.</p> <p>The Chair thanked the governors for their suggestions to extend further, however suggested in the first instance the decision is made on the initial two month period. The Chair agreed that any further extensions would be discussed with the NRC and CoG.</p> <p>Governors gave their approval to extend the current two NED's terms until end January 2018.</p>	Approved
CoG 50/8	<p>Community Mental Health Team (CMHT) Reconfiguration Update</p> <p>Michelle Fearon, Director of Operations and Transformation, was welcomed to the meeting. She provided governors with an update.</p> <p>During September and October 2017 twelve events had been held with service users and carers to facilitate open discussion regarding the changes, the continuity of care and provide an opportunity for people to raise concerns. Service users and carers can be assured that;</p> <ul style="list-style-type: none"> - no service user's care will change as a result of the reconfiguration; - wherever possible the Trust will ensure continuity of, or the safe transition of care; and - no service user's care will cease. <p>The Trust has secured finances with the NHS Sheffield Clinical Commissioning Group (NHSSCCG) and as a result the number of nursing staff will not reduce. Existing nurses have undergone a preference process to secure jobs within the reconfigured service. The results are:</p> <ul style="list-style-type: none"> • 86% of nursing staff were able to secure their first preference; • 10% their second preference, and • the remainder their third preference. <p>Additionally:</p> <ul style="list-style-type: none"> • A number of service users will safely transition their care; • Every transition will be personally assured by the Clinical Oversight Group, chaired by Dr Peter Bowie, Clinical Director; • Every service user currently under CMHT care has been 	

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	<p>written to with information and details of the change;</p> <ul style="list-style-type: none"> • Service users who have expressed a wish to discuss the matter further have been offered a one-to-one meeting; • There is a weekly mobilisation and transition plan report; • The new service will commence mobilisation from November 2017. <p>Sue Rogers, NED, stated an email had been received from a member of staff who shared their positive experience of transitioning to another post.</p> <p>Michelle Fearon informed the CoG that there is a new single point of access which will initially be based at Netherthorpe House which will undergo a scheme of improvements to ensure suitability for purpose. The Single Point of Access (SPA) becomes operational from 18 December 2017 and will be part of a crisis hub which will be based at the Longley Centre.</p> <p>Jonny Sibbring asked if there were plans to communicate with wider staff teams outwith the immediate reconfiguration process but who work with CMHTs. Michelle Fearon responded that discussions are taking place with senior management teams who will cascade information in conjunction with utilising Trust media and communications.</p> <p>The Chair thanked Michelle Fearon for her attendance.</p>	
CoG 50/9	<p>Performance Report</p> <p>Phillip Easthope, Executive Director of Finance, spoke to the Performance Report. The exception narrative covers the amber/red issues Board have been monitoring for a period of time. Key points are:</p> <p>Bed Occupancy</p> <ul style="list-style-type: none"> • Bed average remains high at 96%, however is reducing. This remains a challenge and will continue to be monitored. Kevan Taylor reported the benchmarking data demonstrates SHSC is performing better than a number of neighbouring trusts, however bed pressures are the same across all the north of England. • Mike Hunter stated the Health Service Journal (HSJ) compiled three tables showing how the NHS is spending money in the private sector. One element is out of area bed provision and SHSC appeared on both positive lists i.e. spending the least in proportion to income and making the biggest reductions in private spending. <p>Susan Wakefield queried how this is balanced against the people who need highly specialised care which is not available</p>	

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	<p>in Sheffield. Mike Hunter stated there are a small number of people who need to go out of city for their care and gave the example of deaf people and those who need medium and high secure care.</p> <p>Microsystems John Buston asked for an explanation of the micro systems project in older adults. Mike Hunter explained that microsystems is a team approach, with the help of a microsystem coach, to drive improvements e.g. the length of stay on older adult's functional wards is too long and the microsystem project is endeavouring to improve this.</p> <p>Delayed Discharges Phillip Easthope explained there is an increased tracking of delayed discharges by NHS Improvement; however issues remain with external providers and are being progressed.</p> <p>Toby Morgan asked how this could be resolved. Kevan Taylor responded the demand for Local Authority social care packages is high with the added complexity of budget deficits and lack of resources.</p> <p>The Chair suggested that Greg Fell, Director of Public Health, should be invited to present to governors at a future meeting.</p> <p>Early Intervention in Psychosis (EIP) NHSSCCG is investing £650k recurrently in early intervention with the Trust recruiting to additional posts over the next 3 months.</p> <p>7 Day follow-up and Care Programme Approach (CPA) Reviews The Trust is proactively managing the process which is being closely monitored by executives.</p> <p>Substance Misuse Service Performance held in high regard by commissioners i.e. NHSSCCG.</p> <p>Clover Group Quality indicators have been introduced for the Clover Group. There have been improvements in access due to investments and an improved telephone system. Sickness levels are reducing slightly.</p> <p>Financial Position The Trust's current financial position is positive.</p> <p>Medical Incidents Terry Proudfoot queried the spike in medication incidents. Mike</p>	<p>Margaret Saunders</p>

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	<p>Hunter explained this was due to the temperature in the summer months which affects medicines that cannot be stored in a fridge, but which need to be maintained within certain temperature levels. Room temperatures are monitored and where the room in which the medication is kept becomes too warm this is reported and appears as a medication incident. A decision has been made to extrapolate these incidents onto different graphs to enable root cause analysis.</p> <p>Inquests Terry Proudfoot queried the number of deaths awaiting inquests and whether this affects the ability of the Trust to accurately reflect deaths and suicides. Mike Hunter explained that although it is understood there is a capacity issue within the Coroner's office, the Trust is not required to wait to receive the outcome of an inquest to action an investigation. Following a death the Trust carries out an investigation and assesses every situation. This contributes to the Trust's serious and untoward incident reporting process. The inquest is one part of the process.</p>	
CoG 50/10	<p>Chief Executive's Update Kevan Taylor highlighted the increased investment in early intervention.</p> <p>In addition, although not yet in the public domain, he had received a draft report of the re-inspection by the Care Quality Commission (CQC) of the Clover Practice. The CQC have upgraded the ratings of two domains which previously required improvement to good; responsiveness and safety.</p> <p>The Chair, Chief Executive and Director of Corporate Governance (Board Secretary) recently met with Sheffield MPs which was very positive. Discussion included the CMHT reconfiguration and bed pressures. The Trust had offered Mental Health First Aid training to MPs and their staff.</p>	
CoG 50/11	<p>Any Other Business</p> <p>(a) GovernWell Training Sam Stoddart informed Council a full day of training will be provided to new governors. The GovernWell programme is a national initiative provided by NHS Providers. The training is taking place on Tuesday 28 November Fulwood House. Governors from Sheffield Children's Hospital and Sheffield Teaching Hospitals will also be attending providing an opportunity for networking.</p> <p>(b) Update The Chair welcomed Joan Green, the new Out of</p>	

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	<p>Sheffield Public Governor and informed CoG that Professor Scott Weich had taken up the appointed governor role for the University of Sheffield. Maggie Young had been appointed as the new staff governor representative on the NRC.</p> <p>The Chair closed the meeting by thanking governors for their support at recent events, adding the Annual Members' Meeting (AMM) had been a great event with excellent participation.</p> <p>Mike Hunter reminded CoG of the forthcoming Patient Safety Summit on 26 October 2017 at Bramall Lane and offered an open invitation to all governors.</p>	
	<p>Date of Next Meeting Thursday 14 December 2017 in the 7th Floor Conference Suite, Fulwood House at 2.45pm</p>	