

Minutes of the 31<sup>st</sup> Council of Governors' meeting of the Sheffield Health and Social Care NHS Foundation Trust held on Tuesday 8<sup>th</sup> April 2014 in the Mayfield Suite of the Fulwood House Training and Conference Centre, Fulwood House, Old Fulwood Road, Sheffield, S10 3TG

Council of Governors  
7<sup>th</sup> July 2014  
**Item 3**

**PRESENT**

Name	Governor Constituency	Name	Governor Constituency
Professor Alan Walker	Trust Chair	Jules Jones	Public (SE)
Tyrone Colley	Service User	John Kay	Service User
Dorothy Cook	Public (SE)	Tina Levitt	Public (SW)
Cllr Roger Davison	Appointed	Pat Molloy	Service User
Ian Downing	Carer	Sue Roe	Carer
Abbey George	Young Service User/Carer	Russell Sheppard	Service User
Elaine Hall	Staff (AHP)	Cllr Clive Skelton	Appointed
Dave Jones	Public (NE)	Janet Sullivan	Appointed
		Nev Wheeler OBE	Service User

**APOLOGIES**

Name	Governor Constituency	Name	Governor Constituency
Jean-Michel Bellas	Young Service User/Carer	Doug McCallum	Service User
Teresa Barker	Appointed	Dr Paul Miller	Staff (Medical & Clinical)
Joan Davies	Staff (Psychology)	Geraldine Mountain	Staff (Social Work)
Elliott Hall	Staff (Central Services)	Martin Rosling	Non Executive Director
Dr Paul Harvey	Public (NW)	Tamsin Ryder	Public (SW)
Joan Healey	Appointed	Trudie Smallwood	Public (NE)
Diane Highfield	Staff (Clinical Support)	Mervyn Thomas	Non-Executive Director
Sue Highton	Staff Side	Myra Wilson	Service User
Shamshad Hassain	Service User	Sue Wood	Public (NW)
Neel Khan	Service User	Prof Peter Woodruff	Appointed

**IN ATTENDANCE**

Name	Role	Name	Role
Tony Clayton	Non Executive Director	Cllr Mick Rooney	Non-Executive Director
Clive Clarke	Deputy Chief Executive	Jason Rowlands	Director of Governance, Planning and Performance
Rosie McHugh	Board Secretary	Sharon Sims	PA to Board Secretary
Helen Payne	Director of Facilities Mgt	Sam Stoddart	Membership Manager
Sue Rogers	Non Executive Director	Kevan Taylor	Chief Executive

**MEMBERS/PUBLIC**

Name	Name	Name	Name
Craig Mitchell	Andrew South	Geoffrey South	

Minute	Item	Action
COG 31/1	<p><b>Chair's welcome and apologies</b></p> <p>The Chair welcomed everyone, and in particular Andrew South, a newly appointed Service User Governor from July and those supporting Andrew who will be observing the meeting. He also reported that Doug McCallum had</p>	

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	<p>accepted the position vacated by Sue Sibbald. Apologies for the meeting were received and noted.</p> <p>The Chair reported that the meeting was quorate despite the number of apologies and people who had not attended today. He reminded Council of their obligation to attend meetings. The Trust has to publish the names and attendance records of all governors in the Annual Report. He reported that eight governors had a 100% attendance record. He added that, in line with the constitution, if a governor misses two consecutive meetings, the Chair will meet with them to see if there are any problems, and to ensure that the role of a governor is still right for the individual. The Chair he will add a section on attendance on his next written update.</p> <p>The Chair updated Council on the election outcomes. He added that each new Governor will be appointed a “buddy”. He also reported that this was the last meeting for Myra, Jean, Dave, Trudie, Paul, Stephanie, Elliott and Geraldine and thanked them for their contributions and commitment over the years.</p> <p>Dates for Diary: Board/Council of Governors development session on 8<sup>th</sup> May New Governor induction on 2<sup>nd</sup> May.</p>	<p>Chair</p> <p>All to note</p> <p>All to note</p>
<p><b>COG 31/2</b></p>	<p><b>Declarations of Interest</b></p> <p>The Chair reported that a form had been sent to each Governor as part of the Trust’s Declarations of Interests procedure. These should be signed and returned to Sam Stoddart, even if you have no declarations.</p> <p>No declarations of interest were recorded for this meeting.</p>	
<p><b>COG 31/3</b></p>	<p><b>To receive and approve the minutes of the Council of Governors’ meeting held on 4<sup>th</sup> February 2014</b></p> <p>The minutes of the meeting held on 4<sup>th</sup> February 2014 were agreed as a correct record of the meeting.</p>	<p>Agreed</p>
<p><b>COG 29/4</b></p>	<p><b>Matters Arising from the meeting held on 4<sup>th</sup> February 2014</b></p> <p><b>a) Autism Service Update</b> Clive Clarke reported the new service, located at Michael Carlisle commenced on 31<sup>st</sup> March. It is managed by Mary Fearon and Tim Turner. Council will receive a progress update by Tim Turner at a future Council meeting.</p> <p><b>b) Performance – Patient Safety</b> Jason Rowlands will discuss this under item 7.</p> <p><b>c) Directorate Performance Frameworks</b> Jason Rowlands will discuss this under item 7.</p> <p><b>d) Audit Contract</b> In the absence of Martin Rosling, Chair of the Audit and Assurance</p>	<p>Tim Turner</p>

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	<p>Committee, the Chair asked Council to approve the proposal to extend the Trust Auditor's contract with KPMG for a further 12 months at a cost of £57,313. He reported that the Board endorses this recommendation to Council. Council discussed this proposal and agreed to it.</p> <p><b>e) Any other matters arising</b> The Chair reported that staff awards, previously raised by Dorothy Cook, will be discussed in more detail at the Workforce and Organisation Development Committee.</p>	<p>Agreed</p> <p>All to note</p>
<p><b>COG 31/5</b></p>	<p><b>Patient Led Assessments of Care Environment : Trust Performance</b></p> <p>Helen Payne, Director of Facilities Management attended Council to update on Patient Led Assessments of Care Environment (PLACE). She reported that this was an annual self- assessment process which focuses on four main areas: cleanliness, food and hydration, privacy, dignity and wellbeing and condition, appearance and maintenance. Following submission of the assessment the Trust received a report and action plan from the Healthcare Logistics Centre. She presented the outcomes of the 2013 report which was also shared with the Quality Assurance Committee.</p> <p>Helen reported that the Trust is slightly under the national average in 3 out of 4 of the areas. The one area to score well was food and hydration and this reflects the work of the Physical Health Strategy and in particular the Nutrition Strategy Group which is supported by the new appointment of a dietician.</p> <p>An action plan was developed and as a result some of the Trust's properties have been refurbished. Work is finishing at Longley Meadows, the learning disabilities respite care facility, following a £250k refurbishment programme.</p> <p>Council discussed the project and the following questions were asked:</p> <p>Jules Jones asked what the rationale was for not providing overnight facilities for Carers. Helen responded that it was felt that facilities for carers were not generally applied to mental health trusts and were more common in acute trusts which are often dealing with emergencies and life threatening situations. She reported this would be looked at internally if the need arose.</p> <p>Jules Jones also asked about lack of provision of refreshments for visitors. Helen responded that she has been given an assurance that visitors will be offered refreshments if there are no other facilities close by eg: canteen or vending machine in operation, but that there are many facilities across the Trust for visitors and carers to make drinks.</p> <p>Kevan Taylor asked if the condition of Longley Meadows before refurbishment had attributed to the low scores. Helen responded that she believed it had.</p> <p>The Chair asked if the 2014 review will take into account these refurbishments. Helen responded that these will play into the 2014 review and should increase our scores.</p>	

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	<p>Sam Stoddart asked what the implications are for the Trust if scores remain low. Helen responded that the Care Quality Commission would be called in to officially inspect any areas of concern.</p> <p>Dorothy Cook asked why cleanliness was below national average. Helen responded that some of the clinic rooms had been of a poor standard, but following intervention of Infection Control Team improvements have been made.</p> <p>Helen also reported that it was felt that the national average had been set at a very high percentage, and asked governors to bear in mind that this is based on the Trust assessing itself.</p> <p>Elaine Hall asked if Nursing Homes were required to undertake PLACE assessments. Helen responded that they are not as PLACE only relates to NHS beds.</p> <p>The Chair reported that the Trust prides itself on the telling the truth and this may be reflected in our scores and in the Trust’s cultural tendency towards underestimation. The Chair suggested that the reports and action plans for the next round of PLACE assessments should be looked at in more detail by the Performance Overview Group (POG). John Kay as chair of POG will be in touch with Helen.</p> <p>The Chair thanked Helen.</p>	<p>John Kay</p>
<p><b>COG 31/6</b></p>	<p><b>Annual Plan</b></p> <p>Jason Rowlands attended Council to update on the Annual Plan. He had circulated a summary of the Trust’s aims and corporate objectives to support this item. A copy of the full document will also be circulated to Council.</p> <p>Jason reported that Council had contributed to the Trust’s aims and objectives through the event held in the Autumn 2013. This had helped shape the questionnaire that was sent out to members.</p> <p>He reported that there were four broad themes from the work:</p> <ul style="list-style-type: none"> <li>• Supporting staff to have an appreciation and awareness of what it is like to receive care. Jason reported that this will be achieved by developing the new Service User Experience Monitoring Unit and over the next 12 to 24 months, building a set of tools to be used to understand service user experience. This will be also be achieved through workforce development programmes and building on values work, training and customer care.</li> <li>• Continuing to improve how quickly people access support and care. This will be achieved through various work streams, service improvement work and values work, and a focus on reducing waiting times and a review of care pathways.</li> <li>• Prioritising initiatives that are about freeing up staff time to spend more time providing direct care and support. The Trust will ensure that the</li> </ul>	<p>All to note</p>

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	<p>corporate services have a customer focus and look at how teams work, to ensure maximum productively and efficiency whilst providing patient care.</p> <ul style="list-style-type: none"> <li>To improve the way we provide information to people and to develop a better understanding about how we provide evidence-based care and support. The Trust will ensure the plans agreed are taken forward and outcome measures are monitored.</li> </ul> <p>Jason reported that there are also five strategic aims that will be used as a directional guide over the next 2/3 years supported by a number of corporate objectives. The quality and development objectives focus on provision of care and are detailed in the full report. These are supported by some cost-cutting and efficiency-enabling objectives. The governance objectives will continue with commitments already made eg: Francis and Berwick reports.</p> <p>Council raised the following points/questions:</p> <p>John Kay reported that one observation was that being able to quantify measures seemed to be a theme. Jason agreed and said that improvements are being made e.g. projects will use information to drive quality improvement and to understand why things need to change and to analyse before and after.</p> <p>John also asked if progress on projects could be reported through the Performance Overview Group. Jason responded that an overview would be available in July/August 2014. Sam agreed to send out a reminder of dates for the Performance Overview Group to Council.</p>	<p>Jason Rowlands Sam Stoddart</p>
<p><b>COG 31/7</b></p>	<p><b>Performance Report</b></p> <p>Jason Rowlands attended Council to update on the Performance Report, which had been circulated with the papers.</p> <p>He reported that the Trust continues to perform well. There have been some challenges in the last 6 months with CPA Reviews, but the Trust has focused on this area and the target for March has been achieved and will be sustained. He also reported that there will be additional information provided to the Board in future reports with the inclusion of the service specific frameworks and analysis of benchmarking data (item 4c).</p> <p>He reported that the Quality Accounts are nearing completion and highlighted three areas of focus.</p> <ol style="list-style-type: none"> <li>Falls: evidence suggests a reduction of 26% in harm</li> <li>Waiting Times: focus has been on IAPT and CMHT waiting times and these have been reduced without resources and through development work with GP practices.</li> <li>Seclusion and Violence: Quality Assurance Committee has received a detailed report. The reasons for the increase include: more occurrences on Psychiatric Intensive Care Unit (PICU) with high level often distressed patients; shorter length of stays meaning higher patient turnover and</li> </ol>	

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	<p>The Trust no long sending 50-60 patients out of town a year (these incidents were not collated previously); patients from the Learning Disability Intensive Support Service also used PICU before the new unit at Firs Hill opened. He also reported that PICU is scheduled for a £6.4m refurbishment which will greatly improve the environment.</p> <p>Council raised the following questions:</p> <p>John Kay queried the figures relating to new referrals and that out of 505, 175 had been referred and had 65% been rejected? Jason responded that these individuals had not necessarily been rejected and that improvements are being made in data collection and presentation so that data is much clearer. He added that people may be signposted to other parts of the service e.g., IAPT, telephone contact for advice etc.</p> <p>Jules Jones asked why the figures were low for compliments and complaints in this period. Jason responded that it was seasonal and there are generally delays in reporting and collating these.</p> <p>Jules Jones also asked for clarity on the type of medication incidents and if there is any work being done to address this. Jason reported that this could include prescription errors, preparation errors, and drug errors by a member of staff. He reported that the majority of these are identified before they could harm a patient, but they are still logged as an untoward incident. He also reported that there are a number of work streams looking at safety and will bring an update to a future meeting.</p> <p>Sam Stoddart asked if the separate quality objectives will be shared with Council, Jason reported that these are included in the Annual Plan and will be discussed at the Performance Overview Group in further detail.</p>	<p>Jason Rowlands</p> <p>Jason Rowlands</p>
<p><b>COG 31/8</b></p>	<p><b>Board Performance Review</b></p> <p>Rosie McHugh presented an update on the Board Performance Review following the 360 feedback exercise. She reported that Carol Borrill, Head of Organisational Psychology had been trained in the use of this specific tool and had led this project. The Board had commissioned this review and sought feedback from stakeholders including Commissioners, Governors, SHSC Directors and Board members.</p> <p>She also reported that the Chair had raised some concerns specifically about the Trust's connectivity with stakeholders and this tool gave feedback on that as well as how the Board provides motivation and act as leaders in the Trust, its Commissioner relationships and how it works together as a team.</p> <p>She reported that the 8 areas covered in the questionnaire were specifically chosen as there is an evidence base for evaluation. These included: personal qualities and values, constructive challenge, engaging as an effective team, ensuring shared vision, connecting and influencing, promoting quality and improvement, effective performance and risk management and clarity and accountability.</p>	

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	<p>Rosie reported on the process that was used and the groups involved. She also explained the rationale for obtaining feedback from the staff Governors separately which was to enable the Board to get a measure of staff opinion.</p> <p>The results of the review were shared with the Board at a development session in January. She explained that overall the aggregated scores were in the scoring zone of 3.5 or above which is a positive result.</p> <p>She highlighted the highs and lows for each category and group.</p> <p><b>Green (5.0 and over):</b> the strongest feedback was from Commissioners. The Board can be assured therefore that relationships are fairly strong.</p> <p><b>Amber (4.0 – 4.9):</b> all scores from Governors (exc Staff Governors) came in this category, the lowest for promoting quality and improvement and the highest was jointly between performance management and clarity and accountability.</p> <p><b>Red (3.99 and below):</b> although still slightly positive overall, these lower scores were from SHSC Directors and Staff Governors.</p> <p>The higher scores of the Board were personal qualities and constructive challenge with the exception of Governors who most strongly rated the Board on performance and risk management and clarity and accountability. Rosie reported that the theory behind this could be that these are the areas where the Board and Council have more connectivity.</p> <p>The area of weakness other than in the view of the Governors was clarity and accountability followed by connecting and influencing and engaging as an effective team.</p> <p>The Board has looked at the results and in more depth the individual answers. The lowest scores are from SHSC Directors and in particular a score of 2.88 related to a question on stress levels. The Board want to explore further the scoring by the SHSC Directors and a development session has been arranged.</p> <p>The Chair reported that the Trust’s Staff Survey results which have recently been published show the Trust has moved to above average for staff related stress and the questions in this exercise were targeted at Directors only.</p> <p>Overall the Board could be more effective in its role in communication and engagement and the Board have decided to do the following:</p> <ul style="list-style-type: none"> <li>• Joint development session with Board and SHSC Directors</li> <li>• Strengthen the Non-Executive Director visits</li> <li>• Introduce ward/site photo boards of Board members and how it operates</li> <li>• Kevan Taylor has changed the style of his monthly letter to staff to include some key decisions made at Board meetings.</li> <li>• Consistency and clarity in the language used</li> </ul> <p>Rosie reported that this feedback does not tell us about staff, but the work on the response the Francis report can be used to better understand staff motivation and commitment and their impact on service users. The</p>	

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	<p>Workforce and Organisation Development Committee will be taking this work forward.</p> <p>Council asked the following questions.</p> <p>Clarity was sought on the difference between the Board and SHSC Directors Rosie responded that the SHSC Directors are the corporate and clinical/service directors who report directly to a member of the Board.</p> <p>Dorothy Cook asked if this exercise will be repeated. Rosie responded that the Board first need to decide if the report has enough detail. The Chair suggested that this might be repeated in 2 years and then data can be compared.</p> <p>Tina Levitt reported that when she was managing a ward, her focus was on patient care and she didn't feel engaged with the directors and can see why some of the scoring might reflect this. Rosie responded that the Board want to focus on engagement with front line staff and to understand what it's like as a member of staff. The key will be how this can be achieved without getting in the way of patient care.</p> <p>Rosie reported that the Governors had rated the Board low on promoting quality and improvement and asked what would need to change to score this higher. Dorothy Cook reported that these scores could be from feedback by service users on poor quality.</p> <p>Elaine Hall reported that she liked the data and graphs (in the performance reports), but it does take more explanation and understanding and could perhaps be presented differently. Rosie responded that lower quality scores may be a result of the data rather than being about improving quality.</p> <p>The Chair thanked Rosie.</p>	
<p><b>COG 31/9</b></p>	<p><b>Chief Executive Update :</b></p> <p>Kevan Taylor reported that his open letter had recently been circulated.</p> <p>The Chair reported that he needed to inform Council that the Trust has recently entered into an agreement to provide specialist services to a public health body overseas but was now in the process of withdrawing from it. He believed the agreement had been entered into in good faith. However he had some reservations about the process of the arrangement and is therefore commissioning an independent investigation. The Chair will communicate with Council once the investigation has been concluded.</p> <p>Nev Wheeler asked why Council were being informed. The Chair reported that he had spoken with John Kay as Lead Governor and it was his duty to inform Council of this recent development. Nev also asked who had the authority to make decisions on this matter. The Chair responded that there appears to be nothing that breaches the Constitution and the outcome of the investigation will give greater clarity to the processes taken.</p>	<p>Chair</p>

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COG 31/10	<p><b>Governor Feedback</b></p> <p><b>a) Feedback from Governor Activities</b> The Chair thanked everyone for their feedback forms.</p> <p><b>b) Feedback from Board Questions</b> The Chair reported that feedback has been given to the three Governors who raised questions for the Board. He also outlined the process for asking questions at Board for the benefit of new Governors.</p> <p>In Myra Wilson's absence the Chair relayed a comment from Myra in relation to Question 2, and that in her view a Do Not Resuscitate (DNR) order has no standing and Paramedics would only apply a Do Not Attempt CPR (DNA/CPR) order. The Chair reported that this would need to be checked.</p> <p><b>c) Performance Overview Group</b> The Chair gave an overview of this group and its remit. John Kay as Chair of the group explained that this forum is used to look more in-depth at the Performance Dashboard and explained that the group have discussed in detail areas around finance, planning performance and governance and workforce. The notes from the group are shared with Council and they are beneficial for new Governors. The next meeting is on Tuesday 13<sup>th</sup> May at 9:30am in the Conference Suite and anyone is welcome.</p> <p>Jules Jones reported that the group has been working well and that they recently looked at seclusion and had asked for more details. As a result Jason has today presented some information.</p>	<p>Chair</p> <p>All to note</p>
COG 31/11	<p><b>Any Other Urgent Business</b></p> <p><b>a) Nominations and Remuneration Committee Appointments (NRC)</b></p> <p>The Chair reported that the due to the turnover in Governors there are three vacancies on this committee. The committee is responsible for undertaking the work, on behalf of Council, for the appointment and remuneration of the Non-Executive Directors and the Chair. Elaine Hall, Russ Sheppard and Ian Downing have expressed an interest to join the Committee. Council were asked to, and approved these appointments.</p> <p>Sam Stoddart reported that the next meeting is on 29<sup>th</sup> April 2014 from 11am to 12:30pm in Clarendon Room. She also reported that there will also be two further public vacancies when Dr Paul Harvey and Dave Jones finish their terms of office on 30<sup>th</sup> June 2014. These will be discussed in July.</p> <p>As there was no further business, the Chair called the meeting to a close and thanked everyone for their participation.</p>	<p>Approved</p> <p>All to note</p>