

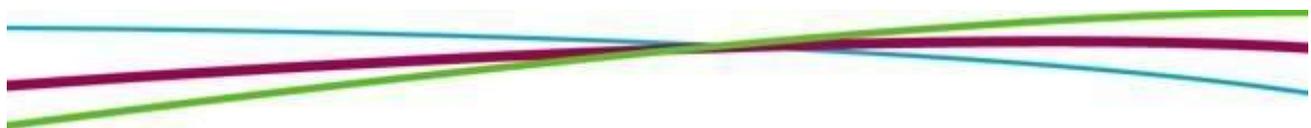
**Council of Governors Meeting
8th July 2014
Summary Report**

Council of Governors
8th July 2014
Item 12(c)

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| TITLE OF PAPER | Feedback from Performance Overview Group |
| TO BE PRESENTED BY | John Kay, Lead Governor |
| ACTION REQUIRED | None, for information |

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| OUTCOME | Governors are supported to effectively carry out their statutory responsibility to hold the Trust to account |
| TIMETABLE FOR DECISION | n/a |
| LINKS TO OTHER KEY REPORTS / DECISIONS | Constitution, Health & Social Care Act 2012 |
| LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC | Constitution and Council of Governor Standing orders – requirement for governors to represent members HSE ■ MH Act ■ Equality ■ NHS Constitution: Staff Rights ■ Patients' Rights ■ Public's Rights ■ Principles ■ Values ■ |
| IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT | n/a |
| CONSIDERATION OF LEGAL ISSUES | n/a |

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| Author of Report | Sam Stoddart |
| Designation | Membership Manager |
| Date of Report | 25 th June 2014 |



**Council of Governors
Performance Overview Group**

Minutes of the 3rd Performance Overview Group held on Tuesday 13th May 2014 in the Conference Suite of Fulwood House, Old Fulwood Road, Sheffield S10 3TG

Present:

| Name | Title | Name | Title |
|-----------------|-------------------------------|-------------------|--|
| John Kay | Chair | Jason Rowlands | Director of Planning, Performance & Governance |
| Paul Robinson | Executive Director of Finance | Dean Wilson | Director of Human Resources |
| Elaine Hall | Staff Governor | Jules Jones | Public Governor |
| Dorothy Cook | Public Governor | Paul Miller | Staff Governor |
| Nev Wheeler OBE | SU Governor | Ian Downing | Carer Governor |
| Clive Clarke | Deputy Chief Executive | Samantha Stoddart | Membership Manager |
| Karen Jones | PA (notes) | | |

| Minute | Item | Action |
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| POG 03/01 | Welcome John Kay welcomed everyone to the meeting. | |
| POG 03/02 | Notes of the meeting held on 19th February 2014 The notes of the meeting were accepted as a correct record. | |
| POG 03/03 | Matters Arising An action under item POG 02/05 relating to a question asked by Jules Jones will be covered under Item 5, Jason Rowlands. | |
| POG 03/04 | Finance Report Paul Robinson, Executive Director of Finance, ran briefly through the year end DASHBOARD report. The report had previously been distributed and discussed at the Annual Board and Council of Governors Development Session held on the 8 th May. Paul informed the group that the Trust has a risk rating of 4 from Monitor, which is the best that can be awarded. The Trust achieved its Cost Improvement Programme (CIP) delivery by just over £7million (88% of planned target). Sam Stoddart asked if CIPs and the outstanding £800k would be carried forward into 2014/15. Paul said they are carried over, but the amounts are decreasing year on year showing that we are making good progress. Clive also emphasised how CIPs will increase by 4% so there is still lots of work to come. Paul went on to explain that the annual plan had been approved and signed off by the Board and delivered to Monitor. Overall we have made good progress and if we carrying on we will ensure future sustainability. Elaine Hall asked if and how we will address the 'red' risk indicator in relation to debtors (the speed at which we pay suppliers and how quickly we recover payments to us). Paul confirmed the Trust is dealing with this and is tightening its processes and monitoring systems. However, any outstanding debtors are low risk and mainly public sector bodies, with outstanding | |

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| | <p>amounts agreed at year end.</p> <p>Sam asked about plans for the surplus and whether building work would take place during this financial year. Paul confirmed that building work is due to start in September and would probably go over the next two years.</p> <p>At Elaine’s request a conversation took place around clustering. Clive gave a brief overview on clustering, explaining how service users fall into one of 21 clusters (or groups). He explained how clustering enables organisations to arrange interventions better and cost appropriately. In the last 18 months the Trust had recorded 90% clustering. In order to maximise income we need to reach 100%. Clive emphasised the need to assess, record and cluster everyone wherever possible. Help is being provided for the training and planning needs of staff. Jules Jones expressed concern that people will often need to move from one cluster to another and wondered if this would cause them difficulty. Clive reassured Jules that moving around clusters would not impact on the service user and that outcome measures are built into the review/assessment process to address this. The Chair expressed concern at the impact on an individual’s care package if not already assessed and in a cluster. Paul assured everyone that service users won’t be affected if not in a cluster at the moment.</p> <p>The Chair asked if the Trust’s overheads would increase in relation to marketing and contracting. Paul advised that overheads would be looked at to ensure stability for the future, but inevitably overheads are a part of any business or service.</p> <p>The Chair thanked Paul for his report.</p> | |
| POG 03/05 | <p>Planning, Performance and Governance</p> <p>The Chair asked Jason Rowlands if he would report first on the action arising from the last meeting when Jules raised concerns regarding the rise in the number of seclusions. Jason provided the group with an extract from a report that had previously been presented to the Quality Assurance Committee. This analysis was of seclusion numbers over the last three years. Jason explained how the graphs showed a sudden and marked increase towards the end of the 3 year period and went on to explain the factors behind this. The rise in the number of seclusions resulted from two service users with complex needs placed on the Intensive Treatment Service (ITS) while the new Intensive Support Service (ISS) facility was ready. Due to the environment on the ITS, seclusion was the safest option at the time. There had also been a higher rate of admissions from the acute wards to the ITS of people with disturbed behaviour. A positive change in practice and the use of RESPECT approaches reduced the length of time spent in seclusion but increased the frequency. The provision of bigger and better designed accommodation and enhanced staff training will result in less use of seclusion rooms. The new purpose built ISS facility at Firshill is an excellent example of how a bespoke environment can make a vast difference in the need for seclusion. Jason reassured Jules and the members of the meeting that good progress is underway and any worries or concerns would be looked at and improved.</p> <p>Dorothy Cook asked if ‘green’ rooms were available to people not requiring</p> | |

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| | <p>seclusion but just wanting a space to be on their own. Jason explained that green rooms are not used for seclusion but to provide people with a quiet chill out space where they can get away from everything for a short time.</p> <p>Jason talked through the monthly performance summary report. He highlighted the CPA reviews target that was met at 96% and expressed how pleased he was with the work put in that delivered these changes and was confident that it is sustainable. Discussion took place around the difficulty in measuring the number of referrals against the number of assessments and how measures are now in place to capture these. In the near future it will be adjusted to show what happens after referral. Paul Miller said the cumulative figures in the table were helpful, but a possible weakness resulting from quicker assessments could mean more referrals. Jason agreed that this could be a possibility but wherever possible care should be encouraged at primary care level. Sam drew attention to the last page and the figures relating to older adults length of stay. The figures shown are significantly larger than last years. Is this a mistake? And are there any risks or a planned reduction in beds? Jason apologised and agreed these figures are wrong and will get them corrected. There are no areas for concern. Numbers of admissions/bed days are down inline with the Trust's plans for improved services.</p> <p>Elaine asked if research activity within the Trust could be reported within the Dashboard report. Jason agreed it would be a great idea to show this activity but was unsure that including it within the Dashboard was the most appropriate way. Paul suggested a separate presentation to the group, maybe yearly. This was agreed.</p> <p>Jason asked if anyone had anything they would like him to raise at the next meeting. Jules asked for further information on the IAPT four week waiting times and the Chair asked for further feedback on the Memory Service.</p> <p>The Chair thanked Jason for his report.</p> | <p>Agreed</p> <p>Jason Rowlands</p> |
| POG 03/06 | <p>Workforce Report</p> <p>Dean Wilson, Director of Human Resources, presented copies of the Performance & Overview Report for February 2014. Dean introduced the report and ran through it page by page highlighting points of interest.</p> <ul style="list-style-type: none"> • Over the last 12 months staff headcount had reduced by around 50 and is being managed closely. • Turnover had remained fairly static within range and caused no concerns. • The medics' headcount has increased from 104 previously to 179 but this figure represents all medics including junior doctors. • As a Trust it is unusual that our Band 5 and Band 6 staff are similar in numbers. • At 4.1a of the report Dean explained an error in the sickness absence table. The figure 6.13% in January for 12 Month Trust Average was incorrect. The March figure, which was not shown but went to Board, was 5.27%. Overall the decrease in sickness rates is an encouraging trend. The joint management/staff side working group had recently issued a survey on sickness absence which had been received positively with, so far, over 700 responses. Once complete the results | |

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| | <p>will be analysed and the outcome shared, possibly via a mini conference. Dean informed the group that staff had been issued with fact sheets on managing sickness absence and return to work interviews.</p> <p>Dorothy asked what support we were offering staff. Dean explained that this was already underway at the request of the Trust Chair and that a more pro-active prevention report would go to Board in July.</p> <ul style="list-style-type: none"> Dean continued through the report stopping at 5. Personal Development Review (PDR) Compliance to inform everyone that the figures were now slightly out of date as the Trust moved toward the end of the focal point period (April to June). On item 6. Supplementary Staffing, Sam asked Dean if the Trust had a target for spending on flexi/agency staffing? Dean answered that there is no specific target but there will always be a need to have flexible staffing. Sam asked if we have locums. Dean replied that we don't have many, maybe two at any given time, but this is an expensive way to provide cover but sometimes it the only option. The Chair raised concerns that the quality assurance programmes could be compromised by flexi staffing. Dean reassured the Chair that quality is monitored and that any flexi staffing is managed at local level and is provided by substantive SHSC staff. Clive added that flexi staff receive the same mandatory training as all other staff within our services. Clive informed the group that from June the Board has requested that figures on staff to patient ratios are fed back. Clive would also share this with Performance Overview Group members. <p>Sam asked it the Working Time Directive (WTD) affected doctors. Dean explained that by year end most doctors would not be working more than 48 hours as set in the WTD and recommended by Trade Unions. This will be monitored through rostering and payroll with an average worked out over 17 weeks. The WTD has been put in place to protect both the organisation and the individual.</p> <ul style="list-style-type: none"> Dean took the opportunity to update the group on several HR issues. He informed the group that the staff data cleanse was now complete and would be done again in 18-24 months. Outstanding Personal Development Reviews (PDR) are in the process of being completed and submitted before the end of June. The Staff Survey reported that SHSC is again in the top 20%, this is a consistently good result. A 1% pay rise has been awarded to staff at the top of their grade. One referral has been passed to Prevent, the anti terrorism initiative. A change in the HR department now means that Recruitment Teams are linked to directorates. Sue Rogers, Non-Executive Director, is undertaking a review of the annual staff awards. <p>The Chair thanked Dean for his report and roundup.</p> | Clive Clarke |
| POG 03/07 | <p>Any Other Business No further items.</p> | |

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| POG 03/08 | Date and Time of Next Meeting The next meeting is on Tuesday <u>2nd September, 2014 at 10.30 am – 12.30 pm</u> in the Tudor Board Room, Fulwood House. | |