Sheffield City Council

Sheffield Health and Social Care NHS

NHS Foundation Trust

Council of Governors Meeting
Thursday 7th October 2014
Summary Report

Council of Governors
7th October 2014
Item 11b

TITLE OF PAPER	Governor Questions to the February/March 2014 Trust Board – feedback
TO BE PRESENTED BY	Professor Alan Walker, Chair
ACTION REQUIRED	For information only

OUTCOME	Governors to be fully updated of questions asked by fellow governors and answers provided by Executives
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	N/A
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	HSE ■ MH Act ■ Equality ■ NHS Constitution: Staff Rights ■ Patients' Rights ■ Public's Rights ■ Principles ■ Values ■
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Aim to improve communication between Governors and Trust Board and demonstrate accountability from the Trust to Governors
CONSIDERATION OF LEGAL ISSUES	N/A

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Designation	Membership Manager
Date of Report	30th September 2014

1. Question from Jules Jones, Public (South East) Governor

Following on from Scrutiny committee meeting (21/7/14) I am left with a number of unresolved concerns regarding SHSC involvement in the national 'Troubled Families' programme. SHSC has seconded several staff into SCC for the purpose of identifying those with adult MH problems and substance abuse issues.

- Concern: Initial data sweep; how do we resolve confidentiality issues around revealing who has MH/Substance abuse issues?
- 'Informed consent' at the second stage of the intervention. Regarding those subsequently identified as 'Troubled Families'. How we satisfy ourselves, as an NHS trust, that our service users are able to give 'informed consent' (understanding what is involved and not feeling forced into giving consent) - to the sharing of their medical data?

On a more general level, should we consider the potential for any fallout, in terms of those who could be put off seeking assistance (e.g. over MH worries) from their GP as a result of renewed fear of being labelled?

(Note: Following a discussion with Clive I received a response. His response raises further questions for me around Caldicott, informed consent, and our policies around data sharing with regards, our service users.)

I would request that this issue be looked at in more detail. Can we review our policies to make sure that they are up to date and so that everyone knows where they stand?

Response from Clive Clarke, Deputy Chief Executive

Firstly, turning to the specifics of the Troubled Families/Successful Families initiative, we were originally approached by the City Council to help identify where our service users lived at any of a specified list of Sheffield addresses. Within the Trust we identified people who had used selected services within a specified time period then matched these against the City Council's list of addresses. In August 2012 we told the City Council the number of addresses that matched and how many service users were living at those addresses but we did not tell them which addresses they were, nor did we identify the service users living at them.

Moving on to the SHSC staff who are now working on secondment with the Multi Agency Support Teams (MAST), they provide advice to the teams on adults who have mental health problems and since they are SHSC staff they are able to check on our systems to see whether those people are known to SHSC mental health services.

If the seconded staff identify that someone has used SHSC mental health services they can, where appropriate, identify the relevant team or worker to speak to about them. If they find that there are any risk issues which need to be shared with the MAST team they will do so, but any such information sharing will only be where it is relevant and proportionate.

The seconded workers may also contribute to a Family Common Assessment Framework (FCAF) which is used to gather information from a variety of sources and which is used by the agencies providing services to the family but this is only with consent and the service users can specify on the form any agencies or individuals they do not wish their information to be shared with.

Having SHSC staff in place with the MAST teams means we have qualified mental health professionals who can identify the relevant information from the SHSC system and only share

the minimum necessary information which is appropriate to the circumstances and not the whole care record.

Should the staff seconded to MAST identify someone who has mental health problems but who is not in contact with services they are able to provide advice directly or to refer on to the appropriate services.

With the staff seconded to MAST, as with any other SHSC services, there may be circumstances where we would share personal information without the subject's consent, for instance to protect the subject or other people from harm; to help prevent or detect a serious crime or where we had a legal obligation to disclose the information. These circumstances are explained within SHSC information leaflets available on our website, in the FCAF information leaflet and in the national Care Records Guarantee.

Different service users will have different levels of understanding or concerns about who their information is shared with and some services will be seen as more 'sensitive' than others. The basic information for service users available on the SHSC website will suffice for many but some services make more detailed information available and all service users have the ability to raise any concerns with the staff working with them. If service users wish to restrict who their information is shared with, those wishes should be respected where possible.

More generally, SHSC is part of a wider health and social care community so we do share information with partner organisations in order to provide appropriate care for our service users and indeed as a Care Trust we were an early part of the process by incorporating social services staff into our multi-disciplinary teams. Recent changes to the structure of the NHS have placed tighter restrictions on the exchange of personal information for non-care purposes. We have been governed by the Data Protection Act and the Caldicott Principles for many years but the second Caldicott review gave us an extra principle to clarify that "The duty to share information can be as important as the duty to protect patient confidentiality". Since there will always be the potential for 'grey areas' where the appropriateness of sharing information may not be clear, questions may be referred to the Information Governance Steering Group which includes the Caldicott Guardian.

I hope that the above helps clarify the mechanisms and availability of information and gives assurance that this is undertaken in line with information governance requirements.

2. Question from Russell Shepherd, Service User Governor

a) I have been led to understand that all nurses had been through the RESPECT training. However, I know that some CMHT qualified nurses haven't been. My question is therefore how many CMHT staff are still awaiting RESPECT training and could you clarify whether or not it is mandatory for them?

b) Service users on inpatient wards don't have quiet spaces other than the green room which they cannot access independently. Why can't service users use the green room if they feel the need (this is on the understanding that it isn't already being used)?

Response from Karen Dickenson, Head of Education, Training and Development

The training needs analysis identifies the level and frequency of Respect Training. This is mandatory for all staff as follows:

There are 3 levels of Respect training

- Level 3 (4 days with annual 2 day updates) for all direct care staff who use supportive holds
- Level 3 – 2 days with a biannual 1 day update) for all direct care staff where the 4 day training is not required e.g. community staff
- Level 1 (1 day 3 yearly updates) – for all other staff such as admin, corporate services etc.

We do not have information on people who have not yet been trained but this can be obtained if necessary.

There was an initial roll our programme for respect training and the majority of staff have been trained. The last workforce report showed Level 3 compliance at 94%

3. Outstanding question from Myra Wilson, Service User Governor

On April 7th a focus group of service users was held at The Showroom to hear their comments around being in Thornsett Road. The main issue that came out was that when residents were discharged to the Home Treatment Team they were not then adequately supported by that team. Prof Tim Kendall was in the group and said he would take this to the Board as it needed looking into. Please could the Board tell me what is being done around this safety issue?

Response from Dr Tim Kendall, Executive Medical Director

As you know we recognised that there were some difficulties regarding discharge from the Crisis House and support from Home Treatment and the CMHT following discharge. Sorry for the time it has taken to respond to your query but this is now in hand and is being monitored by the Acute Care Reconfiguration Committee. I will keep you informed as to progress.