

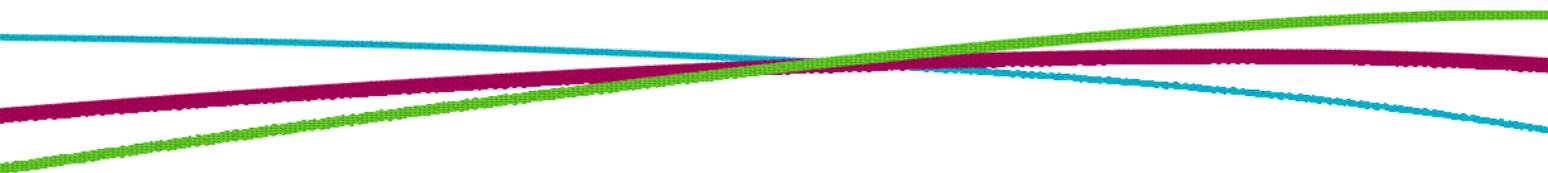
**Council of Governors Meeting
Tuesday 16th December 2014
Summary Report**

Council of Governors
16th December 2014
Item 10b

TITLE OF PAPER	Responses to Governor Questions to the October/November/December 2014 Trust Board
TO BE PRESENTED BY	Sue Rogers, Vice Chair
ACTION REQUIRED	For information

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

Author of Report	Sam Stoddart
Designation	Membership Manager
Date of Report	4 th December 2014



Question to September Board from Russell Shepherd, Service User Governor

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?

Additional Response from Karen Dickinson, Head of Education, Training & Development

The current requirement for community staff (including support staff, housekeeping and admin) is the 2 day Respect Level 2 course with a ½ day biennial update.

A report run on 10 November 2014 from the Trust's Training Database called OLM is provided below. This includes 75 positions within OLM with no training competence set. The mandatory training review has highlighted the need for a major review of OLM as there is some uncertainty regarding the underlying training competencies. Until this work is completed it is difficult to get information about whether the 368 staff that requires training needs the 2 day initial course or the ½ day update.

Compliant?	Total	%
Yes	53	10.69%
No	368	74.19%
No competence Set	75	15.12%
Grand Total	496	

Our plan to address the gap

The initial implementation of Respect focused on inpatient staff as the highest priority so progress with Community staff has been slower. Due to the need for more trainers the Inpatient Directorate is leading on a business case for additional resources.

Meanwhile we will send regular team level reports to all community team managers together with dates of available training to improve compliance.

With the current capacity for training delivery we have the following training places for Respect level 2 available in 2015.

The OLM review will determine how many of the 368 staff requires the 2 day training course.

2 day course - 129 places available
Update session - 224 places available.

Question to October Board from Jules Jones

When service-users are assessed, are staff recording the presence/contribution of any young carers (YC) in the household? (*Defined as under age 18*). *A Young Carer may be present in the household in addition to a main adult carer.*)

Given the renewed focus on young carers within the City (e.g. Scrutiny focus) can SHSC consult with the Young Carers Strategy Board on how we might approach this? Would SHSC staff need additional training on this issue?

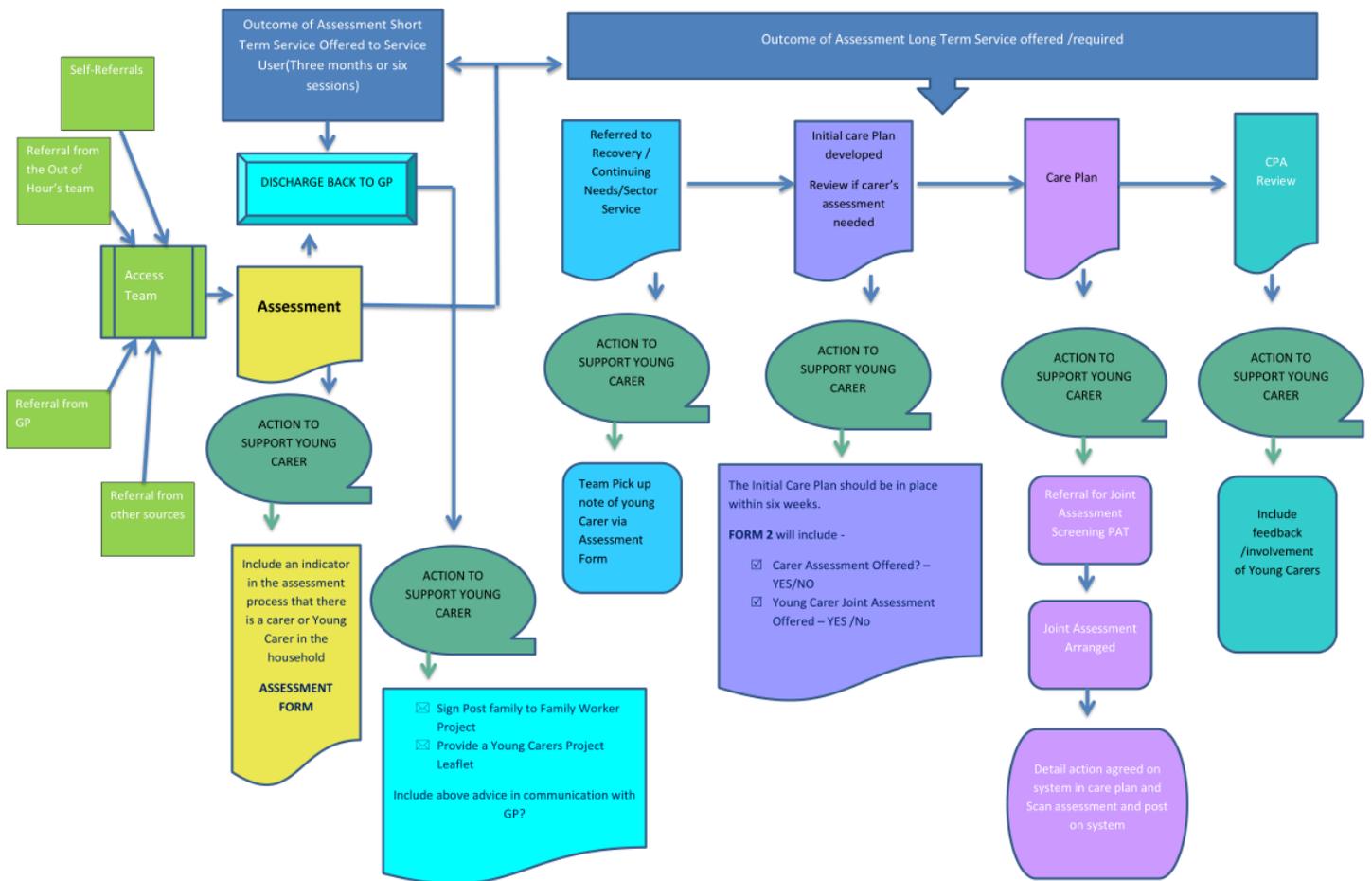
Response from Liz Johnson, Head of Equality and Inclusion

We have been looking at this issue through a small working group (myself, Paul Nicholson and Stacy Roulson). The attached flow chart is the result and Paul is working on incorporating this into the work he is

leading on care pathways. There is also a health sub group of the Young Carers Strategy that I have been attending and we hope to link with some work that children’s services have been doing to identify young carers and offer them a specific Young Carers assessment that has been produced (SHSC would not be doing these assessments but we hope signposting to them). The sub group is waiting for a new chair to be allocated at the moment.

I have been liaising with Sheffield Young Carers about some engagement work to look at appropriate ways for young carers may be involved in CPA reviews so some work on this will hopefully take place soon. Paul also has some ideas regarding involving Young carers in the Care Pathway work.

Regarding training we have discussed holding a focused event for staff hopefully before the end of this financial year.



Question to October Board 2014 from Jules Jones

Regarding Sheffield City Council (SCC) Learning Disabilities commissioning strategy consultation. I notice that the invitation to the consultation document (From SCC), which was forwarded to governors by Sam Stoddart says that they can provide a toolkit for running our own consultation. Might I suggest that we take advantage of this?

The reason that I suggest we do this ourselves is that I attended the SCC run consultations on social care commissioning last year and I was disappointed in their approach to the consultation. I believe that since SHSC is so integral to LD strategy in the city, that we should seriously consider taking a bit of ownership of this?

Response from Clive Clarke, Deputy Chief Executive

This was a Council-led consultation which has now ended. They met with service users and staff within the learning disabilities service and presented the strategy to the executive. The Trust was not offered the chance to run consultation sessions using their toolkit as suggested in the literature. However, this would not have been expected as it was a commissioner-led consultation.

Question to November Board from Tyrone Colley

How is the Trust going to support service users who find smoking therapeutic and an important part of their life when they are on a ward if the plan is to no longer allow smoking on Trust premises?

Response from Moira Leahy, Consultant Clinical Psychologist & Trust lead for Smoking Cessation

Thank you for forwarding this important question raised by Tyrone Colley. I met with Tyrone on 24th November to discuss smoke-free proposals from a service user governor perspective. We are planning to organise visits to mental health trusts that have already become smoke-free, so that we can learn from their experiences, and I have invited Tyrone to join us as a service user governor.

Please can I reassure governors that we are taking a phased approach in working towards providing smoke-free Trust premises? We need to be absolutely confident that we have everything we need in place to support services users who find smoking therapeutic and for whom it has been an important part of life on a ward, before implementing smoke-free premises. Listening and responding to service users and staff concerns are key to our preparation process, as is staff training, and ensuring nicotine replacement therapy is readily available.

Please can I provide advance notice of a 'Smoking and Mental Health' Event the Trust *Physical Health Improvement Group* is holding on April 23rd 2015.

We would also be happy to attend a Trust Governors meeting to update on progress on our smoke-free proposals.

Question for November Board from Jules Jones

In relation to September's confidential Board minutes, I note that Kevan informs the Board of 'legacy risks' in relation to the Brierley Primary Care medical centre, and that these 'legacy risks' are being handled by the trust. Could Kevan please clarify what is meant by this? I recall the governing body being reassured that there would be no financial detriment to the trust as a result of us taking over the contract to run Brierley from NHS England.

Response from Clive Clarke, Deputy Chief Executive

In regards to the legacy risk, these were action taken or not taken by the practice before SHSC become involved. Once we were aware we reported these issues to NHS England. At this stage I cannot go into detail, but there is no financial liability/detriment to this Trust.

Question for December Board from Rosemary de Ville, Public Governor

Is it appropriate for detox beds to be located in acute psychiatric inpatient units and how effective is GP-led detox when it is highly likely that people who are detoxing have neither familial nor community support structures in place?

Response from Michelle Fearon, Service Director, Specialist Services Directorate

Thank you for your inquiry in relation to the provision of inpatient detoxification beds in Sheffield. As you quite rightly point out beds for service users requiring an inpatient detoxification from drugs/alcohol have

been located for a number of years on Burbage Ward at Michael Carlisle Centre. This is somewhat of a historical arrangement prior to the surge in investment in the early 2000's into substance misuse treatment. Before this, an extremely limited community resource, highly dependent upon inpatient provision was commissioned by Sheffield's health commissioners.

We have seen through the 2000's a dramatic increase in community substance misuse treatment, funded through the then National Treatment Agency, an umbrella organisation between the Department of Health and the Home Office. Sheffield's inpatient provision was not brought into the mix for future commissioning and remained a requirement for SHSC to deliver under our existing mental health block contract arrangements. Whilst the beds, of which there are 5, are not separately funded, they form part of the establishment of Burbage ward, with specialist consultant time being provided by Substance Misuse Services. We have not used GPs to support inpatient detoxification; this has always been provided by Consultant Psychiatry or junior doctors. Continuity of care is provided by the Clinical Nurse Specialist from substance misuse staying involved with the service user throughout their detox period.

You will be aware of the recent contract award of addiction services to SHSC which we are delighted to provide for Sheffield. This has slightly forced the issue of discussions with health commissioners, now Sheffield CCG, and the Local Authority who are the commissioners of community substance misuse treatment, as to the continuation of funding for the highly valuable and extremely well used inpatient detox beds, including the future provision of beds for Sheffield.

We know that as a city, we have a disproportionately small number of inpatient beds in comparison to other major cities. This, of course, is partly due to the success of community provision and exploring all other alternatives prior to an inpatient detoxification. For a small number of substance misusers however, there is a need for inpatient detoxification on clinical grounds or due to risks. That said however, the Directorate has been working with colleagues in both commissioning and Inpatient Directorate to explore the potential for future provision.

There are opportunities to explore future potential provision including how this could be provided as a separate, stand-alone unit. These options would, however, require commissioner lead and it is our understanding there is an intention for the Local Authority to understand more the inpatient detoxification provision early in 2015.

In 2014, we sampled feedback from service users who had experienced an inpatient detoxification on Burbage Ward. The feedback was unanimously highly regarded of the care and treatment but a mixture of responses in relation to whether the beds being placed on an inpatient mental health environment brought benefit or disadvantage. For some there are obvious benefits, particularly for those service users presenting with mental health and substance misuse health needs. For a person not experiencing a mental health illness, it is appreciated that the environment can be less constructive.

We are hopeful that clarity will be brought about in 2015. The Directorate has, alongside the Acute Care Reconfiguration Programme Board already looked at this in detail and I would be more than happy to meet up to discuss this further with you if you would find this useful.