

Minutes of the 34th Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Tuesday 16th December 2014 in the Mayfield Suite Trust Headquarters, Fulwood House, Old Fulwood Road, Sheffield S10 3TG

11th February 2015

Item 3

Present:

Name	Governor Constituency	Name	Governor Constituency
Susan Rogers MBE	Vice Chair/NED	John Kay	Lead Governor/Service User
Afrah Alkheili	Public NE	Brandon Ashworth	Public SW
John Buston	Public NW	Dean Chambers	Service User
Dorothy Cook	Public SE	Dan Creber	Staff (Social Work)
Rosemary de Ville	Public SW	Cllr Roger Davison	Appointed
Ian Downing	Carer	Elaine Hall	Staff (AHP)
Sylvia Hartley	Public NW	Joan Healey	Appointed (SHU)
Diane Highfield	Staff (Clinical Support)	Gill Holt	Carer
Cllr Adam Hurst	Appointed	Dani Hydes	Staff (Central Support)
Jules Jones	Public SE	Vin Lewin	Staff (Nursing)
Dr Paul Miller	Staff (Medical & Clinical)	Pat Molloy	Service User
Dr Abdul Rob	Appointed (PMC)	Sue Roe	Carer
Kate Steele	Service User	Janet Sullivan	Appointed (Sheffield MENCAP)
Professor Peter Woodruff	Appointed (University of Sheffield)		

Apologies:

Name	Governor Constituency	Name	Governor Constituency
Teresa Barker	Appointed	Dr Debjani Chatterjee	Service User
Tyrone Colley	Service User	Sue Highton	Staffside
Enos Mahachi	Staff (Support Work)	Mervyn Thomas	Non Executive Director
Lorraine Ricketts	Public NE	Andrew South	Service User
Anthony Clayton	Non Executive Director	David Bussue	Appointed (SACMHA)
Professor Alan Walker CBE	Trust Chair	Joan Davies	Staff (Psychology)
Doug McCallum	Service User	Kevan Taylor	Chief Executive

In Attendance:

Name	Role	Name	Role
Clive Clarke	Deputy Chief Executive	Rosie McHugh	Board Secretary
Cllr Mick Rooney	Non Executive Director	Ann Stanley	Non Executive Director
Sam Stoddart	Deputy Board Secretary	Karen Jones	PA to Chair
Dr Leigh Sorsbie	Sheffield CCG	Jason Rowlands	Director of Planning, Performance & Governance
Dr Paul McCormick	Consultant in Old Age Psychiatry	Rose Hogan	Nurse
Faye Mellors	Membership Officer	Ken Lawrie	Director of Commercial Relations
Dr Mike Hunter	Clinical Director	Richard Bulmer	Service Director

Minute	Item	Action
COG 34/1	<p>Apologies and Welcome</p> <p>Sue Rogers, Vice Chair and Non-Executive Director, chaired the meeting on behalf of Professor Alan Walker, who had sent his apologies. The Chair welcomed everyone to the meeting and gave apologies from Kevan Taylor, Chief Executive. Clive Clarke, Deputy Chief Executive attended on Kevan's behalf. The Chair introduced and welcomed, Ann Stanley, new Non Executive Director, to the meeting. The Chair gave a brief governor update, welcoming back Brandon Ashworth, Public SW governors who had replaced Tamsin Ryder who had recently stepped down. The local authority governor position was still unconfirmed. The Chair was sad to report the death of member, Stephen Ripley, a long-term supporter of the Trust and its governors. Condolences go to his family.</p>	
COG34/2	<p>Declaration of Interest</p> <p>There were no declarations.</p>	
COG34/3	<p>To receive and approve the minutes of the Council of Governors' meeting held on 7th October 2014</p> <p>The minutes of the meeting held on the 7th October 2014 were agreed as correct.</p>	
COG34/4	<p>Matters Arising from the Meeting Held on 7th October 2014</p> <p>a) Nomination and Remuneration Committee vacancies. Three governors (Jules Jones, Afrah Alkheili and Sylvia Hartley) put themselves forward for the two public governor vacancies, therefore requiring the Council to vote. Statements and voting slips were distributed and the Chair asked those present to vote for two of the three candidates. The votes were counted during the meeting and the outcome announced at the end of proceedings.</p> <p>b) Council of Governors Appraisal. Due to the absence of Professor Alan Walker this item will be postponed until the February Council meeting.</p> <p>c) Rosie McHugh provided an update on minute CoG 33/08 in relation to the overseas contract. Following the Mclvor Report and the issues around governance, Professor Alan Walker has agreed development sessions with Beachcroft Solicitors. These sessions are yet to be determined but the first session will be with the Board of Directors in February; a session with the Council of Governors is to be arranged, followed by a joint session in May. Ms McHugh then clarified the nature of the governance review which is to take place which would be led by Clive Clarke. In addition the names of the two governors who had expressed an interest in participating in the review had been passed to Mr Clarke.</p> <p>d) The Chair notified Council of the need to re-appoint the Trust's auditors by 1st April and that due to timescales an extraordinary Council meeting could be called in March. Sam Stoddart would circulate the date. A written report outlining the process will be included on February's Council of Governors agenda.</p>	<p>All to note</p> <p>All to note</p> <p>All to note</p>
COG34/5	<p>Performance Report</p> <p>Jason Rowlands attended to talk to the monthly performance report for period to end October 2014. Jason explained that this report is explored in more detail at the Performance Overview Group meetings to which all governors are invited to attend. Jason informed the meeting that no significant changes had occurred since the previous report and ran through the highlights. He explained how the increase in out of town admissions had been explored and that this increase was due to demand. However these numbers were reduced within two weeks. With the new 10 bedded PICU due for completion in Autumn 2015 this will allow much more</p>	

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	<p>flexibility in the future.</p> <p>Jason went on to explain the background and actions taken to ensure The Trust achieved its 7 day follow up target. With improved systems and communication within teams he was assured this would be achieved. Jason reminded governors that Tom Eyres and Katy Kendall, Service and Clinical Directors of the Community Directorate, would be invited to the next Performance Overview Group to explain CMHT performance in more detail in response to governor queries.</p> <p>Dorothy asked about the peaks/troughs on the self-harm graph and if the Green Room had been made available for use by service users as a chilling out space. Jason suggested asking Richard Bulmer to clarify when he presents later on in the meeting. John Kay referred to the 'Access' chart– waiting times and asked if the Trust had the capacity to cope as the figures had doubled. Jason explained how referrals are never constant and the spike was a result of an extra service coming into the Trust. Jason will be reporting to Board on the matter when he has received clarification from the service. The Chair thanked Jason for his report.</p> <p>Following the CQC inspection at the end of October a Quality Summit will be held in February 2015 which will review CQC findings. Information will be shared with governors as the process moves forward. One possible area for improvement is likely to be the issue around 24 hour access to services. This is a key challenge and will require a response from commissioners. The CQC feedback raised a couple of issues which were quickly rectified within the week. Jason said the Trust is currently awaiting the draft report. John Kay asked if the Trust can request reassessment by the CQC after the report. Jason said he was not sure if we have a right to request a re-visit but that we would be given the opportunity to reply to actions. John asked that Jason please ask.</p>	<p>All to note</p> <p>Jason Rowlands</p>
COG34/6	<p>Physical Health Plan 2014-16</p> <p>The Chair welcomed Dr Paul McCormick, Consultant and Rose Hogan, Senior Nurse to present on the Physical Health Plan 2014-16. The Chair provided a brief background to the plan and explained that part of the Trust's objectives and of real concern is physical health. On average people with a mental illness or learning disability are more likely to die 20 years earlier.</p> <p>Dr McCormick started the presentation by introducing himself and his role as Chair of the Physical Health Improvement Group (PHIG). PHIG was set up in October 2013 specifically to look at physical health and raise awareness. This was followed by a successful physical health event '20 Years Too Soon' in April 2014. Dr McCormick spoke of PHIG's role, achievements to date and future plans. Highlights included achievements in:</p> <ul style="list-style-type: none"> • Physical health examinations – improved compliance, protocol and reporting in acute inpatient services and the re-launch of SHSC Early Warning Scoring Tools. • Physical health equipment – audit of presence and efficiency of equipment and improvements made. • Diabetes – working with Diabetes Nurses and including Diabetes within RAMPPS Course. • Alcohol – raise awareness of alcohol issues and workshop held at the April event. • Smoking – Co-applicant for SCIMITAR Trial (Smoking Cessation for People with Severe Mental Illness). Involvement with Right First Time Smoking Cessation Project. SHSC committed to being completely smoke free. 	

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	<ul style="list-style-type: none"> • Nutrition – Improvements in screening and implementation. Health Chat training provided to staff. • Falls – mandatory and advanced training provided to staff. CQUIN audit – 83% of inpatients on older adult wards were screened within 72 hours of admission. • Learning Disabilities – restructuring and staffing. Delivered powerful presentation into early death rate at the April event. Future focus on Epilepsy and Dysphagia. <p>Dr McCormick explained how a new training course ‘Recognising and Managing Physical Problems in a Psychiatric Setting’ (RAMPPS) had been established in SHSC and was receiving excellent feedback. Dr McCormick concluded by informing everyone of the next Annual PHIG Event to be held on 23rd April at Fulwood House and opened up the floor to questions.</p> <p>John Kay asked if the RAMPPS course was accredited. Dr McCormick said that RAMPPS was part of the mandatory training for clinical staff (nurses, support workers, junior doctors, etc.) and counted towards staff’s personal development plans (PDRs). All attendees receive a certificate of attendance. Cllr Hurst expressed his shock that health checks did not happen previously and hoped that this good practice would be shared and become standard. Professor Peter Woodruff mirrored Cllr Hurst’s comments and welcomed the change as there is a huge overlap with mental and physical health. Professor Woodruff would like to see additions included in future plans. Professor Woodruff welcomed the practicality of auditing equipment but felt that more was necessary to improve nursing care and the recording of information such as fluid charts, blood pressure monitoring, etc. Dr McCormick agreed with both Cllr Hurst’s and Professor Woodruff’s comments. Sylvia Hartley asked if there were plans for this to roll out nationally. Dr McCormick emphasised that this is just the start and that it was something to be proud of and that now it has momentum it will be stepped up, but it is a local initiative. Gill Holt asked if the plan would be rolled out to primary care (GPs, Community and Practice Nurses, etc) so that information would come from the direction of the community and not just from the hospital outwards. Dr McCormick said maintaining relationships with primary care is important.</p> <p>Brandon Ashworth questioned whether similar initiatives relating to mental health were taking place in the acute hospitals. Dr Leigh Sorsbie from the CCG confirmed that this was taking place. Janet Sullivan also requested that RAMPPS and joint working is extended to Learning Disabilities. The Chair thanked Dr McCormick and Rose Hogan for their presentation. Cllr Mick Rooney left the meeting.</p>	
COG34/7	<p>Acute Care Reconfiguration update</p> <p>The Chair introduced and welcomed Dr Mike Hunter and Richard Bulmer, Clinical and Service Directors from the Inpatient Directorate, to proceedings. Richard Bulmer presented the Reconfiguration Update. Headlines were;</p> <ul style="list-style-type: none"> • Background – acute care reconfiguration work began in 2008. • Vision – the vision statement is now displayed on every in-patient ward. <ul style="list-style-type: none"> - High Quality Service - Being able to provide care and treatment for all Sheffield service users in town - Services based upon need (not age) – across the age range for all pathways - ‘Recovery’ orientated services - Closer working with third sector (crisis houses; supported accommodation, etc) 	

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	<ul style="list-style-type: none"> - Care and Treatment delivered as close to the community as possible - Ensure “supported accommodation” for all people who need it <ul style="list-style-type: none"> • Rationale for change – aim to provide good alternatives to inpatient services. • Progress to date – including the implementation of the Crisis House which provides accommodation for up to six people – although feedback from service users is positive, work will commence to look at the correct usage of this facility. The successful reduction from 44 to 24 Functional Mental Illness beds, and the building of the new state of the art 10 bedded Psychiatric Intensive Care Unit to replace the existing 8 bedded unit. • Current position – Richard provided figures of the current bed position and occupancy figures. Bed occupancy figures are falling due to ongoing work. • Capacity work – undertake reviews and plan to model future demand. • Shaping the new service – look at pathways, recovery care planning and bed numbers; and consider additional alternatives to admission. Planning environmental requirements and look at staff skill mix ensuring correct ratio of qualified/unqualified. Link to Rehab Strategy. • Rehab Strategy Background – 2013 strategy has been progressed. Currently planning new service model. <p>Sylvia Hartley raised the question that, in the past much discussion has taken place around services provided by need rather than age. She asked what reassurance could be given to ensure this is the case. Mr Bulmer explained how Community Mental Health Teams (CMHTs) are still specific to age as this is the best way to manage peoples’ needs. However, the new Psychiatric Intensive Care Unit (PICU), the Crisis House and Crisis Teams are accessible by all, regardless of age. He went on to state that it is more important that people end up in the most appropriate environment for their needs and not their age. Significant progress has been made with better physical environments for all.</p> <p>Jules Jones asked if the Trust admits people from out of town and if this blocks our beds. Richard said yes, we do take people from out of town when we have the capacity and that when visitors to Sheffield are picked up here we try and move them back to their local area as soon as possible. Jules also asked about capacity work and the types of personality disorder (PD) conditions requiring admission. Dr Hunter answered stating that usually it was as a result of emotional and stability issues resulting in crisis. Hospital admission is the therapeutic response and used only in the short term for crisis management. Community therapies are a much better solution and it is important to re-balance and look at the care offered to achieve something better than in-patient stays for people with PD in times of crisis. Professor Woodruff commented that the Crisis House was experimental and would like to see outcomes measured. He also commented that there could have been suicides of people waiting for beds. Dr Hunter gave reassurance that this is not the case and that through improved efficiency we are now in the position where we are always open for admissions and there are more beds available than ever before, virtually the equivalent to a new ward opening. Richard wished to add that the Crisis House helped to reduce the number of out of town beds and service users have given positive feedback on their experiences there. The Crisis House was a success, but it will still be looked at to see if it can work differently or better. The Chair added this would be reported to Board of Directors.</p> <p>Rosemary De Ville asked if it was felt that the five detox beds were appropriate on Burbage Ward. Dr Hunter and Richard were equally unhappy with this setup and work is already underway to find a better solution.</p>	

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	The Chair thanked both Dr Hunter and Richard Bulmer for their report.	
COG34/8	<p>Chair's motion to hold item 8 of the meeting in private. Members of the public were excluded from this item of the meeting on account of the confidential nature of the business to be transacted by the Council.</p> <p>Non-NHS Income Policy Ken Lawrie, Director of Commercial Relations, attended to present the new Non-NHS Income Policy to the Council of Governors for receipt. Ken reported that the policy had already been received by the Executive Director's Group, Board of Directors, and Staffside. Professor Woodruff raised and discussion took place around the governor's previous concerns and the need for the Chair's involvement early on in decision making to ensure transparency. Therefore the Chair instructed an action that the policy be amended accordingly in line with the Council request. Item 4 xiv needs amending to include the Chair along with both the Chief Executive and Finance Director. Jules Jones asked for examples of exceptional circumstances as referred to within the policy. Ken said that this included anything unknown and as such could not provide examples. The Chair suggested that exceptional could just mean a timeframe or out of hours issue. John Buston asked why people would seek private treatment in NHS. Ken said that people would do this to get seen quicker but this is something that the Trust does not do. Elaine Hall asked if this meant that our consultants cannot work privately. Ken said no, it did not. The Chair asked that the policy be accepted by those present. All agreed.</p>	Agreed
COG34/9	<p>Chief Executive Update Clive Clarke, Deputy Chief Executive, attended on behalf of Kevan Taylor to provide a verbal update. Clive's first item to note was that the Trust will receive the first draft of the CQC Inspection Report in January, however, scores will not be issued until the 3rd February when we will have the opportunity to work with them on any issues raised. Clive reported that a positive board-to-board meeting had taken place with the CCG. The Executive Directors had met the Executive Directors of Sheffield Teaching Hospitals and focussed on liaison within A&E and mental health within a physical health environment. Clive reported that the Trust had been unsuccessful in two tenders for Learning Disability Residential Services at Handsworth and Cottam Road. The Board is awaiting feedback from the commissioners to consider how we progress in future. Dorothy Cook asked about a national press article she'd seen about mental health being raised as an issue in schools. The Chair said that a campaign and initiatives were already taking place in secondary schools. Clive added that the Trust also works closely with local colleges. The Chair thanked Clive for his update.</p>	
COG34/10	<p>Governor Feedback</p> <ul style="list-style-type: none"> a) Feedback from governor activities. Governors' reports were received for information and the Chair thanked those involved for their positive and great contributions. b) Feedback from Board questions. Board of Directors feedback to governors' questions were received for information. The Chair asked those governors who had submitted questions if they were satisfied with the replies received. Jules Jones said her feedback was excellent. Rosemary De Ville will meet with Michelle Fearon, Service Director, Specialist Services Directorate, for further discussion. c) Performance Overview Group (POG). John Kay, Chair of POG, clarified his invitation to all the Non Executive Directors to attend this meeting. He encouraged all governors to come along and raise any pertinent questions they may have around the Trust's performance. The date of the next 	All to note

