

16th July 2015
Item No 10c

Council of Governors: Summary Sheet

Title of Paper: Performance Overview Group Notes

Presented By: Jules Jones, Lead Governor

Action Required:

For Information	<input checked="" type="checkbox"/>	For Ratification	<input type="checkbox"/>	For a decision	<input type="checkbox"/>
For Feedback	<input type="checkbox"/>	Vote required	<input type="checkbox"/>	For Receipt	<input type="checkbox"/>

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	x
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust’s auditor	
Approving or not the appointment of the trust’s chief executive	
Receiving the annual report and accounts and auditor’s report	
Representing the interests of members and the public	
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust’s constitution with the Board	
Expressing a view on the Trust’s forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	
Monitoring the Trust’s performance against its targets and strategic aims	x

How does this item support the functioning of the Council of Governors?

The Performance Overview Group is a mechanism by which governors can better understand the detail behind the Trust’s performance data and question board members on questions that arise as a result of this.

Author of Report: Sam Stoddart

Designation of Author: Deputy Board Secretary

Date: 2nd July 2015

Council of Governors Performance Overview Group

Minutes of the sixth Performance Overview Group held on Wednesday 29th April 2015 at SHSC Headquarters, Fulwood House

Present:

Name	Title	Name	Title
Jules Jones	Governor/Chair	Ann Stanley	Non-Executive Director
Dorothy Cook	Governor	Elaine Hall	Governor
Jason Rowlands	Director of PPG	John Buston	Governor
Katy Kendall	Clinical Director	Nigel Donaldson	Acting HR Director
Paul Miller	Governor	Paul Nicholson	Assistant Service Director
Phillip Easthope	Director of Finance	Sam Stoddart	Deputy Board Secretary
Toby Morgan	Governor	Karen Jones	PA to Chair

Minute	Item	Action
POG 06/01	<p>Welcome</p> <p>Jules Jones, Acting Chair, welcomed everyone to the meeting and gave John Kay's apologies. The Acting Chair took the opportunity to ask those present to encourage more governors to attend the group as it provides an opportunity to fulfil their obligations and be more involved. She also informed the group that she had recently attended the National Governors Meeting and found that our Performance Overview Group meeting is not the norm among the other Trusts and this is a really good indicator of SHSC's good practice.</p>	
POG 06/02	<p>Notes of the meeting held on 9th December 2014</p> <p>The notes of the meeting held on the 9th December, 2014 were accepted as a correct record.</p>	
POG 06/03	<p>Matters arising from notes of the meeting held on the 9th December, 2014</p> <p>The following items arose from the notes:</p> <p><u>POG 05/03 – Memory Service Update</u></p> <p>Jason Rowlands advised the group that this is a substantive item and would be revisited at future meetings with regular feedback and updates.</p> <p><u>POG 05/03 – PLACE Assessments</u></p> <p>Sam Stoddart reported that she had failed to get a response from Professor Peter Woodruff on his report figures despite all efforts.</p>	
POG 06/04	<p>Community Mental Health Team Performance Data</p> <p>The Chair welcomed Katy Kendall, Clinical Director, and Paul Nicholson, Assistant Service Director, to the meeting and thanked them for coming. Paul Nicholson introduced the Community Mental Health Services dashboard and provided further detail on selected highlights. Improvements had been made on the waiting times, enabling an increase in the number of people being seen</p>	

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	<p>and making two week wait standard. Stringent targets are set for Early Intervention and more information is to follow. Katy Kendall spoke of the increase in referrals to CMHTs. 2014/15 saw 5,864 referrals to the adult CMHTs, around 489 per month. Higher numbers of referrals were experienced over the last 6 months. This is an overall increase of around 1,000 which is predicted to continue year on year. Discussion then took place around what happens to the referrals received. The Chair asked if there was an indicator for people who were re-seen and if people are tracked through the service. Katy said that people requiring long-term care are tracked and that those requiring short-term intervention go into Recovery Teams. Half of the total time is spent seeing people in recovery. Sam Stoddart asked if there are formal targets for waiting times in 2015/16. Katy said that access and waiting times are set nationally and she anticipated targets at some point in the future. Toby Morgan asked if waiting times would include specialist services. Katy said there are possible exceptions for specialist teams/services.</p> <p>Dorothy Cook said the Crisis Line is under stress and wanted to know how this was being addressed. Paul Nicholson said it is a priority to ensure that callers are put through to the right people and that currently there is resource issue that is being looked at as there is only one phone line and when this is engaged the call automatically defaults to out of hours service. Dorothy continued that she had received feedback from service users who had been referred to IAPT and that they were not always pleased with the advice given. Katy said that people do not always like what they hear and that any individual wishing to raise any issues were welcome to contact her directly and talk about the problems.</p> <p>Mervyn Thomas suggested that the Governors address the Board over the Crisis Line resources. Crisis line is clinically limited without the resources and there needs to be a willingness at Board level to address this.</p> <p>Jason Rowlands said that a city-wide plan is being pulled together over the next 12 months regarding crisis care and any suggestions will be picked up during this process. Sam requested Jason to bring this back to Council when the plan was more developed and he agreed.</p> <p>Elaine Hall raised her concerns about the 25% of people referred who were not deemed appropriate referrals. Katy explained that these were mainly from GPs and that the service is monitoring where referrals are coming from. More referrals are coming in and are expected to continue over the next few years. Mervyn asked if this was a national trend. Paul said yes similar cities are seeing the same increases.</p> <p>The Chair thanked Katy and Paul for attending the meeting.</p>	<p>All to note</p> <p>Jason Rowlands</p>
POG 06/05	<p>Quality Account 2014/15</p> <p>Jason Rowlands presented the draft Quality Account report that had been produced for the Audit and Assurance Committee. The report was un-finalised at this time but gives an overview that should not change significantly. The report summarised the Trust's progress, targets, objectives, priorities and survey results. On the Patient Survey we were below average on service users being involved in their care. This is a point for concern and</p>	

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	<p>lots of development work is being done to improve this.</p> <p>On incident reporting the data is going up but when looked at this is a national trend. Reassuringly this could be down to raised awareness and electronic reporting. Jules asked about comments made by the Health Scrutiny Committee. Jason said the report was welcomed as an appropriate good report. The Trust's concerns were noted and they were interested in our progress. Memory Service waiting times and its increase in service user numbers was highlighted. They acknowledged the patient survey results and the Trust's improvements to assist service users with their goals and achievements through the new structure of care plans.</p> <p>The Trust received the CQC informal feedback and we are awaiting clarification on certain points.</p> <p>Sam raised a question on behalf of the Council of Governors regarding Jason's email seeking their views on which indicator to audit in 2015/16. Jason said that following the audit of the IAPT waiting times they asked for others and any audit priority would be decided by Governors. His suggestions were services with long waiting times.</p> <p>The Chair referred to page 15, 2.3 of the report, 'Goals agreed with our NHS Commissioners', and expressed her surprise at two of the partially achieved goals (improving physical healthcare to reduce premature mortality in people with severe mental illness and improved use of electronic discharge communications between inpatient services and GPs) and asked if this was down to communication with GPs, paperwork and the introduction of electronic discharge. Jason said we achieved partial 90% which is better than where we were last year. He stated that this was good progress. Mervyn added that this was not down to just paperwork. There is a need to embed within assessments the requirement to make appropriate notes to ensure that good and better quality information is automatically communicated to GPs on discharge. Difficult to achieve 100%. Jason explained how the Insight (electronic patient information) and Prescribing systems were incompatible and temporarily suspended. This posed a transcribing risk during the typing up of information. However this is getting fixed and is now back on track.</p>	
POG 06/06	<p>Planning</p> <p>Jason Rowlands presented the dashboard performance report and spoke through areas of interest. Within the Safety Dashboard there was nothing to report on Falls, Restraints and Missing Persons. Board and the Quality Committee had looked at the reasons behind the figures and were happy with the findings. Within Service Delivery we experienced an increased rate of delays in discharge during February. The main issues have been awaiting access to the right onward support and seeking aftercare funding approval. Admission numbers and occupancy levels continue to be monitored. Functional Mental Illness (FMI) beds were reduced in April and the occupancy rate is positive and reflects the ongoing work to incrementally reduce the need for inpatient care through improved community support. Bed occupancy level was showing around 75% but should be 100% after April. Sam asked Jason for the average length of stay figures. Jason said the length of stay for wards is available at the back of the report and that he would be</p>	

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	<p>changing how the data looks. Jules asked for data on DNAs (Did Not Attend) and missed appointments. Jason said that to understand waste all DNAs are tracked on the system and are reported as wasted appointments. 6.44% were cancelled by us. Mervyn said that DNAs had been looked at in detail at the Audit and Assurance Committee. They had looked at non-punishment ways to stop DNAs and mechanisms to encourage attendance. Toby Morgan said that DNAs within GP and acute settings were notified back to the referrer. Elaine Hall said that the Memory Service were flexible in their approach to appointments and could offer weekend and evening appointments within your local area to suit. Text notification is also used.</p> <p>Jules raised the concerns of a number of governors around restraints and seclusions. Mervyn advised that the Quality Assurance Committee had worked on this and that Rachel Warner had produced a report. He suggested that Council of Governors ask Rachel along to a future meeting to discuss in more detail. Mervyn wished to reassure governors that these issues are taken very seriously at Board level.</p> <p>Over the longer term the inpatient average length of stay is reducing. We are supporting people back home a bit quicker, and are maintaining our follow up support. Planned discharge could mean a shorter stay for the person and lead to the reduction in beds. There has been no need to send people out of Sheffield for treatment due to a lack of beds for 7 months. This is not only better for the person involved but cheaper too. Clinicians are managing this well. Sam asked if this was being achieved with the reduced bed numbers or if mothballed beds had been reopened to ensure no one was sent out of town. Jason explained how we reduced from 24 beds down to 18 and that we will temporarily open a mothballed bed if we are over occupied. Mervyn added this could make a difference how we talk to commissioners and the need for additional beds.</p>	All to note
POG 06/07	<p>Finance</p> <p>Phillip Easthope, Director of Finance, presented the financial position as of February 2015. Phillip reported that our Monitor continuity of service risk rating was 4 and in line with our plan and presents no concerns. The income and expenditure position at the end of February remained in surplus ahead of plan. Our forecast outturn income and expenditure position has deteriorated but remains ahead of plan. The planned Cost Improvement Programme (CIP) and disinvestment targets continue to be forecast to be delivered. To date CIP and disinvestment savings are at 99.5% of delivery level. Any carry forward will put an increased challenge on directorates next year. Ann Stanley added that CIPs are discussed in detail at the Finance & Investment Committee and Board. CIPs are subject to tight financial management and Directorates are supported to take charge of CIPs. Targets are achievable when working in partnership with the Finance Department.</p> <p>On the dashboard income received and debtor recovery was showing as 'red'. Phillip and Ann reassured everyone that this was low risk and that the debtors are in fact 'safe' organisations and debts would be paid. However this will be monitored and is under scrutiny.</p> <p>Other impacts are the changes to CP dividends by the Government. The Trust</p>	

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	<p>will hold its cash with the Government reducing the burden of estimating cash balances. This will be monitored over the next 12 months and discussed with other organisations in the City.</p>	
POG 06/08	<p>Workforce Report Nigel Donaldson, Deputy Director of HR, attended and presented the Workforce Report. Following comments from the previous meeting he proceeded to report on the exceptions. The staff turnover rate has remained relatively stable over the last 12 months, however in March the figure is higher due to the loss of the Handsworth Development. This is expected to continue with the loss of other learning disability tenders and SCELS (Sheffield Community Equipment and Loan Service). Mervyn stated that the use of the word ‘turnover’ is wrong in these instances as it is really a loss of staff. On sickness absence the majority of reasons for sickness are seasonally linked with coughs/colds continuing into March. This is now on a downward trend. Overall the sickness absence rate is still high and this has been picked up by the Workforce and Organisation Development Committee and Board, who are looking at how this can be improved. Managers to be provided with earlier information and guidance to manage this. Nigel said that following the recent Sickness Absence Conference the Trust’s policy would be reviewed.</p> <p>Initiatives around the recording and reporting of training are continuing. E-learning is rolling out ensuring staff have accessibility to on-line training tools. Training is being streamlined to limit the impact of training time off for services. Karen Dickinson, Head of Education, Training & Development, is leading this.</p> <p>Elaine Hall asked if benchmarking with other MH Trusts had been done to see if we are reporting higher sickness rates. She also asked if the recent changes within services had impacted on sickness absence and if these reasons were collected within the data.</p> <p>Nigel said that overall MH Trusts have a 2% higher rate than other Trusts and that yes, SHSC is higher than some. He said that reasons behind short term absences are hard to determine and that there is issues with the classification. It is important that we use Workplace Wellbeing effectively to help with issues early on.</p> <p>Mervyn Thomas suggested that the Governors challenge Board to address and reduce sickness absence.</p>	
POG 06/09	<p>Any Other Business None.</p>	
POG 06/10	<p>Date and time of Next Meeting Wednesday 22nd July, 10.00am-12.30pm, Conference Suite, Fulwood House.</p>	