Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

Council of Governors: Summary Sheet

22nd October 2015
Item No 12b

Title of Paper:	Governor Questions to the Board
Presented By:	Chair, Professor Alan Walker

Action Required:

For Information		For Ratification		For a decision	
For Feedback	x	Vote required		For Receipt	

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	x
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.	x
Monitoring the Trust's performance against its targets and strategic aims	x

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

Putting questions to the Board allows governors an additional measure to hold the Trust to account for its performance and to ensure that the views of governors and members are heard and responded to at the highest level.

Author of Report:	Sam Stoddart
Designation of Author:	Deputy Board Secretary
Date:	7th October 2015

Questions from Jules Jones

Q1: What is the Board doing about the high levels of sickness absence amongst staff? Specifically, what is the board doing to support staff in order to return to work, and what does the trust do to promote staff wellbeing.

Response from Dean Wilson, Director of HR

Further to our previous response in relation to sickness absence, please find below additional information regarding staff wellbeing and return to work:

- A number of services are available for staff, these include: the Workplace Wellbeing Service, recommendations from Occupational Health, reasonable adjustments and phased returns etc.
- A number of initiatives are taking place in conjunction with Julie Edwards (Head of Therapy Services) in order to assist staff with work-life balance. Some of these initiatives are part of the Public Health Responsibility Deal that was agreed by the Board.
- Another piece of work that is taking place is being undertaken by IAPT and Psychological Services in order to provide a wide range of interventions for staff (i.e. an enhanced Workplace Wellbeing Service) that staff can access at an early stage. Toni Mank and Rebecca Haines are overseeing this initiative.
- The title of the role of the 'Sickness Absence Case Manager' has been changed to 'Attendance Case Manager' in order to reflect the positive effect this role will have on staff attendance.

This is not an exhaustive list as the Trust try to customise support depending on the individual. The individual's needs are discussed with staff on their return to work. The return to work interview is mandatory after each episode of absence. This is reflected in the current Managing Sickness Absence Policy and Manager's Guide (both of these documents are currently under further review via the Trust Governance process).

Question from Dan Creber

Q1: Given the current financial considerations within SHSC, how much is SHSC paying for Meridian's services and what is the Trust hoping to achieve by employing their services?

Response from Phillip Easthope, Executive Director of Finance

The Trust is currently building up its own internal capability and capacity for quality improvement but acknowledges that there is a way to go yet. Therefore, we sought the external expertise to help achieve our objectives in the interim.

For 2015/16 the Trust has currently engaged Meridian in two areas, Older Adult CMHT and the Recovery Service West team. The cost of this work is £146K + expenses. The agreed price is based on the scale of the potential opportunity identified with the service in question during the assessment phase. A potential opportunity of £935K was identified (equating to a potential return on investment of x 6.4).

In its work with Meridian, the Trust is trying to achieve the provision of high quality services which are efficient and effective. The efficient and effective use of resources is paramount in ensuring we can provide the best quality services possible for service users and carers in Sheffield within the limited resources at our disposal.

It is essential, therefore, that we understand the productivity of all our services through data and evidence (and not rhetoric). It is only then that we can be assured we are making informed decisions about the correct capacity and skills required to meet the needs of service users.

Using Meridian has enabled us to produce the necessary data to provide assurance to staff, Service Managers, Directorate Management, Executive Directors & ultimately the Board of Directors on elements of quality, productivity and value.

The Trust has already achieved significant efficiency improvements through the utilisation of Meridian's expertise, including reductions in the length of stay on Adult Acute Wards to 30 days and a significant reduction Community Learning Disability Teams' waiting lists from an average of 47 to 12 weeks.

It is this type of service improvement that we are trying to build on in the CMHTs.

When referring to an opportunity above this may be:

- Improvements in quality of service provided
- Reducing the need for investment
- Increasing efficiency and therefore throughput
- Achieving cost improvements / improving value for money.

The Directorate Management Teams presented their proposals to EDG in September on what outcomes they want to achieve from the four opportunities described above.

Question from Sarah Burke

Q1: Service Users are noting the community services (formerly SPACES) are undergoing considerable change. They are reporting fewer staff in post which has impacted on week day and weekend services, the availability of key workers, and on some occasions, service users not receiving the services they have paid for through personal budgets.

Could the Board explain the current and future strategy for community services and the processes it has been through to develop it? How have the NEDs been assured that the strategy will meet the needs of service users?

Response from Mark Bell, Assistant Service Director

The CRS (Community Recovery Service) is responding to the ever changing commissioning social care landscape which has directly impacted on the services we currently provide and the way in which we provide them. This is driven by the local authorities commissioning service and their city wide purchasing strategy, which as a service we must respond to. There have been some very difficult and unprecedented challenges for the CRS service to meet this year brought about by a number contracts being re commissioned without interruption to date. This makes the services funding levels uncertain and unpredictable and as a result the service is currently in a period of transition to meet the rapid pace of change set.

Our strategy has simply been to respond to these opportunities and to maintain all current business with minimum disruption to clients and staff, whilst reducing our overall costs to respond to the need for increased value for money. We have amalgamated all previous community and day services to form CRS, in order to reduce our operating costs we have successfully done this by reducing management posts as part of a previous consultation process.

There are three separate funding streams within the overall service all of them independent of each other';

We have one block contract with guaranteed amount of income per year for the **Educational Programme** – which funds approximately 50% of the service and funding is reviewed annually

Floating support contract This was out for tender earlier this year funding approximately 25%of our business – our bid was unsuccessful and we are now beginning the process of re- tendering for it, we will not know the outcome until October this year.

SDS income Forms the remainder of our funding and due to the individual nature of the budgets/contracting is a comparatively unpredictable source of income, we have submitted a tender for our continued delivery of this business and will not know the outcome until the 12th of August if we are successful we will gain a place on the new framework, we will then need to, very quickly, mobilise the new Reach4Recovery service by September the 1st this year.

This year to date the service has responded to the following tenders and each application takes approximately 2 months of intensive work for the service

Supported living framework – unsuccessful
Floating support - unsuccessful
Pathway framework – awaiting outcome
Floating support (amended version) - in process from August 3rd – Outcome due October

As a service we have had no real choice but to respond to these commissioning changes and bid for the new business as it is re- commissioned, as old contracts have been phased out and new ones come on line The stark alternative to this is that we don't apply . We would then phase out the service up to the point the new contract is awarded and then hand over the business and redeploy CRS staff within the Trust against any suitable funded posts, as the funding and the service would cease to exist.

Any tenders that the service has applied for have been discussed at BPG (and EDG in some cases) with a clear business case agreed and fully supported. The service has fully complied with the trusts formal processes and in all cases have had service user involvement in developing tender responses for services. This is based on what commissioners have specified they want from a service and what they are prepared to purchase. The reach 4 recovery model was led by Sally Bramley in consultation with service users and staff, via a programme of workshops.

We currently have vacancies within the service due to staff moving on to new opportunities within the Trust; we cannot backfill these posts permanently if the work is being re tendered, as we no longer have the guaranteed income. Although we have utilised temporary means to continue to meet our contracts, in simple terms we have to cut our cloth accordingly. By October this year the service will be aware of our success against all bids submitted this year and at this stage a consultation process including staff side will take place with the workforce to preference them against the new profile of available posts within the CRS service.

CRS would like to point out that we are continuing to meet all our contractual obligations and KPI's successfully as our teams work hard sharing skills and resources flexibly across the spectrum of services provided. In addition to this we do not operate a waiting list and it is not our policy to do so.
We are confident therefore that our client's needs are continuing to be met and measures are in place to continue to do so as some of our client's will hopefully, transition into our newly commissioned services in the near future.

Question from Rosemary De Ville

Q1: Is Fitzwilliam in danger of breaching its contract with the DACT due to a drop in referrals?

Response from Chris Wood, Manager Specialist Services

As it stands based on quarter 1 data from the current year we are expecting to be on, or ahead, in terms of numbers entering the opiate and non-opiate pathways, (non-opiate is new to us to. Confidence in this projection based on q1 activity is lower than in opiates).

Following a steady increase during the previous 2 years the alcohol service has seen a decrease in both referrals and assessments in the last year. This is of concern particularly as we are approaching the re-tendering of this contract with an anticipated go live date of April 2016. As alcohol misuse is of course a city-wide public health issue we are not at risk of being in breach as such but are underperforming. We continue to work very closely with the commissioner on this issue particularly on the front of increasing identification and referral rates from across the treatment system and at this stage have full support from the commissioner in terms of our efforts in this area.

This issue is complex however and so I think attendance to the next Council meeting (if Governors would like) to consider the trust performance in terms of connectivity with the pathways would be the best way of fully understanding the issues we face.

(Rosemary met with Chris Wood to discuss this further)

Question from Debjani Chatterjee

Q1: Peer Support among service users is obviously very valuable and used by the Trust, but please let me know to what extent it is used, and in which areas of the Trust's work? Can more be done to encourage this across our services?

Response outstanding