



Council of Governors: Summary Sheet

17th December 2015

Item No 13b

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

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:

4th December 2015

Question from Debjani Chatterjee, Service User Governor

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 from Jane Lyon, Head of Service User Experience and Monitoring Unit

Paid Peer support is currently one of the key work streams being governed by the Service User Engagement Group (SUSEG) and is being led by Sally Bramley. There has recently been a questionnaire being rolled out which had a very positive response rate from staff and service users.

Following the recruitment of our first paid peer support worker a short presentation was delivered to Board in July to provide an update (a copy is attached to this paper).

Question from Jules Jones, Public/Lead Governor

What is the Board doing to ensure that the Trust is compliant with the new duties under the 'Prevent' agenda?

Response from Dean Wilson, Director of HR

The Prevent agenda has been a part of Trust thinking for well over 2 years now. The way in which this subject has been progressed has changed significantly during that time following various communications with the Home Office as well as Regional and National NHS links and advisors.

At the current time in order to address the requirements of Prevent and our statutory responsibilities, the Trust has set up a Prevent Task and Finish Group to oversee this. This group has:

- Developed a training plan which has been initiated and partly implemented;
- Established Directorate Leads for Prevent;
- Drafted an all staff communication which has gone out on behalf of both Kevan Taylor (Chief Executive) and Susan Highton (Staff Side Chair);
- Drafted a Trust Policy which has now been submitted via the Policy Approval process, and signed off at EDG (Executive Director Group) level;
- Ensured that the Trust is linked into the inter agency arrangements within the City (including the Police and Council);
- Co-ordinated these developments with other NHS Trusts;
- Developed links (in line with the recent thinking on Prevent) between Prevent and Safeguarding;
- The Trust's Comprehensive Safeguarding Training has been extended to include Prevent. It also now includes CSE (Childhood Sexual Exploitation) which is also referred to in the Governor's question;
- The Trust Prevent Lead is Dean Wilson, HR Director;
- The Trust is represented at the various Prevent meetings regionally and nationally – e.g. Silver Prevent meetings with Council;
- Weekly notification of risk provided by Home Office / Police monitoring units;
- We must include Prevent statistics to our commissioners on a regular basis;
- We must report Prevent statistics regionally to Prevent Coordinator;

- The Trust has made a number of referrals via the Channel process;
- Staff are undergoing the appropriate level of training required depending on their role;
- Our response to Prevent will remain flexible as this continues to be a challenging and changing landscape.

The group has completed the above tasks. It will continue to meet for a short while further to ensure that they are embedded. Prevent will also be a standing agenda item on the SHSC Adult Safeguarding Group.

Question from Joan Healey, Appointed Governor (SHU)

What is the Trust is doing to take forward and embed the output from the recent Compassion Conference?

Response from Rosie McHugh, Director of Organisation Development

Excerpt from October 2015 Board minute.

Our Response to Francis – Action Plan/Progress Update: Ms. McHugh noted that the report presented to members provided an update on the Trust’s response to the Francis Inquiry which was received in July 2013 and proposed way forward following the recent “Creating a Culture of Compassion” conference held in July 2015, led by Professor Paul Gilbert OBE.

The conference was held to review and celebrate the progress made and engage with a wide cross section of staff and experts by experience in identifying what the next steps should be. From the feedback received, the conference itself was very inspiring and demonstrated that this was as a result of the Trust’s ability to view itself positively in terms of what needs to happen and to engage with the reality of everyone’s experience of our services. The event was planned and co-created closely with service users, carers and staff and the whole organisation was represented and connected in thinking about what matters most about what we do. The event has led to a great deal of learning, including a change in some people’s understanding of what compassion is and, in some instances, changes in behaviour.

One of the important things to come out of the day and for the Board to understand is that compassion is not a “given” and that within any organisational climate there are both facilitators and inhibitors

In an attempt to bring into this meeting the essence of the conference, Ms. McHugh explained that she had arranged for one of the opening speeches to be played to members.

At this point in the meeting Board members viewed the conference’s opening speech from Catherine Carlick, an expert by experience, on why compassion mattered to her.

It was agreed that the feedback on the conference was very positive indeed and that consideration should be given to re-running it. Ms. McHugh confirmed that a specific request had been received to consider making an additional session available, particularly to the nursing, support worker staff and those staff not readily able to attend these types of events.

Mrs. Rogers stated that whilst the conference had a very clear positive impact on those who attended or are already engaged, from the viewpoint as Chair of the Trust’s Workforce & OD Committee, she questioned how we can reach out not only to those staff that were unable to attend but also those staff who had no interest in attending. It was agreed that this was a key task going forward but that hopefully the ripple effect may be of benefit in this process.

Agreed that there needs to be a focussed and systematic approach to compassion within the Trust and in supporting the roll out to as many members of staff and others as possible the aspiration towards compassion which is so clearly and strongly reflected in the conference notes.

Acknowledged that work has already commenced in some areas of the Trust on SHSC Open Board of Directors (October 2015) 7 acceptable behaviours and indeed it was noted that last year the Board received a report on the work being undertaken to turn the agreed Trust values into behaviours and it was agreed that an update on this work as a part of the Francis work would be good.

The Chair commended the post-Francis work that had taken place and noted that during the recent CQC inspection the Trust's "caring" domain was an area that was rated Green.

It was suggested that going forward, the work that has been undertaken and/or commissioned should not be seen as responding to the Francis Inquiry in isolation. It is suggested that it needs to be seen as what is it that we are proactively trying to create and see this as a key element of our strategy for improving quality, the culture of compassion and its overlap with both engagement with staff in quality improvement and relationship style of leadership. Board members agreed to this way forward.

In terms of the action plan at Appendix A of the report, Mrs. Stanley questioned its status and governance arrangements. Ms. McHugh confirmed that when the action plan was initially drawn up it was agreed that it would not report progress into the Board or any of its sub-committees on a scheduled basis, however, each element of the plan is reported into the relevant sub-committee. The view going forward is that those actions that are still current need to be kept under scrutiny and monitored by the relevant sub-committee, but in the meantime the plan will be reviewed to ensure it is up to date. This should mainstream as part of the quality strategy work and embedding the Trust values throughout the Trust. Professor Kendall made a request that this continue to be linked to outcomes and service user experience.

Question from Jules Jones, Public/Lead Governor

Please could the Board inform me of its intended strategy/planning in response to the challenges which may face the Trust in the future as a direct result of the national strategy to reduce inpatient beds under:

'Building the right support: A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition' (published 30th October 2015).

Response from Anita Winter, Service Director and Dr David Newman, Clinical Director (Learning Disabilities)

'Building the right support' represents a further development in the government's response to the abuse over four years ago of people with learning disabilities at Winterbourne View. The strategy is part of a concerted work stream led by NHS England to try and take us forward. Nationally we have fast-track or demonstration areas showing us what is possible. There are signs of change (particularly in the reduction of beds) which have been achieved in the context of determined national support.

There is now a three-year target for a further national reduction in Assessment and Treatment beds. Locally this can only occur if we can ensure our community services have the capability and resilience to support people in ways that make such beds unnecessary. It is clear that any changes to beds at a local level need to be carefully thought out. One important step is that we do not become overly focussed on the push to reduce and close inpatient assessment and treatment beds as a sole objective. The strategy highlights that the real challenge is to develop a stock of high quality community provision. In reality this means we need homes offering high quality person-centred support where social care providers work in harmony with specialised NHS professional staff and others to ensure people experience a high quality of life within their local community. These homes need the capability to work with a diverse range of people with learning disabilities, including those with complex physical needs, mental health problems and challenging behaviour and/or forensic risk vulnerabilities.

A unified approach across health, social and third sector providers is needed in partnership with people with learning disabilities and their families. Learning disabilities became a local authority lead responsibility 15 years ago and the development of competent community services is a local authority lead responsibility. This can only be achieved in partnership with the NHS and we need to ensure that both agencies are working together to achieve real life improvements for people with a learning disability. Money is always a challenge and unfortunately we are in a position where reductions in the local authority purse impact upon social provision which in turn impacts on the well-being of people with learning disabilities. The strategy suggests that health resources can be used to support people who have been inpatient for over five years. However, this still leaves a large group of people who are at risk of admission in the context of limited funding.

Perhaps the biggest oversight of the document is that it does not adequately address some of the wider challenges. It is our view that a lifespan approach to supporting people with a learning disability is needed and the strategy does not make this case strongly enough. For example, it needs to bring a greater emphasis on getting services, support and planning right from an early age and building capacity that is ready and waiting to support the transition into adulthood. Ultimately Children's Services and Adult Services need to be 'joined at the hip' ensuring that prevention and long term support are in the foresight of the health and social community vision.

SHSC is in the process of assessing its role and vision alongside our commissioners and working to bring a system wide process of change that maximises outcomes for people with learning disabilities. To achieve this we need to work across traditional boundaries, strengthening or forming partnerships with enablers across health, education, social and third sectors (private, charity and voluntary sectors).

Sheffield Health and Social Care NHS Foundation Trust

Involving Service Users to Improve Quality Board August 2015

Respect Fairness Ambition Compassion Accountability Partnership

Today...

- Establishment of Service Users Engagement Group (SUSEG)
- Effectiveness of the group and work streams
- Update on development of Service User Experience and Monitoring Unit (SUEMU) – barriers and successes
- Update on Peer Support
- General progress of SUSEG
- Q&A

Establishment of the Service Users Engagement Group (SUSEG)

SHSC has a strong reputation for partnership working with service users and carers, putting experiences and views at the heart of decision making

SUSEG established in 2014 – includes 5 subgroups

- Set up of Service User Experience and Monitoring Unit (SUEMU)
- Working with service users in recruitment
- Working with service users in training
- Expanding peer support
- Recovery principles and supportive culture

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Is the Service Users Engagement Group (SUSEG) meeting its targets?

Has the merger of the group gone well and are we meeting the recovery principles previously covered by the Recovery Implementation Group?

Service user/carer and staff involvement and how the meeting works....

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Establishment of the Service User Experience Monitoring Unit (SUEMU)

Barriers

Success!

"Staff are compassionate, understanding and knowledgeable" (CMHT Service User)

- Initial Trust wide roll out of the Friends and Family test
- Continue to work with service users and carers across the Trust
- Service areas approaching for support and guidance
- Initial scoping of new unit has begun...

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Draft proposal for Service User Experience and Monitoring Unit (SUEMU)

Key Activities

Value Chain

Human Resources

Technological Resources

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Development of the Trust's approach to peer support

Objective – To scope peer activity across adult mental health, specifically Paid Peer support

A paid peer support worker is someone who is employed in a paid capacity to draw upon and use their own lived experiences of mental health distress and recovery to work with others as an integral part of the mental health workforce. They are employed to promote individual recovery by sharing their own experience. In addition to this expertise they will always be expected to meet the other skills and competences required of the job description and person specification and the policy and governance responsibilities required of employment within the organisation.



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Lets find out more about Paid Peer Support.....

What is your experience of Paid Peer Support Work?

What would be your definition of a Paid Peer Support Worker role?

How and where could you see Paid Peer Support Workers in SHSC?

What do we need to consider in moving this forward?



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