Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

2nd March 2016
Item No 11c

Council of Governors: Summary Sheet

Title of Paper:	Performance Overview Group Notes
Presented By:	Jules Jones, Lead Governor

Action Required:					
For Information	x	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	
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:	22nd February 2016

Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust

Council of Governors
Performance Overview Group

Minutes of the seventh Performance Overview Group held on 12th January 2016 at SHSC Headquarters, Fulwood House

Present:

Name	Title	Name	Title
Jules Jones	Chair/Lead Governor	Sam Stoddart	Deputy Board Secretary
Dani Hydes	Staff Governor	John Kay	Service User Governor
Dorothy Cook	Public Governor	Cllr Josie Paszek	Appointed Governor
Debjani Chatterjee	Service User Governor	Phillip Easthope	Executive Director of Finance
Dean Wilson	Director of Human Resources	Jason Rowlands	Director of Planning, Performance & Governance
Sylvia Hartley	Public Governor	Elaine Hall	Staff Governor
John Buston	Public Governor		

In attendance:

Name	Title	Name	Title
Jane Lyon	Head of SUEMU	Prof Brendan Stone	Chair SUSEG
Karen Jones	PA to Chair		

Minute	Item	Action
POG07/01	**Welcome** The Chair welcomed everyone to the meeting.	
POG07/02	**Notes of the meeting held on 29 April 2015** The minutes of the meeting held on 29 April 2015 were accepted as a correct record.	Agreed
POG07/03	**Matters arising from the minutes of the meeting held on 29 April 2015** The following items arose from the notes: <u>POG 06/04, paragraph 3 – Crisis line resource issue</u> No further information on the resource issue was available at the time of the meeting although Dorothy Cook understood that there had been improvements following her contact with service user panels. It was suggested to ask the Board of Directors for a follow up on the current situation. <u>POG 06/04, paragraph 5 – Crisis Care City-wide Plan (Concordat)</u> Jason Rowlands agreed to bring an update to the full Council of Governors. <u>POG 06/06, paragraph 2 – Restraints and seclusions</u> Jason explained how the Trust had been in contact with and visited other Trusts who no longer use such interventions, in the hope that we can learn from them. Dr Rachel Warner is leading on this initiative and Phillip Easthope added that the	Governors JR

Minute	Item	Action
	Board of Directors have asked for an update from Dr Warner at a future Board meeting. It was suggested that the leads for this work be invited to attend Council of Governors to provide an update and Sam confirmed that this action was already in motion.	All to note
POG07/04	**Finance Report** Phillip Easthope, Executive Director of Finance, provided highlights from the finance report as of November 2015. • The Trust has a financial sustainability risk rating of 3. The Trust is reporting against new ratings, including surplus against plan. This is having an impact as we are behind plan. • Profit was made from the recent sale of assets which is supporting the current financial position. • Capital spend at month 8 is cumulatively behind plan. • Forecast outturns are reviewed monthly and remain stable. • Cost improvement programme/plans (CIPs) are at 89% of plan with some significant non-recurrent achievement, which is of some concern. We will need to turnaround timings to achieve the CIPs target. • Income received within planned days is currently red. A high number of debtors are other NHS organisation and the Local Authority. This position is NHS-wide and obviously has a knock on effect. **Questions:** • John Kay asked if the Trust will reach a point where CIPs are no longer possible to make. Phil responded that cost improvements will be continual in the near future and cost implications will have to be allocated differently. On-going improvements will carry on and services compared locally and nationally in order to achieve maximum efficiency. Jason Rowlands added that there will need to be co-existence between services to ensure efficiency and we will have to be clear with commissioners on expectations. • Cllr Josie Paszek asked if any capital is used for revenue expenditure. Phil replied not and explained that the Trust does not use capital to subsidise revenue, unlike nationally where capital plans are sometimes cut to make revenue savings. • The Chair asked why the Local Authority (LA) is the highest debtor. Phil explained that many of these debts are Self Directed Support (SDS) type payments and get reviewed by the LA. The LA is always looking to make savings and whilst the Trust is in contract negotiations with it, it withholds payments. This is an on-going issue but manageable if queries can be resolved more quickly. Sam Stoddart asked if this affects the Trust's risk rating. Phil said that this would only happen if the cash balance was affected and then say only in 5 years' time if the majority of cash had been utilised. • John Kay asked that the new LA Non-Executive Director, Cllr Leigh Bramall, be brought up to speed on the situation. Phil said he had a meeting with Cllr Bramall scheduled for the following week. The Chair thanked Phil for his illuminating and well written paper on CIPs and Disinvestment which was produced in response to a request from governors for further clarification.	

Minute	Item	Action
POG07/05	**Trust Objectives Update** Jason Rowlands gave a presentation on the current progress of the Trust's plans and priorities. He started by highlighting the improvements underway in four areas. The priorities are to: • **Improve responsiveness** ensuring all services have agreed waiting time targets. • **Improve safety** ensuring service users have an assessment and plan to meet their assessed physical health needs. • **Improve experience** by seeking service user's feedback and show responses. • **Improve support** provided to carers by assessing their needs and ensuring they have information about the support available to them. Improving Access to Psychological Therapies (IAPT) is performing strongly above the national waiting time target seeing about 12,000 people per year. The Memory Service waiting times are currently down to around 4 weeks from 22 weeks in 2014 before dropping to 7.5 weeks in October 2015. Sam Stoddart asked about the reasons behind this and John Kay asked if the referral criteria had changed. Jason said that the referral criteria had not changed but improvements have occurred due to the introduction of a new service model, an increase in funding and extra resources. DNA figures were also looked at to see how referrals could be managed better. The Trust now works proactively with primary care and offer support within the community. Jason spoke of the development plans within primary care, learning disabilities (LDS), community mental health, inpatient care, dementia care and substance misuse. • The Clover Practice has been successful under the enhanced care model and will be reviewed following the current tendering position. • Within LDS social care and health care is not working jointly. The Trust is leading with new pathways targeting care and treatment reviews for all people in and out of Sheffield. • £556,000 was invested in Early Intervention pathways. • The Trust is working in partnership with the education department to deliver a nationally funded Recovery College. • A new service model for Inpatient care was applied with incredibly successful results. The new PICU provides a highly effective, higher design spec environment. Under improving safety Jason said how the Trust will: • Start to produce and publish more figures on performance and will strive to improve. • Participate in a sample National Audit in the summer on communication with GPs on physical needs. • Ask basic questions on alcohol use at referrals. Current 73% of referrals to CMHTs show evidence of a conversation taking place around alcohol but we will routinely and proactively ask questions and offer help. Josie Paszek asked about the spike in drug/alcohol deaths in Winter 14/15 and whether this sparked the change? Jason said no, these were possibly more drug related than alcohol related.	

Minute	Item	Action
	Jason said that in the past it was not routine to offer information and support to carers but this year we have systems in place within the patient information system for capturing carer details, enabling us to offer advice and support if needed. Dorothy Cook asked about carer's confidentiality and if service users will be asked if carers can be informed of their care? Jason answered that he honestly didn't know but expected that with practice, clarity would develop as we go on. On this subject, John Kay asked if the Trust offers family therapy services. Elaine Hall said that this is available within Sheffield Children's Hospital NHS Trust and that SHSC is looking at introducing family therapy for Eating Disorders. Jason suggested maybe this could be linked with early intervention. Sam asked if we are meeting NICE guidelines on service provision. Jason explained that we provide evidence on access standards, guidelines and intervention wrapped around the accreditation model. We demonstrate feedback and evidence of provision but, we have a way to go. Jason rounded up by saying how our plans and priorities remain challenging. City-wide changes are needed and we need to think how we bring things together to provide neighbourhood based care in the future.	
POG07/06	**Planning, performance and governance update** Jason Rowlands provided a brief on the current position. • The Trust continues to deliver on national targets. • Delayed discharge figures are improving but remain tight. • IAPT waiting times are in a good position. Jason opened up the floor to questions arising from the paper. On the safety dashboard Sam Stoddart queried the high number of missing persons attributed to Burbage Ward. Jason said it was probably just due to it being an acute ward but he did not have exact details. However he reassured everyone that the Quality Assurance Committee periodically monitor these figures and suggested that it might be useful to share this report with governors. John Kay asked about discharges and if a large number of them are going into the community and how they are monitored. Jason said these are monitored in two ways: 1) we monitor readmission within 28 days of being discharged and 2) we monitor readmissions within 3 months of discharge. The Trust's readmission rates compare well nationally. We are looking at additional ways to monitor, for example tracking those people in GP care. The more information we have, the more we can spot the warning signs of someone's health deteriorating and this will enable us to help plan, coordinate and make the right decisions for people at the right time. These indicators will also show us how well services are meeting the needs of individuals. The Chair asked about the clients in employment figure (approx 10%) and asked what types of employment this covered, whether paid, part-time or voluntary. Jason said that these figures just show paid employment, full and part-time, although this can be monitored further by profiling an individual's circumstances through care plans. The Chair asked about the Trust's inclusion work and if our service user employees are recorded within these figures. Jason said yes there could be but	

Minute	Item	Action
	there are no specific figures on them. Dorothy Cook asked specifically about LDS service user employment. Jason said that the care programme approach supports a small number of employed LDS service users, however, the Trust has no specific work programme for service user employees but it does look at accessibility and the ways in which it encourages and engages with service users to become part of the team. For example there are Peer Support Workers who can bring their expertise of mental health or experience of being a service user to others. Jane Lyon, Head of SUEMU (Service User Experience Monitoring Unit), will be able to provide further details at Item 8. Sam Stoddart raised a question on behalf of Rosemary de Ville who wanted to know if under access to treatment within the substance misuse service, the Trust received financial penalties for not reaching its targets. Phil said no, not at this stage and by understanding the action report we can take the corrective measures to prevent this. Debjani Chatterjee asked for clarification on the patient deaths figures and the term 'narrative' used within the Coroner's outcome. She also asked why the outcomes from six inquests in 2014/15 are outstanding. Jason said that it was not unusual for Coroner's conclusions to take a long time and sometimes it can be over 12 months. The term 'narrative' is used by the Coroners in their categorisation and means that the cause of death was not obvious, maybe as a result of several elements. Sometimes it is found that a care provider could have done more but were not negligent.	
POG07/07	**Workforce Report** Dean Wilson, Director of Human Resources, presented the quarterly workforce report. As the report distributed contained lots of information and data Dean highlighted points of interest. • Sickness absence remains a challenge, however there is now a full-time Case Manager in place to help address this. Dorothy Cook suggested that it would be useful to know the effect the Case Manager has on sickness absence. Dean said we will be monitoring the outcome and that it is likely to be at least six months before we see any impact/improvement. • John Kay asked if it had been established why LDS has the highest sickness absence of any directorate. Dean said that it was down to the current situation within this directorate. Staff morale and wellbeing is affected when services go out to tender and staff have to move employers. Workplace Wellbeing and the Trust try and help as much as possible by talking with and offering advice to staff affected by change. • John Buston asked if we are concentrating on anxiety, stress and depression as this is the highest ranking reason for sickness absence. Dean said that this is the same nationally and that if we can impact on this with the help of the Stress Management Policy, it will impact on all the other figures. He added that Workplace Wellbeing provide data to the Workforce & OD Committee which breaks down the reasons for stress and anxiety whether work related or other. Elaine Hall added that more information and statistics could be found on the World Health Organisation website. • John Kay raised concerns over the 25% staff turnover rate within the Clover Group. Dean said the issues are uncertain but it was up for tender and had experienced some management issues. The headcount is also small compared	

Minute	Item	Action
	with other directorates. The Chair added that the loss of two GPs and the problems recruiting to these posts has had a huge impact. Dean gave reassurance that there has been some success in elevating this and the situation should improve. • John Buston asked if there were any issues to report with regard to the Community Services Directorate staff turnover figures for the 12 month period until 30 September 2015 – 40 leavers and 36 starters. Does this have an effect on skill mix and recruitment costs? Dean said this has not been flagged up but could try and find out more details if required, for example if the majority of leavers are due to MARS.	DW
POG07/08	**Service User Experience: Feedback on Service User Experience Monitoring Unit (SUEMU) and Service Users Engagement Group (SUSEG)** Jane Lyon, Head of SUEMU and Professor Brendan Stone, Chair of SUSEG provided a short presentation and brief overview on service user involvement. Brendan started by providing some background information. The Service Users Engagement Group (SUSEG) was established in December 2014 and incorporated the Recovery Implementation Group. The focus is on the recovery approach to mental health, ie helping people build fulfilling lives as well as managing their condition. Brendan said that the SUSEG was often lively and interesting with discussion being as free and frank as possible. SUSEG report to the Executive Directors Group, Quality and Assurance Committee and Board of Directors. SUSEG was established to put the views and experiences of users and carers at the heart of SHSC decision making. SUSEG has five sub groups which lead on various aspects including working with service users in recruitment and training. One aspect of SUSEG was to review the nationally rolled out recovery tools. From this an audit tool was developed which has been piloted on Rowan Ward and within the Sheffield Outreach Team (SORT). Another success was the development of a business case around paid peer support within the Trust. Jane Lyon presented on the successes and impact of SUEMU within the Trust. She explained how SUEMU works primarily on building on good practice and driving forward continuous improvement. A proposal of a new unit structure has been agreed in principle by EDG. This new unit will help to support and deliver improvements, starting by looking at the HR processes. Following its initial success service areas are now approaching SUEMU for support and guidance. Achievements have included the Trust wide roll out of the Friends and Family Test which has received positive feedback, IAPT receives continuous feedback, a psychological governance questionnaire was also successfully piloted, and the SUN:RISE network has grown. Brendan finished by inviting everyone to the SUSEG event on 2nd February at Bramall Lane. The floor was opened up to questions. Elaine Hall asked if older adults had representation on SUSEG and offered to be involved. She also asked if other groups were involved for example Head Injuries. Brendan said that they hadn't had as much success with older adults but encouraged participation. As SUSEG is a small group he suggested that it is advisable to speak to the secretary Katy Ballands if you wished to attend. The Chair made the comment that the work was very much mental health focussed and wished to know if there were any plans to expand the model into	All to note Elaine Hall

Minute	Item	Action
	primary care. Jane said talks had already taken place with primary care and it is hoped to engage with and deliver across all areas eventually. John Buston asked which recovery culture tool had been used and how inclusive it was. Brendan said he was happy to email John the tool for him to look at. Sam Stoddart suggested it would be useful for governors to receive regular feedback from SUEMU and SUSEG and asked how frequent it should be. Brendan suggested that as SUSEG meet monthly, perhaps two reports a year would be sufficient; maybe one to Performance Overview Group and one to full Council of Governors. This was agreed.	Brendan Stone Agreed
POG07/09	**Any other business** Sam Stoddart proposed a review of the group's terms of reference and suggested that the proposed four meetings per year be changed to three. She asked if this would be acceptable to members and that the terms of reference be changed to reflect this. All present agreed to the proposed change. The Chair closed the meeting.	Agreed