

Minutes of the 41st Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Wednesday 2nd March at the Circle, Rockingham Lane, Sheffield S1 4FW

Present:

Name	Governor Constituency	Name	Governor Constituency
Professor AC Walker CBE	Chair	Angela Barney	Carer
Barbara Bell	Public Rest of England	John Buston	Public North West
Debjani Chatterjee MBE	Service User	Dorothy Cook	Public South East
Dan Creber	Staff Social Work	Rosemary De Ville	Public South West
Ian Downing	Carer	Elaine Hall	Staff AHP
Sylvia Hartley	Public North West	Sue Highton	Appointed Staffside
Cllr Adam Hurst	Appointed SCC	Celia Jackson-Chambers	Appointed SACMHA
Jules Jones	Lead/Public South East	John Kay	Service User
Pat Molloy	Service User	Toby Morgan	Service User
Cllr Josie Paszek	Appointed SCC	Dr Abdul Rob	Appointed PMC
Sue Roe	Carer	Janet Sullivan	Appointed MENCAP
Mark Thorpe	Staff Support Work		

Apologies:

Name	Governor Constituency	Name	Governor Constituency
Teresa Barker	Appointed Age UK	Tyrone Colley	Service User
Joan Davies	Staff Psychology	Diane Highfield	Staff Clinical Support
Gill Holt	Carer	Dani Hydes	Staff Central Support
Professor Paul Ince	Appointed University of Sheffield	Dr Paul Miller	Staff Medical & Clinical
Lorraine Ricketts	Public North East	Dr Leigh Sorsbie	Appointed CCG
Sam Stoddart	Deputy Board Secretary	Mervyn Thomas	Non-Executive Director

In Attendance:

Name	Role	Name	Role
Cllr Leigh Bramall	Non-Executive Director	Adam Butcher	Member
Clive Clarke	Deputy Chief Executive	Jill Dentith	Interim Board Secretary
Phillip Easthope	Executive Finance Director	Richard Fletcher	Member
Karen Jones	PA/Minute Taker	Richard Mills	Non-Executive Director
David Newman	Clinical Director, LDS	Sue Rogers	Non-Executive Director
Jason Rowlands	Director of Planning, Performance & Governance	Ann Stanley	Non-Executive Director
Kevan Taylor	Chief Executive	Dr Rachel Warner	Deputy Medical Director

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COG 41/1	Welcome and Apologies The Chair welcomed everyone to the 41 st Council of Governors meeting. Apologies were received from Samantha Stoddart, Deputy Board Secretary and a number of governors.	
COG 41/2	Declarations of Interest The Chair asked if anyone would like to report any new or make changes to their existing declarations of interests. In relation to item 6 – Chair Appointment Process both Professor Walker and Angela Barney declared an interest in this item. It was,	ACW, AB

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	therefore, agreed that this item would be chaired by Ms. Jules Jones, Lead Governor, and that Professor Walker and Angela Barney would stay in the room for these discussions but would not contribute to the discussion or any decisions made regarding this item.	
COG 41/3	<p>To receive and approve the minutes of the Council of Governors' meeting held on 17th December 2015</p> <p>Jules Jones made a correction to COG40/5. It was noted that an amendment made to COG39/10 was incorrect. Darnall and Highgate practices serve the general population while Mulberry serves the asylum population. With the above amendment the minutes were agreed as a correct record.</p>	Agreed
COG 41/4	<p>Matters arising from the minutes of the meeting held on 17th December 2015</p> <p>The Chair asked if there were any matters arising from the minutes of the 17th December meeting.</p> <p>COG40/8 PLACE Outcome Report – Following Cllr Adam Hurst's question around staffing levels the Chair has actioned this as a formal question to the Board of Directors and a reply will be reported back to Council of Governors (COG). There were no further matters.</p>	All to note
COG 41/5	<p>Reducing Restrictive Practices</p> <p>Dr Rachel Warner, Deputy Medical Director, gave a presentation on Restrictive Intervention Reduction. Dr Warner introduced herself and said she had been the lead for this work over the last 18 months. Dr Warner started her presentation by explaining what restrictive intervention is. This is anything that prevents someone doing something with the use of physical, mechanical or chemical restraint. A framework of good practice was agreed across the City and produced by the Sheffield CCG in September 2014, 'Prevention and Management of the Use of Restraint'. It was noted that the organisation's aim is care and compassion, not containment.</p> <p>As part of the MHA Code of Practice 2015 we are required to have in place a regularly reviewed and updated restrictive intervention reduction programme. SHSC consulted other organisations, such as MIND and NICE to ensure that we are working to good practice and produced a draft Reducing Restrictive Practice Strategy and Delivery Plan copies of which were distributed to governors for information. Through use of the strategy and monitoring of the dashboard data we can continuously learn and hold ourselves accountable for practices in this area.</p> <p>In November 2014 a SHSC Restrictive Practice Group was formed with the main aim of minimising the use of seclusion and ensuring the safety of service users and staff. Following a full review we found that lack of stimulation is the driver in many circumstances and ensuring activities are available will help. We will support staff and continue to provide safe wards/respect training. The environment has a huge impact on both staff and service users, and improving accommodation and providing appropriate space is important. The new PICU environment is proving very positive. Dr Warner went on to explain that following all the work on the audit surveys, we now have an accurate dashboard. From this an updated strategy with a much clearer action plan will be produced and presented to the Board of Directors in March copies of which will be available to governors. Dr Warner informed governors that SHSC does not teach or promote the use of face-down restraint and any such technique used by a member of staff would be reported as an incident and dealt with accordingly. Kevan Taylor added that this technique is used by the police and that he had talked to South Yorkshire Police to support them to change their practice.</p>	

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	<p>However, he was advised that this would have to be driven nationally. Dr Warner highlighted the graphs that had been produced following the introduction of electronic reporting, and although it was too early to say, she was hopeful that incidents of restraint are reducing.</p> <p>Angela Barney stated not to underestimate how distressing it can be on wards and she asked how the organisation benchmarked with other similar organisations? Dr Warner advised that there is national benchmarking data collection in which the Trust participates and a national standard was being developed.</p> <p>The Chair informed the governors that this issue was first raised through Trust Board discussions on seeing data on restraints.</p> <p>Pat Molloy noted that following the introduction of electronic reporting, figures had doubled and asked if we were under reporting before. Dr Warner advised that the new system had improved reporting arrangements.</p> <p>Sue Highton asked how the organisation can provide more activities for service users when we are reducing activities such as art therapy. Dr Warner replied that not all activities need to be therapy-based or provided by a therapy professional. We want to be able to provide everyone with access to activities and engage all staff in this.</p> <p>Celia Jackson-Chambers asked for clarification on physical restraint and asked if it is person to person contact. Dr Warner confirmed that physical restraint is the “laying on of hands” on a person. Celia went on to ask if physical restraint leads to seclusion, would this be recorded as two separate incidents. Dr Warner confirmed that this was the case.</p> <p>Dorothy Cook asked if there were any statistics/data on seclusions of people not under the MH Act. Dr Warner confirmed that this data can be provided.</p> <p>Cllr Adam Hurst asked if, for example, restrictive practices would be used on a dementia patient. Dr Warner said that each service user would be assessed and a care plan developed to address those needs.</p> <p>David Newman asked if lengths of seclusions could be captured within the dashboard. Dr Warner advised that the dashboard had been developed through consultation, but as yet the length of each seclusion could not be captured.</p> <p>The Chair thanked Dr Rachel Warner for her presentation and asked her to report back to COG with an update in six months’ time.</p> <p>ACTION – SS to add to COG agenda forward planner.</p>	SS
COG 41/6	<p>Chair appointment process</p> <p>Jules Jones, Lead Governor, chaired this item and provided information on the appointment process of the Trust Board Chair. She advised governors that these items had been discussed by Nomination and Remuneration Committee (NRC) at their meeting on 18 February 2016 and that NRC were recommending the process and supporting papers to COG for final approval. Each required action in section 4 of the paper was discussed in detail. COG were asked to:</p> <p>(a) Note the briefing on roles and responsibilities</p> <p>These were summarised in the summary report and accompanying paper by</p>	

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	<p>DAC Beachcroft.</p> <p>Toby Morgan asked if it is usual practice to seek legal advice when we've already gone through the process before. It was noted that the Executive Directors Group (EDG) had recommended this course of action to the Board of Directors to ensure clarity of roles and responsibilities of governors, NRC and Board within the legal and constitutional framework. There was a debate as to the usefulness of this advice in these circumstances, noting the capacity and experience of in-house staff.</p> <p>COG noted the briefing on the roles and responsibilities.</p>	Noted
	<p>(b) On the recommendation of NRC approve the process at Appendix A.</p> <p>COG noted the process as detailed in the paper and the timelines.</p> <p>COG, on the recommendations of NRC, approved the process as detailed at Appendix A.</p>	Approved
	<p>(c) On the recommendation of NRC approve the role description and person specification (attached at Appendix C).</p> <p>Jules Jones asked governors to note that this document was in draft form. The final document would clarify the Chair's role in being an ambassador for the organisation with strong local and national networks. Ian Downing, as an NRC member assured governors that the document had been scrutinised in detail, line by line and that the governors involved had worked hard on its production. Debjani Chatterjee gave thanks to the NRC for their hard work. COG members present voted on the required action with 22 votes in favour and 1 abstention. It was confirmed that NRC would review the final version of the role description and person specification on behalf of COG.</p> <p>COG, on the recommendation of NRC, approved the role description and person specification (attached at Appendix C).</p>	Approved
	<p>(d) Note the update regarding revised Terms of Reference for the Nomination and Remuneration Committee.</p> <p>There was a detailed discussion about the process to amend the Terms of Reference (ToR) for NRC, during which Governors sought reassurance that the uncoupling of the NRC ToR from the Chair recruitment process would not negatively impinge upon the Chair recruitment process. Jules Jones gave this reassurance on behalf of the NRC. She also pointed out that NRC had gone over this issue in detail during their meetings on the 18th and 21st February. Rosemary de Ville was concerned that this issue had taken a long time to resolve and Sylvia Hartley added that the matter needed to be resolved as soon as possible. Jules Jones asked governors to note the work of the NRC on this issue and reminded those with concerns that the Terms of Reference would be dealt with as a separate matter to the Chair recruitment process. The strength of feeling in the room was noted on this issue and it was agreed to bring an update to the next COG meeting.</p> <p>COG noted the update regarding the revised Terms of Reference for the Nomination and Remuneration Committee and agreed that this would be an item on the agenda at the next COG meeting.</p>	Noted
	<p>(e) On the recommendation of NRC approve the roles of the Senior Independent Director, Vice-Chair and Lead Governor as set out in the attached process.</p>	

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	<p>Jill Dentith summarised the process explored within the paper and asked governors to approve the recommendations. There was a vote on this issue with those present voting 18 in favour of the recommendation and 1 abstention.</p> <p>COG agreed on the recommendation of NRC to approve the roles of the Senior Independent Director, Vice-Chair and Lead Governor as set out in the attached process</p> <p>(f) Note the appointment of the NRC panel (as detailed in section 2.4 of the paper to shortlist and interview candidate, including the Senior Independent Director (SID) as a member, but with a majority of governors, and the CEO and Independent Person in attendance.</p> <p>It was confirmed that for the Chair appointment members of NRC panel would include four governors, with two as reserve, from a pool of Jules Jones, Ian Downing, John Kay, Sylvia Hartley, Elaine Hall and Cllr Adam Hurst. Mervyn Thomas, as SID, would also be a member of the NRC panel with the CEO and independent person in attendance.</p> <p>COG noted the appointment of the NRC panel (as detailed in section 2.4 of the paper to shortlist and interview candidate, including the Senior Independent Director (SID) as a member, but with a majority of governors, and the CEO and Independent Person in attendance.</p> <p>(g) On the recommendation of NRC approve the appointment of an external recruitment agency.</p> <p>Jules Jones explained how the use of an external recruitment agency, with the support of the Trust's HR directorate, would be used to gain a larger pool of potential candidates. It was noted that this was in line with the Trust's values, as expressed within the person specification for the position of Trust Chair. It was noted that NRC are reviewing four quotes, as per the organisation's standing financial instructions, to select a recruitment agency within an agreed cost envelope. It was noted that the post would be advertised on NHS Jobs. COG voted on this issue with 18 supporting the recommendation with 3 abstentions.</p> <p>COG, on the recommendation of NRC, approved the appointment of an external recruitment agency.</p> <p>(h) On the recommendation of NRC approve the remuneration level for the Chair post, taking account of national benchmarking, and the time commitment for the position.</p> <p>Jules Jones said that the proposed remuneration rate of £40k was mid-range when benchmarked against other trusts of a similar size and function. It was noted that the post holder would need to be flexible to fulfil the duties of chair and would be expected to be available on average 2 to 3 days per week. It was noted by Ian Downing that the current Chair does not take this amount. COG members voted on this issue with 19 people supporting the proposal of £40k per annum, based on an average of 2 to 3 days per week. There was 1 abstention.</p> <p>COG, on the recommendation of NRC, approved the remuneration level for the Chair post, taking account of national benchmarking, and the time commitment for the position</p> <p>(i) Confirm a date for an extraordinary meeting of COG to meet in early June</p>	<p>Agreed</p> <p>Noted</p> <p>Approved</p> <p>Approved</p>

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	<p>2016 to consider NRC recommendations and, if appropriate, approve the appointment of the preferred candidate as Chair.</p> <p>Council were asked to note the proposed date of 7th June, with the time being confirmed at a later stage, for the extraordinary meeting of COG. COG members noted this date for their diary.</p> <p>COG confirmed the date for the extraordinary meeting of COG as 7 June 2016 to consider NRC's recommendations and, if appropriate, approve the appointment of the preferred candidate as Chair.</p> <p>The Chair thanked Jules Jones for her work on the appointment process and the support by the NRC members, and hoped that the process would go forward to a successful Chair appointment. Professor Walker then retook the chair for the remaining agenda items.</p>	Confirmed
COG 41/7	<p>Learning Disabilities Strategy</p> <p>Due to the length of discussion and debate in relation to the previous item it was agreed to postpone the presentation by David Newman to next Council.</p> <p>ACTION – SS to add this item to May 2016 COG agenda.</p>	SS
COG 41/8	<p>Performance Report to provide assurance to the Council of the Trust's financial, operational and compliance performance.</p> <p>Jason Rowlands presented on the monthly report. He was pleased to report the following:</p> <ul style="list-style-type: none"> • All targets are being met • Delayed discharges have reduced • Overall services are performing well with 84-85% of people in Sheffield accessing treatment within six weeks. • We are seeing more people, more quickly. <p>Angela Barney raised a question on the safety dashboard and wanted to know if we should be concerned regarding increases in medication incidents or if this was a discrepancy in reporting. Jason Rowlands said that a more systematic system of reporting had been introduced which had led to improved reporting. Angela Barney asked why SHSC scored worse than other Trusts on crisis care in the patient survey. Jason Rowlands said that Tom Ayers, Service Director – Community Directorate, is looking into this to understand how we relate to peoples' experiences and how community teams communicate and share information.</p> <p>John Kay noted the increase in sickness absence. Sue Rogers advised that the Workforce & OD Committee are looking at this.</p> <p>Jules Jones asked for clarity in understanding the information about the Primary Care Services and the APMS indicator data. Jason Rowlands said that this data was complicated but is a contractual requirement. Indicators used are amber - which is the basic minimum - and green, which is a good standard. It is expected that by year-end targets are likely to be green.</p> <p>Rosemary de Ville raised a concern about an alleged incident on Burbage Ward and asked why service users were allowed to keep matches and lighters. Clive Clarke answered that this had not been highlighted within the incident reporting and would follow up. ACTION CC. He could confirm that there was no blanket ban on matches</p>	CC

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	<p>or lighters.</p> <p>Toby Morgan asked why Burbage Ward had the highest missing person rate. Jason Rowlands said the Quality Assurance Committee is looking into this and he would report back in due course. ACTION JR</p> <p>John Buston asked if the reduced discharge rate for older adults was as a result of the social care provision being addressed. Jason Rowlands said that during quarters 1 and 2 problems occurred due to social care not responding in a timely fashion. This caused people to experience delays in discharge. Since then new systems have been put in place that are more responsive and joint working issues have been resolved. Jason was thanked for this report.</p>	JR
COG 41/9	<p>Annual Planning Process</p> <p>The results of the Trust’s objectives survey were distributed for information. Jason Rowlands advised that this had been produced following consultation with staff, service users and members on the Trust objectives for 2016/17. The final plan will go to Board in March and governors will receive a copy. Regular updates will be provided to the governors in line with the constitution. Jason Rowlands hoped that the document shows a ‘you said – we did’ approach.</p> <p>The Chair asked that governors note the feedback and raise anything they feel that the Board hasn’t considered. This will be discussed at length at the next Board of Directors and Council of Governors joint session. Angela Barney asked who will see the document and if staff comments will be anonymous. Jason Rowlands said comments will remain anonymous and the document would be in the public domain and made available on the web.</p>	<p>All to note</p> <p>All to note</p>
COG 41/10	<p>Chief Executive update including CQC action plan progress update</p> <p>As the meeting had overrun it was noted that the CE had had to leave to attend another appointment. In his absence Clive Clarke, Deputy Chief Executive, provided the Chief Executive’s update. Items arising included:</p> <ul style="list-style-type: none"> • preparations for the next phase of industrial action by Junior Doctors. • The CQC action plan. This had 155 actions with no ‘reds’ to report. This is a live document and continually moving forward with the Executive Directors Group reporting regularly back to the Board of Directors. • The Quality Strategy will be presented to the Board for approval. This will see and test that quality monitoring and assurances are in place. • In terms of strategic plans, Clive was pleased to report that over the last 12 months we have not needed to send anyone out of town for care and support. This is bucking the trend nationally. Lengths of stay have also reduced. • Mike Hunter, Clinical Director, presented to the Partnership Board on improvements in community and the 7 day week provision. Clive said he was happy to arrange for Mike to provide more information if required by the governors. 	All to note
COG 41/11	<p>The Chair presented the following items for information.</p> <p>(a) Feedback from governor activities These were noted and received</p> <p>(b) Feedback from Board questions None received.</p>	Received

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	(c) Feedback from Performance Overview Group The notes were received by Council.	Received
COG 41/12	Any other urgent business It was noted that the joint development session with Board was to be held on 26 th May 2016. The Chair thanked everyone for their contributions and closed the meeting.	