

## Council of Governors: Summary Sheet

**Title of Paper:**

**Presented By:**

**Action Required:**

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

**Designation of Author:**

**Date:**

## 1. Question from Adam Butcher, Service User Governor

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### Question in relation to the mental health of adults in contact with the criminal justice system

“How are we going to implement the NICE guidance in relation to the above which will come out in March of next year and other NICE guidance?”

### Response from Mike Hunter, Medical Director

The NICE Clinical Guideline on Mental health of adults in contact with the criminal justice system is due to be published in March 2017. Implementation of this guideline will be approached in accordance with the recently revised Trust policy on implementation of NICE guidance. The process is outlined in the policy and is overseen by the Clinical Effectiveness Group (CEG), who report to the Executive Directors Group (EDG) and the Quality Assurance Committee (QAC).

- 1) When a piece of NICE guidance is published, the Clinical Effectiveness Team and the Associate Medical Director for Quality and Governance will make a recommendation to the CEG regarding its relevance to the Trust. The CEG will confirm the relevance to the Trust and determine which directorates the guidance applies to.
- 2) The most appropriate person from the Trust's senior management will be identified as a Senior 'Sponsor': to act as an advocate for implementation.
- 3) The CEG will identify the most appropriate group within the Trust governance structure to work with the Clinical Effectiveness Team to co-ordinate the initial assessment against the particular piece of NICE Guidance, dependent on the subject matter and spread of directorate relevance.

This Lead Group will provide the source of specialist knowledge and information regarding the subject area necessary for completing an initial assessment against the NICE guidance.

- 4) The Lead Group will oversee the completion of an initial assessment of the Trust's current position in relation to the recommendations within the guidance. The initial assessment is intended to identify whether there is currently sufficient evidence available that each recommendation within the guidance is being followed/standard is being met.

NICE produce some standardised 'Baseline Assessment Tools' which will be utilised where appropriate. In other cases, Trust documentation will be used.

- 5) The assessment tool provided to the assessor(s) will include space for identification of risks where there is currently insufficient evidence of current compliance with each recommendation.

The Lead Group, in scrutinising the completed assessment tool, will be expected to consider the overall risk to quality of care where full compliance is not being declared.

- 6) All completed assessments will be reported to CEG, accompanied by the Lead Group's assessment of the overall risk posed to the quality of care of the non-compliant elements. The CEG will review and approve each assessment, including the level of risk identified, requesting any further information where necessary. Where the assessment indicates that there are recommendations with which the Trust is not compliant, or there is insufficient evidence of compliance, the CEG will discuss the level of risk this poses and approve an overall risk rating.

The CEG, supported by the Clinical Effectiveness Team, will take responsibility for identifying the relevant risk registers which any risk should be entered onto and notifying the risk register owner.

- 7) Following the approval of the assessment and risk by CEG, an action plan will be generated to bring the Trust to a position where it is compliant with the NICE guidance and/or is able to generate sufficient information to demonstrate this compliance.

The action plan will be approved by the CEG and ensure that implementation of multiple NICE guidance recommendations is co-ordinated and prioritised across the Trust.

Following approval of the action plan by CEG, the Clinical Effectiveness Team, CEG and Chair of the Lead Group will identify where the actions should be monitored through to implementation.

- 8) When reviewing and approving the action plan, the CEG will consider any submissions made by the Lead Group regarding additional resources required and the residual risk if additional resources are not secured, as well as the costing indicated for implementation of actions.

Where CEG consider it necessary and appropriate they will agree for a Business Case to be developed and submitted.

All of the above process is overseen by the CEG, who meet monthly. On a quarterly basis a report is provided to EDG, who in turn will provide assurance to QAC.

### **Follow up question from Jules Jones/Adam Butcher**

“The answer might have benefitted from expansion into a specific exploration of Trust implementation and planning for the upcoming NICE guidance on Adults with MH issues who are entering the criminal justice system. It would be interesting to get numbers of people who might be affected for example. When do the clinical effectiveness group (CEG) or the Board start to forward plan for this sort of guidance, or is it more of a reactive response?”

**Response to follow-up question from Jonathan Burleigh, Quality Improvement Manager:**

The previous response describes the process, as set out in the Implementation of NICE Guidance policy, for dealing with all new or revised pieces of NICE Guidance once they are published. NICE produce a forward planner which identifies upcoming guidance and its planned publication date. As per SHSC’s revised policy, the Clinical Effectiveness Team will review this database on a monthly basis and include a list of guidance that is due to be published in the next three months within the monthly report to CEG.

Work on implementing NICE guidance, or assessing the extent to which the Trust’s current practice and procedures matches the best practice described in the guidance, begins after publication. As such, to date no specific work has been undertaken by the Clinical Effectiveness Team or the appropriate governance group, the Clinical Effectiveness Group, on assessing current practice against the forthcoming NICE Clinical Guideline on Mental health of adults in contact with the criminal justice system.

**2. Question from Adam Butcher, Service User Governor**

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“What is the trust board doing to make sure staff are safe after the attack in Western Park last month?”

**Response from Dean Wilson, Director of Human Resources:**

Comms are including some guidance for staff in the Communications Digest.

We issued something similar previously though it was 2-3 years ago.

**3. Question from Terry Proudfoot, Service User Governor**

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“On p7 of the PLACE, re: Privacy, Dignity and Wellbeing: the 2015 score for the Michael Carlisle Centre was 95.48 % whereas the 2016 score is 84.98 %, which is a significant drop. Is there a reason for this, and if there is an issue, is work being done to identify and address it?”

**Response from Janet Mason, Hotel Services Manager:**

Minor changes were made to the assessment methodology for this domain; but it is broadly comparable with 2015. However some of the minor changes have resulted in a slightly lower outcome score this year for the Trust.

A comparison table is provided below:

<b>Unit</b>	<b>2015 Score</b>	<b>2016 Score</b>
Firshill Rise	94.70%	94.44%
Forest Close	95.15%	N/A
Forest Lodge	95.10%	92.71%
Grenoside Grange	89.53%	87.80%

Longley Centre	91.59%	88.25%
Longley Meadows	89.29%	86.67%
Michael Carlisle Centre	95.48%	84.98%

Some questions remain biased towards acute care providers, which is disappointing as we have raised concerns about this with HSCIC on several occasions.

An example of this is “Is anti-bacterial hand rub available at the bedside?” Not only is this not appropriate for most of our inpatient units, in some areas it actually presents a risk as service users may attempt to use the contents for other purposes.

Another example of a change to questions which has disadvantaged the Trust is (for outpatient areas) “can patients/family leave consulting rooms without having to return through the general waiting area?” In the majority of our services e.g. SAANS; Perinatal Mental Health – the building design does not enable this to happen.

Nonetheless we will review some aspects of this domain to see what simple changes might be achievable at low cost to improve patient experience and outcome scores.

#### **Further response from Helen Payne, Director of Facilities Management:**

This question is addressed in the PLACE Report and Janet has provided the relevant extract. I have asked Janet to review and identify to me any simple low cost actions which may improve our scores in future e.g. better privacy curtains in bathrooms. This is outlined in the Trust’s formal Action Plan. Janet will be providing me with her suggestions in the New Year. We are unable to identify anything specifically in relation to MCC however as they currently have the most acute inpatient wards it is most likely an accumulation of small things (which Janet will feedback to me in due course).

#### **Follow up questions from Terry Proudfoot, Service User Governor:**

“1.With reference to Privacy, Dignity and Wellbeing in the PLACE: please could you clarify what the minor changes to the methodology are, and which areas of the domain they have impacted. What percentage difference in the score would these be expected to make?”

2.I understand that building design unavoidably impacts on certain criteria: it would be useful to know how we compare to other Social Care / Mental Health Trusts in this regard if possible.

3.I would be grateful if you could detail for me (once the information is available) what actions are being implemented to improve next year's scores, and the planned timetable for these. "

#### **Response from Helen Payne, Director of Facilities Management**

1.The main change was the egress from consulting rooms criteria. What percentage difference in the score would these be expected to make? Regarding the percentage difference, the national PLACE report indicated an average score of 84.2% in 2016 compared to 86.0% in 2015 (for all Trusts: acute, community and mental health) so we

could have expected a similar change. If you examine the Table (on previous page, taken from the report to EDG/QAC/Board) this is broadly the case apart from Michael Carlisle Centre which is quite a lot lower. At MCC this has been caused by the different outpatient services criteria. At other sites we do not have similar outpatient services so this does not arise.

2. I regret this detailed information is not available. However PLACE information can be accessed on the Internet as it is in the public domain.

3. It was concluded there were no real practical steps to be taken in respect of this domain.