

Council of Governors

Minutes of the 52nd Meeting of Sheffield Health and Social Care NHS Foundation Trust's Council of Governors held on Thursday 14 December 2017 from 2.45pm to 4.45pm in the Mayfield Suite of Fulwood House, Old Fulwood Road, Sheffield S10 3TH

Present:

Name	Governor Constituency	Name	Governor Constituency
Jayne Brown OBE	Chair	Cllr Steve Ayris	Appointed (SCC)
John Buston	Public	Adam Butcher	Service User
Tyrone Colley	Service User	Billie Critchlow	Carer
Liz Donaghy	Public	Sue Highton	Appointed (Staffside)
David Houlston	Public	Celia Jackson-Chambers	Appointed (SACMHA)
Vin Lewin	Staff (Nursing)	Pat Molloy	Service User
Toby Morgan	Service User	Cllr Josie Paszek	Appointed (SCC)
Terry Proudfoot	Service User	Dr Abdul Rob	Appointed (PMC)
Adam Rodgers	Staff (Clinical Support)	Sue Roe	Carer
Antony Sharp	Staff (Support Work)	Jonny Sibbring	Staff (Psychology)
Rivka Smith	Young Service User/Carer	Michael Thomas	Young Service User/Carer
Joan Toy	Service User	Susan Wakefield	Appointed (Sheffield Hallam University)
Prof Scott Weich	Appointed (University of Sheffield)	Maggie Young	Staff (AHP)

In attendance:

Name	Designation	Name	Designation
Tania Baxter	Head of Clinical Governance	Cllr Olivia Blake	Non-Executive Director
Clive Clarke	Deputy Chief Executive	Dr Mike Hunter	Executive Medical Director
Karen Jones	PA to Chair	Richard Mills	Non-Executive Director
Sue Rogers	Non-Executive Director	Jason Rowlands	Director of Strategy & Planning
Ann Stanley	Non-Executive Director	Sam Stoddart	Deputy Board Secretary
Kevan Taylor	Chief Executive	Mervyn Thomas	Non-Executive Director
Dean Wilson	Director of Human Resources		

Apologies:

Name	Designation	Name	Designation
Angela Barney	Carer Governor	Phil Easthope	Executive Director of Finance
Mark Gamsu	Appointed Governor	Joan Green	Public Governor
Sylvia Hartley	Public Governor	Cllr Adam Hurst	Appointed Governor
Jules Jones	Public Governor	Mohammed Ziauddin	Public Governor

Name	Designation	Name	Designation
Julian Payne	Service User Governor	Tammy Raines	Service User Governor
Margaret Saunders	Director of Corporate Governance (Board Secretary)	Janet Sullivan	Appointed Governor

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CoG 52/1	<p>Governor & Non-Executive Director (NED) Briefing</p> <p>The Chair outlined the rationale for this extraordinary item which is not intended to replace the informal pre-meeting between governors and NEDs. The Chair summarised the two main issues; firstly the Community Mental Health Team (CMHT) reconfiguration and secondly the impact of this on the relationships of the NEDs, other Board members and governors which has historically been very strong. The Chair reiterated the importance of that relationship and of the mutual respect between parties that underpins the relationship.</p> <p>Governors identified additional key points:</p> <ul style="list-style-type: none"> • the trust which exists between the service users and staff and the organisation; • how the experiences of service users and staff are presented to the Board and how the Board ensures reliable information is received; • the wider impact of the CMHT reconfiguration. <p>The Chair and NEDs provided detailed examples of how the Board receives assurance and how the information is triangulated via Board papers, Board Committees, e.g. Audit Committee (AC) and Quality Assurance Committee (QAC), and visiting sites and teams. Governors were also provided with the numerous mechanisms by which NEDs receive information informally which enables appropriate challenge at the Board. It was clarified that NEDs only accept reports at Board when sufficient assurance is provided based on the triangulation undertaken. A number of examples were provided to demonstrate NED challenge information and assurance.</p> <p>The Chair stressed the importance of the intelligence received from governors and encouraged governors to continue to share information with NEDs.</p> <p>Where actions are required the Chair gave assurance to the governors, NEDs are diligent in progressing them. The point was made that governors are empowered to ask questions of Board, which is a unitary board, and may ask questions of NEDs.</p> <p>Josie Paszek stated that the quality of the current discussion was evidence of a well-functioning Council of Governors</p>	

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	<p>(CoG) with general agreement received from governors. The Chair concluded the discussion and requested feedback. Billie Critchow stated that NEDs clearly demonstrated the process for challenge and securing assurance. The Chair also asked for volunteers to join a one-off task and finish group to review the format and agenda for Council meetings. Toby Morgan, Terry Proudfoot, Adam Butcher and Scott Weich volunteered.</p> <p>Governors were thanked for their candour.</p>	<p>T Morgan, T Proudfoot, A Butcher, S Weich</p>
CoG 52/2	<p>Welcome and Apologies The Chair welcomed everyone to the meeting and apologies were noted.</p>	
CoG 52/3	<p>Declarations of Interest None noted</p>	
CoG 52/4	<p>Minutes of the meeting held on 14th December 2017 The minutes were accepted as a correct record.</p>	<p>Agreed</p>
CoG 52/5	<p>Action Log Received</p>	
CoG 52/6	<p>Matters Arising from meeting of 19th October 2017</p> <p>(a) CMHT Reconfiguration Update Mr Clarke provided a brief presentation to governors which highlighted four points: the purpose of the reconfiguration, the principles of the future model, and the ambition of the Trust in relation to emergency care and management of the change process.</p> <p>Mr Clarke explained there is now a Single Point of Access (SPA) at Netherthorpe House accepting referrals from across the city. This was designed to improve the ability to triage referrals, reduce the variability of waiting lists and ensure consistency of access. Staff have reported to Mr Clarke the new system provides an improved mechanism for managing referrals. This has been reiterated by Approved Mental Health Professionals (AMHPs).</p> <p>Mr Clarke referred to the presentation which highlights the aims of each of the four points including the achievements and the challenges.</p> <p>Mr Clarke stated that the SPA continues to manage waiting lists inherited from the previous model. Dr Hunter</p>	

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	<p>stated it was important to highlight the complexities particularly in relation to lack of equity, the quality assurance gap and challenging financial position. David Houlston queried whether the new service is sufficiently funded and if the Trust researched similar models in other cities that work effectively prior to implementation. Dr Hunter responded every city operates slightly differently however Sheffield lends itself to a centralised approach. Mr Clarke explained that the proposed that the model is funded for 2018/19.</p> <p>The Chair sought questions from governors. Adam Butcher queried whether the Psychiatric Decisions Unit (PDU) will work with the Liaison Service. Mr Clarke responded that the PDU could be described as a psychiatric accident and emergency service and people requiring a psychological intervention can attend the PDU. The PDU will work with the Liaison Service and both will be located at the Northern General Hospital site. The PDU will also work with the inpatient wards. The Trust has recruited additional staff to work out of hours to support throughput across the 24 hour period. Mr Clarke confirmed NHS Sheffield Clinical Commissioning Group had confirmed funding for the PDU, work had commenced and the service should be in place at the end of the calendar year, 2018.</p> <p>Terry Proudfoot raised a number of quality questions; was the Trust was confident there were sufficient SPA staff, is the Trust measuring the number of people disengaging with services and measuring the number of people who have been discharged and return to services.</p> <p>Dr Hunter responded there are numerous measures to indicate the quality of services, e.g. length of stay, numbers of admissions and emergency re-admissions within two weeks. There is also safety and monitoring information, e.g. incidents of self-harm and deaths. The Trust however needs better understand service users' experience of care as the changes of the reconfiguration consolidated. Dr Hunter stated his interest in working with people to define what 'good' looks like in Sheffield and how it is measured. The Chair questioned whether these measures would be co-produced with service users with affirmation received.</p> <p>Mr Taylor added that concerns had been raised by service users, carers and staff regarding the reconfiguration. In response the Board had agreed to a review process via an independent evaluation of both the process and issues pertaining to staffing and quality</p>	

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	<p>measures in relation to outcomes for service users. Mr Clarke added SPA staff are to be commended for meeting the current challenging environment due to the existing vacancies. Mr Taylor added the capacity issues at SPA are being proactively addressed.</p> <p>Dr Hunter reiterated the importance to the Trust of individual stories being shared in order to fully understand how people experience the service.</p> <p>Billie Critchlow speaking on behalf of a forum for family and friends of people with enduring and complex mental health problems in relation to Assertive Outreach, referred to the October 2017 minutes of the CoG meeting. Mr Taylor had stated the previous levels of support offered to SORT patients would be maintained in the new model, and Dr Hunter stated his commitment to the assertive outreach principle. Ms Fearon, Director of Operations and Transformation, it was maintained, had made the same promise as Mr Taylor to the families of SORT service users. Billie Critchlow continued raising safety concerns regarding care co-ordinators with increased workloads and an understanding that four clients have received a communication stating their existing care plans are unsustainable and the mechanisms the Trust is utilising to benchmark the amount of contact time service users receive with assertive outreach care plans. Mr Taylor responded it was inappropriate to respond to individual cases without sufficient detail. The Chair requested Billie Critchlow forward the information once permission has been received by the individuals concerned.</p> <p>Dr Hunter stated his belief in the principle of intensive community treatment and that this will be provided in Sheffield. In addition there was a spectrum of support available from the SORT team with services users receiving a range of intensive support dependent upon assessment.</p> <p>Mr Clarke stated 80% of service users whose care co-ordinators were changed have been successfully handed over and 99% of people who were from SORT have been successfully transferred. He added if the care needs of an individual changes a review will take place and the input may change. The Trust recognises the current caseloads levels due in part to high staff sickness and is working to address this with the system continuing to develop. Dr Hunter added a number of SORT service users received intensive support in contrast with the needs of long standing service users which have</p>	<p>B Critchlow</p>

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	<p>changed and remain with system. This presented a challenge to Board regarding a question of equity. Mr Clarke provided assurance scrutiny of the services provide to all service users who transferred has taken place and offered to discuss with Billie Critchlow in further detail.</p> <p>The Chair stated questions raised by Billie Critchlow would be forwarded to Mr Clarke separately, adding Adam Butcher had kindly agreed to send his question separately.</p> <p>Toby Morgan stated he had visited SPA on 20 January 2018. This was reported via the governor feedback form and suggested if people perceived alternative care should be being provided, it might be helpful to encourage completion of a Fastrack comment form.</p> <p>Celia Jackson-Chambers stated it appeared the majority of resources were focused at the ‘front end’ of services, i.e. people who present at the start of their mental ill health and if this is the case, questioned how many staff members are working with service users on a longer term basis? Mr Clarke responded the Trust has had and continues to have an access and recovery service. Now the access is via SPA with two recovery teams; North and South. As early intervention is evidence-based if people are seen as early as possible there is low probability of moving further through the service or suffering with longer-term mental health problems. Early Intervention has had a £500k investment as has Liaison Services. In addition IAPT received £2.2 million to provide psychological support to people living with long term conditions in order to limit the transition into serious mental ill health. All these investments are in line with the 5 Year Forward View.</p> <p>Mr Taylor stated additional investment had been focused on front end services. The investment decisions recognise the importance of preventative care and the improved outcomes provided for individuals with economies in the longer term. Celia Jackson-Chambers queried if as a result of this initiative long term care has continued to be funded to the equivalent level, or if resources have been diverted to the front end of services. Dr Hunter stated NHS England has decided how the shape of future of mental health service which has determined investments. The Recovery Teams of the Trust continue to support people with long term conditions. There will be a next wave of money from the 5 Year Forward View for community mental health teams,</p>	<p>C Clarke</p> <p>A Butcher</p>

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	<p>however not necessarily in the form CMHTs are configured. It is anticipated there will be money for CMHTs accompanied with expectations of the structure of teams.</p> <p>Celia Jackson-Chambers added there will always be a proportion of people who require long term care and it could appear there would be fewer resources provided. Mr Taylor stated that Community Enhanced Recovery Team will be providing support to people with long term needs. It was accepted there will always be people who have lifetime needs; however there is confidence in the principle the balance will change in the future as people will be supported earlier in order to prevent longer term issues.</p> <p>Sue Highton questioned whether the Trust wishes to receive information in writing from staff if it is believed the service required for service users is undeliverable. Mr Taylor confirmed this.</p> <p>Scott Weich stated how refreshing to hear regular reference to 'evidence' as the reason services are configured locally in every city is reflective of the 'evidence' base of that city. There are two world class universities in Sheffield and the Trust should utilise the skills available to provide evidence-based care. Dr Hunter and Mr Taylor agreed.</p> <p>Dr Hunter stated he welcome the opportunity to have individual conversations with governors on this matter.</p> <p>The Chair thanked Dr Hunter and Mr Clarke and brought the discussion to a close.</p>	
CoG 52/7	<p>Governor Feedback</p> <p>(a) Governor Feedback Received</p> <p>(b) Governor Questions to Board Received</p>	<p>Received</p> <p>Received</p>
CoG 52/8	<p>Nomination and Remuneration Committee (NRC) Report The Chair reminded governors of the rigorous recruitment exercise which had taken place and asked the CoG to acknowledge the contribution of Terry Proudfoot, Sylvia Hartley and Adam Hurst in the process.</p> <p>The Chair stated the NRC recommends the appointment of Sandie Keene whose background is in adult social care as</p>	

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	<p>Director of Social Services in Sheffield and an Assistant Director of Social Services in Leeds. The second recommendation is Professor Laura Serrant who is a Professor of Nursing at Sheffield Hallam University. Both were excellent candidates.</p> <p>The Council accepted the recommendations of the NRC to appoint Sandie Keene and Laura Serrant with effect from 1/4/18 each for a four year term.</p> <p>The Chair informed the CoG this would be the final meeting for Sue Rogers and Mervyn Thomas and asked for a vote of thanks for their outstanding contribution for the past nine years.</p> <p>Pat Molloy queried the gender balance of the Board and the Chair responded with the new appointments it would be 50:50 and that the diversity mix had expanded too. This was warmly welcomed by the governors.</p>	Agreed
CoG 52/9	<p>Quality Objectives</p> <p>Tania Baxter, Head of Clinical Governance reminded governors of the conversation that had taken place at the December 2017 Council meeting where the opinions of governors were sought regarding the quality objectives/indicators to be tested by the Auditors. There are four indicators for consideration:</p> <ul style="list-style-type: none"> • out of area placements, • mortality • IAPT (numbers of people moving to recovery and waiting times) and • under 18 inpatient admissions. <p>The Chair queried testing an indicator for carers which had been discussed at the December meeting. Ms Baxter explained that the discussion related to including a carers' indicator in the 2018/19 quality objectives, however the testing of carers' issues is not a must-be-done in 2017/18.</p> <p>Sue Rogers sought clarification regarding the number of indicators to be tested. Ms Baxter explained NHS Improvement dictate the indicators to be reported upon. Two are nationally mandated; gatekeeping into community and recovery teams and 7-day follow up following discharge from an inpatient ward. The Trust has the option to pick only one locally- determined indicators for testing from the four mentioned above.</p> <p>Dr Hunter provided summary information on each of the four indicators in order to aid governors' understanding and the</p>	

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	<p>Chair sought agreement from the CoG regarding the preferred indicator for testing.</p> <p>Governors expressed a preference for testing the mortality indicator. Ms Baxter explained the auditors test the quality of the information that is presented and that the Trust reports accurately both internally and externally.</p> <p>The Council agreed to the mortality indicator. The Chair thanked Ms Baxter for her attendance.</p>	Agreed
CoG 52/10	<p>Operational (Annual) Plan</p> <p>Mr Rowlands was welcomed to the meeting. Information had previously been circulated to governors and confirmation was received that the Trust is required to submit approved plans to the regulators by the end of April 2018 and feedback is sought from governors.</p> <p>Last year's plans have shaped the plans for 2018/19. On reviewing the priorities, the work in 2017/18 had focused on restructuring in order to have a model in place to deliver the priorities for 2018/19. The last two slides highlighted three priority areas:</p> <ul style="list-style-type: none"> • quality and safety • transformation including pathways and service models and • supporting and enabling of workforce, estates and IMST. <p>The Trust wishes to focus 80% of resources on these three priority areas.</p> <p>The Chair stated that given the challenge of time, to raise questions following by seeking the views of governors via email in order to ensure a fuller discussion.</p> <p>Ms Proudfoot questioned whether specialist services or transitions are included in the Accountable Care Partnership priorities, and if there is a personality disorder pathway. Mr Rowlands stated structures are organised in the city which separates adult and children's services. This transitions gap has been recognised and discussion has taken place to identify how to address this. Mr Taylor added there had been an executive-to-executive discussion with colleagues from Sheffield Children's NHS Foundation Trust where a programme of action had been agreed to review transitions and prioritise emergency and out of hours care. Mr Taylor suggested asking Dr Crimlisk to present to a future Council to provide progress on this item. The Chair stated a general presentation regarding transitions is required to governors.</p>	S Stoddart

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	Mr Rowlands stated that a personality disorder pathway will be integrated into the pathways work programme. Dr Hunter informed Council the Trust has appointed senior psychologists to deliver training in order to provide more staff skilled in this area.	
CoG 52/11	Sheffield Mental Health Transformation Item deferred	Deferred
CoG 52/12	Acute Care Reconfiguration Phase II It was agreed to defer this item to the next meeting to allow sufficient time for discussion.	Deferred
CoG 52/13	Performance Report Due to time constraints it was agreed governors would receive the report and raise any questions directly with Mr Clarke. Ms Proudfoot confirmed an email would be forwarded to Mr Clarke with questions raised by governors in the pre-meeting.	Agreed Ms Proudfoot
CoG 52/14	Chief Executive's Update There item was deferred.	
	Date of Next Meeting Thursday 26 th April 2018 in the 7 th Floor Conference Suite, Fulwood House at 2.45pm	