Sheffield City Council

Sheffield Health and Social Care NHS

NHS Foundation Trust

Council of Governors Meeting
Thursday 8th April 2014
Summary Report

Council of Governors
8th April 2014
Item 10b

TITLE OF PAPER	Governor Questions to the February/March 2014 Trust Board – feedback
TO BE PRESENTED BY	Professor Alan Walker, Chair
ACTION REQUIRED	For information only

OUTCOME	Governors to be fully updated of questions asked by fellow governors and answers provided by Executives
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	N/A
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	HSE ■ MH Act ■ Equality ■ NHS Constitution: Staff Rights ■ Patients' Rights ■ Public's Rights ■ Principles ■ Values ■
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Aim to improve communication between Governors and Trust Board and demonstrate accountability from the Trust to Governors
CONSIDERATION OF LEGAL ISSUES	N/A

Author of Report	Sam Stoddart
Designation	Membership Manager
Date of Report	31st March 2014

Questions put to Non-Executive Directors from Governors at their meeting on 4th February 2014

1. A number of Governors raised the general issue of information sharing between health and social care agencies and people being asked the same questions many times instead of just the once.

Response from John Wolstenholme, Information Manager

The Trust does share information with partner organisations in Health & Social care on a day to day basis and has reporting arrangements to measure its performance.

There are health and social services staff working together in multidisciplinary teams, sharing systems and notes –information sharing at the most fundamental level. Learning Disabilities are drawing back from that to a certain extent, but the Trust will still have access to the CareFirst system. Some social workers have Insight logins and the Information Governance Steering Group (IGSG) has talked about staff at Sheffield Teaching Hospitals NHS Trust (STH), including Social Care staff, having access to the summary information on web-Insight.

Clinical Record Viewer is allowing access to GP information from SystmOne practices for patients admitted to our wards and sending electronic discharge summaries to GPs will replace the paper letters which have traditionally been sent. There is a city-wide agreement that lets various Health organisations access test results electronically rather than having to duplicate them.

The Trust sends STH lists of people with learning disabilities so they can be flagged on their 'PAS' in case they need extra help and we provide similar lists to GP practices as part of the DES so they can have the checks they need.

The Trust sends the City Council regular lists of people whose sections give them section 117 entitlements to funding.

In the Information Department there are many calls every day from the Community Access Reablement Service asking whether people are known to our services.

There will always be restrictions on sharing data because the Trust must abide by the law. Some service users expect us to share everything and others want us to share nothing. The current press coverage of uploads from GPs to the HSCIC for care.data highlights the reservations some people have.

The Trust doesn't have the detailed, national care record that Connecting for Health envisaged a few years ago. It does have access to the National Spine which allows us to find people's address, NHS number and GP details (and Pharmacy get the additional prescriptions and allergies information) but we still need to check information when we see them in case anything has changed – the Summary Care Record is fed largely by GP systems and people don't always tell their GP as soon as they move house. We may see people more frequently than their GP.

Changes to the NHS have restricted some data flows over the past year and made organisations wary of sharing person-identifiable information. The Trust no longer receives downloads of the Public Health Register that we used to use to import new clients into.

When we get requests from the Police we comply when they are justified.

There is the IGSG and the South Yorkshire Data Sharing group so there are places where specific problems can be raised if necessary.

Contact Details: John Wolstenholme, Information Manager
(0114) 3050749
john.wolstenholme@shsc.nhs.uk

2. There were allegations that doctors were annotating learning disability service user notes with Do Not Resuscitate (DNR) without consultation with or permission from Users/Carers.

Response from Tina Ball, Clinical Director, Learning Disabilities

Do Not Administer Resuscitation (DNAR) is a big issue regionally and was cited as a factor in The Confidential Inquiry into Premature deaths of people with learning disabilities. When we did an audit of care plans, we found a DNAR form that looked as if it had been applied wrongly by the doctor at Sheffield Teaching Hospitals Trust. The issue is about not applying the Mental Capacity Act and Best Interests processes, and making assumptions about people with learning disabilities.

We have drawn this to the attention of the Teaching Hospitals and they are taking the issue very seriously. The LD Service has followed up an audit of the notes of people living in residential care and supported living to make sure there are no other inappropriate DNARs – we found 1 more which we have also passed to the Teaching Hospitals Trust. We do care for people at the end of their lives and we have also found examples of good practice in LD residential care and supported living services.

Contact details: Tina Ball, Clinical Director
(0114) 2718525
Tina.ball@shsc.nhs.uk

3. Questions were raised as to how far it was possible for services to "follow" users. An example given was of a residential learning disability service with only 2 staff at night, neither of whom were allowed to accompany a Service User to A&E for example where accident/personal injury had occurred. It was felt the Trust needs to set out what alternatives are available to ensure service users receive the required care/treatment. Do service users have to attend A&E on their own for instance?

Response from Anita Winter, Deputy Head of Service, Learning Disabilities

The Trust, together with the Local Authority, Clinical Commissioning Group and Sheffield Teaching Hospitals has worked on a draft protocol to cover this issue. It is the responsibility of the receiving hospital to make the decision on whether its own staff can support the service user or whether it should be the existing staffing provider.

The decision to have staff accompany a service user to hospital is based on staffing levels at the unit.

Contact details: Anita Winter, Deputy Head of Service
(0114) 2263270
Anita.winter@shsc.nhs.uk