

Council of Governors: Summary Sheet

Title of Paper:

Performance Overview Group Notes

Presented By:

Jayne Brown OBE, Chair

Action Required:

For Information

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	
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:

Margaret Saunders

Designation of Author:

Trust Board Secretary

Date:

February 2017

Council of Governors Performance Overview Group (POG)

Minutes of the tenth Performance Overview Group held on 1st February 2017 at Fulwood House

Present:

Name:	Title:	Name:	Title:
Jules Jones (Chair)	Lead Governor	Sylvia Hartley	Governor
David Houlston	Governor	Debjani Chatterjee	Governor
John Buston	Governor	Adam Butcher	Governor
Billie Critchlow	Governor	Angela Barney	Governor
Jason Rowlands	Director of Strategy & Planning	Phillip Easthope	Executive Director of Finance
Dean Wilson	Associate Director of HR	Karen Jones	PA to Chair

Minutes	Item	Action
POG10/01	Welcome The Chair welcomed everyone to the meeting.	
POG10/02	Notes of the meeting held on 13th September 2016. The notes of the meeting held on 13 th September 2016 were accepted as a correct record.	
POG10/03	Matters arising from the Notes of the Meeting held on 13th September 2016. Discussion took place around the usefulness of some of the statistics within the performance reports. It was agreed that it would be helpful to be able to compare our results with those from other similar Trusts. Adam Butcher advised that statistical information is available online through NHS digital resources. This is accessed via the NHS England website. Some governors stated how hard the website was to navigate and Adam agreed to help them by providing a link to the monthly update. The Chair felt some governors lacked confidence in IT skills and suggested that the Trust could provide some basic IT training to those wanting help. The chair would discuss this with IT colleagues.	A Butcher Chair
POG10/04	Workforce Report Dean Wilson, Associate Director of HR, presented the Workforce Report for Quarter three. Dean highlighted the increase in the sickness absence rate on the previous quarter but applied caution due to incomplete reporting. Angela Barney asked why this anomaly had occurred. Dean explained that it could be down to management not closing off sickness reporting in a	

	<p>timely manner. Angela asked if this was down to work pressures causing stress and anxiety. Dean acknowledged that there are added pressures on staff but it could also be down to the expected seasonal illnesses. Angela asked if staff are making use of the support offered. Dean said that staff are accessing the help available through Workplace Wellbeing, IAPT and other mechanisms. The Chair asked why there was a significant increase in sickness levels within Primary Care. Dean said this was probably due to the reorganisation in that directorate. Primary Care is a small team and any changes in numbers can appear significant in percentage terms. On a positive note primary care has the lowest staff turnover. There was a discussion about how compassion therapy is a useful coping aid. Dean reassured governors that any significant figures are being addressed through dedicated analysis. The Trust's sickness absence rates are below the national average. David Houlston asked if statistics on this could be provided and Dean agreed to provide this information.</p> <p>Angela asked what mechanisms staffs have to report potential risks arising from increased staffing pressures. Dean explained that 'Allocate' the new electronic rostering system can monitor staff capacity and highlight areas of concern before it becomes an issue. The system is accurate and updates automatically providing live data direct to the manager's iPad. There are many options available to staff to raise concerns including submitting an incident report; making a complaint or grievance, and contacting the Freedom to Speak Up Guardian. There is no audit of these services to determine their effectiveness.</p> <p>The Chair felt that the report was a bland/dry document and lacked a sense of value and commitment and should be more aspirational. It was agreed that this could be addressed as part of the annual planning cycle. Upcoming challenges include more organisational change; reduction in recruitment and increased redeployment, and the Government's Apprenticeship Levy.</p> <p>David Houston asked about staff turnover and wanted to know if staff choosing to leave employment with the Trust are asked the reason why. It was noted that an exit interview is conducted. The anonymised feedback is shared with the Workforce and OD Committee before been presented to board. Although this information is not usually reported to the Performance Overview Group Dean offered to provide this if it would be useful. The</p>	<p>D Wilson</p> <p>D Wilson</p>
--	---	---------------------------------

	Chair thanked Dean for his report.	
POG10/05	<p>Finance Report</p> <p>Phillip Easthope presented the financial dashboard as of 30th November 2016. The current position is good and the Trust is expected to hit yearend targets. The Cost Improvement Programme is mainly green and areas of concern will be carried forward. Under income received 'red' debtor days are not a concern and mainly due to time delays within a slow system.</p> <p>Angela Barney asked if we are playing catch up to meet targets. Phillip said he was confident we would hit target and the Cost Improvement Plan (CIPs) carried forward are less than previous years. It was asked if the Trust's overall cash balance was in line with other Trusts nationally and if there was any benchmark against other mental health trusts in the region. Phillip said all trusts are in different positions but SHSC is in a relatively healthy and liquid position with cash available for capital if needed.</p> <p>David Houlston asked if the Trust would receive further funding from if it didn't have any cash reserves. Phillip said the NHS has a control total against which spend is monitored. As a Foundation Trust we have the freedom to spend cash against this total. The Chair asked if the building of new facilities would continue. Phillip gave reassurance that we would continue with our capital plan.</p> <p>The Chair thanked Phillip for his report.</p>	
POG10/06	<p>Performance Report</p> <p>Jason Rowlands presented the monthly performance report for month 8 – period to end of November 2016. He gave a short introduction including headlines. Following earlier problems in the year access to EIS is now consistently meeting its targets. Delayed discharges at Firshill Rise have improved. Bed pressures have been challenging but well managed and overall bed days are down. On the safety dashboard an area of focus was missing patients and this is now down over the last six months across all sites.</p> <p>Jason was thanked for his report and took questions. Billie Critchlow acknowledged it was good news regarding access to EIS but asked what contributed to this improvement. Jason advised it was recognised what needed to be looked at to achieve the two week target. This resulted in changes being implemented on allocation and triage.</p>	

Angela Barney asked about the spike in data on the medication incidents graph. Jason explained that there is a general increase in incident reporting and this could be down to the ease of electronic reporting. He gave reassurance that this particular incident will have been picked up and reviewed by Board. Angela also asked about out of town admissions and if returning the most challenging people would impact on restraints and seclusions. Jason explained that there have been no acute out of town admissions since June 2014. The only reasons why this would occur at present is when a person experiences a crisis out of the city or if it involved a conflict of interest. Some people may require short stays in locked rehabilitation but, these are small number and are returned to a community setting as soon as possible. Angela continued that there is an enormous number of people in prison who are ill and need appropriate care and wanted to know what impact this would have on the Trust if these people were moved out of prison. Is there any outreach work taking place around this? Jason acknowledged that this would be a challenge within current capacity. Mental health support is being put into prisons and Court Diversion can pick up and identify these people for signposting on. However the Trust does not have a model for this client group and the local service is currently provided by RDASH.

The Chair raised a concern that housing association provision is only provided for two years and after this time people are expected to move on. What help can we offer to people at the end of the two year period and prevent a potential crisis? Jason said within social care commissioning plans support packages should be in place before anyone has to leave. He agreed to speak to a manager within this area and report back.

David Houlston asked if the rise in medication incidents in August had any link to the serious incidents in September. Jason said there was no correlation. David also asked about the the drop in self harm figures. Jason said the reduced incidences were down to better awareness and improved contact and relationships with service users. David asked if the figures for deaths 16/17 were part or whole year. It was advised that these were year to date figures (April to November). Jason assured governors that any increases within the data would trigger action. John Buston asked why Woodland View and G1 had the highest abuse/intimidation to SU. Jason said this reflected the client group and environment and could result from repeated behaviours by the same individuals.

J Rowlands

	<p>In her absence the Chair raised a question on behalf of Rosemary de Ville, Public South West Governor. Rosemary had requested further information to her on going questions around the Alcohol and SEAP services. Jason said he would contact Rosemary direct and arrange for her to meet with Chris Wood, Clinical Manager. Jason felt that the graph on page 9 could be clearer and agreed to make the data clearer in the next report.</p> <p>The Chair thanked everyone for attending and closed the meeting.</p>	J Rowlands
POG10/07	<p>Date and Time of Next Meeting Wednesday 24th May 2017, 11.00am-12.30pm in Room 607, Tower Block, Fulwood House.</p>	