

Council of Governors: Summary Sheet

Title of Paper: Draft Performance Overview Group notes from Oct 2019 (unconfirmed)

Presented By: Jayne Brown OBE, Trust Chair

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

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 significant transactions including acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the Trust's constitution with the Board	
Expressing a view on the Trust's operational (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	

How does this item support the functioning of the Council of Governors?

Considering Trust performance enables governors to determine whether the Trust is performing within the terms of its authorisation and in the best interests of the people it serves

Author of Report: Sam Stoddart

Designation: Deputy Board Secretary

Date: October 2019

Council of Governors Performance Overview Group (POG)

Minutes of the Performance Overview Group held on Wednesday 2 October 2019 in the Conference Suite at Fulwood House

Present:

Name:	Title:	Name:	Title:
Sam Stoddart	Deputy Board Secretary	Antony Sharp	Staff Governor
Bradley Wass	Staff Governor	Dean Wilson	Executive Director of Human Resources
Fay Colphon	Appointed Governor	Julian Davis	Staff Governor
Julian Payne	Service User Governor	Sylvia Hartley	Public Governor NW
Michelle Fearon	Director of Ops & Transformation	Toby Morgan	Service User & Lead Governor

Minute	Item	Action
POG 01	Welcome Sam Stoddart welcomed everyone to the meeting and informed everyone that Toby had been held up and would be arriving shortly.	
POG 02	Declarations of Interest None received.	
POG 03	Minutes of Meeting held 15 May 2019 The minutes were approved as a correct record.	Approved
POG 04	Matters Arising from the meeting held on 23 January 2019 <u>Page 1 of the minutes</u> - Sickness Absence Reporting/New Workforce Report - Dean Wilson, Executive Director of Human Resources (HR), confirmed that a paper is going to Board in November with regards to a "Deep Dive". It will identify any changes that have been made to the process of reporting absence. Once the paper has been to Board it will be brought to this meeting. Sam Stoddart asked if there would be a new Workforce Report to replace the old one which the group used to receive. Dean confirmed that he is looking at reducing the Workforce Report as at the moment it is 18 pages long and contains a large amount of data that is not dynamic (i.e. does not change month on month) and therefore feels the length of the report could be reduced by half which would make it more meaningful. There would still be a full	DW/CP

	<p>Workforce Report which would go to the Workforce and Organisational Development Committee (the Board Sub-Committee).</p> <p><u>Page 4 of the minutes</u> - there were 2 HR Items for action – Adam Butcher queried the number of service users with disabilities being abused by staff and queries were raised in relation to homophobic and religious abuse. Unfortunately, Dean did not have an update for the meeting therefore he proposed that the information be circulated outside this meeting.</p> <p><u>Page 5 of the minutes</u> - Appointment slots (at Darnall Health Centre) were 15 minutes each. The question was asked if the extended appointment system was in place. Sam believed this to be so but would check.</p> <p><u>Page 6 of the minutes</u> - A query which Phillip Easthope had agreed to respond to regarding out of area PICU beds would be deferred to the next meeting or Michelle Fearon would be asked when she arrived.</p>	<p>DW/CP</p> <p>SKRS</p>
<p>POG 05</p>	<p>Workforce Dashboards</p> <p>Personal Development Reviews (PDRs)</p> <p>Dean referred to the Trust’s PDR compliance and said this is something the Trust has done quite well over the last 5 years. The dashboard shows 87% compliance which will increase to 98/99% over the coming months. This will be the highest in the NHS nationally.</p> <p>Dean stated that whilst the completion rate is quite high the one issue the Trust has regarding PDRs is their quality, which was highlighted in the staff survey. Therefore, several things have been introduced this year to try to improve the quality of PDRs that people receive.</p> <p>(a) The PDR window was increased by a month to allow line managers and staff more time to complete PDRs and allow more time to meaningful conversations to take place;</p> <p>(b) A significant amount of communication has been circulated throughout the Trust to encouraging line managers and staff to have quality discussions. He added that supervision is part of the PDR cycle and it is important that this is recognised.</p> <p>Dean was asked what a quality PDR would look like. He responded it should last between 1.5 and 2 hours and said that there were several specific questions on the PDF proforma to guide the discussion. There were also a number of free text boxes where such questions as “how do you feel about your job” can be inserted and discussed. Part of the discussion should cover the person’s supervision meetings which have been held over the last 12 months, but also looking 12 months ahead in order plan their development.</p>	

The point was made that there is limited scope for personal development, especially for nurses. Dean suggested opportunities to rotate staff in order to experience other services was one development opportunity, as well as shadowing as some examples.

Mandatory Training

It was noted that online training can be hard to complete in the workplace due to its busy nature and it was suggested that face to face training is preferable. In addition, the issue of online training not always being recorded on staff's ESR file has been frustrating. Dean responded that some e-learning subjects works better than others and that is because they obtained from different sources. The fact that mandatory training is linked to pay progression was driven by the commissioners (NHSS Sheffield CCG) as the Trust was put on an improvement plan 3 or 4 years ago due to the low percentage of staff completing mandatory training. Dean stressed this was not about holding pay from people. Initially anyone who was not going to receive a pay increment was monitored by himself.

Sickness Absence

Sickness absence remains quite high. Dean informed the meeting of some reporting issues, in particular periods of sickness which have not being closed off therefore the rate of sickness for the Trust is inflated. It was also noted the main reasons for sickness are stress, depression/anxiety as is the case in 95% of organisations. This is symptomatic of the amount of pressure staff feel which the Trust must address.

Julian Davis said the sickness policy is perceived by nursing staff as being punitive. Dean informed the meeting that the policy was currently under review with Staffside and was going through the policy governance procedure. There have been two major changes one of which is the introduction of an informal stage to the process at 3 occasions of absence within 12 months. The focus is on helping to understand and support the member of staff.

One member stated that because of cancer treatment, under the current policy he had been in the formal sickness monitoring process for 5 years which had destroyed some of his trust, stating he felt it was a misuse of the policy.

Dean stated that in the last 12 months the Trust has had 265 occasions where staff have hit 4 periods of absences within a 12-month period. Out of the 265 only 85 have received a formal warning. Therefore, HR are satisfied that discretion is being used in most cases.

Recruitment and Retention

Last year the Trust managed to recruit a large proportion of newly qualified staff into vacant posts and hope to do the same this year which should help reduce sickness absence.

	<p>Julian made the point that, according to information in the Trust's Annual Reports, in 2009 it had 1,200 registered nursing staff and only 490 according to the 2018/19 report. Dean responded that he did not think that the figures were accurate. However, he did say there is a national shortage of qualified staff. The Trust's Workforce Plan was complemented in the Yorkshire and Humber Discussion on Workforce Planning last year as being the best in the region.</p> <p>Toby Morgan joined the meeting at this stage.</p> <p>The Trust Turnover graph was discussed. This figure shows an encouraging reduction to under 11.5% which is well within the Trust's target range. The nursing staff turnover for this Trust is lower than the majority of other organisations nationally.</p>	
<p>POG 06</p>	<p>Finance As Phillip Easthope was not present at the meeting there was no financial update. Sam invited anyone with a question to forward it to her and she would seek a response from Phil.</p>	<p>All to note</p>
<p>POG 07</p>	<p>Performance Dashboards Michelle Fearon, Director of Operations and Transformation, joined the meeting to present the Performance Report. Michelle informed the meeting her department prepares the Performance Report for Phillip Easthope, Executive Director of Finance, to present to the Board each month. The Trust is working towards improving the richness of its performance data to enable front line teams to be able to understand and use the information that is produced. Michelle used the Acute Bed Occupancy as an example which showed that there had been a great demand on the adult acute mental health service in July. The aim of our Trust is to try not to send service users out of the City; it aims to keep them near to home and to get them home as soon as possible. However, if demand is high then services outside of Sheffield should be used.</p> <p>Sam picked up the action from the last minutes in relation to the number of PICU beds. Michelle responded that no matter how many beds the Trust had they would be filled. The question the Trust should be asking is "are we making sure that the people that have the highest level of acute need can access it in a timely way and in their own community" which has been the case most of the time. Endcliffe Ward only has 2 safe and secure seclusion facilities and of late the Trust has seen an increase in demand of restrictive intervention which needs looking at in the context of increased demand.</p> <p>The Trust should ensure its environments are fit for purpose and it has the right staff on the wards. She informed the group that Sue Walsh, Consultant Clinical Psychologist, is currently working with the Acute Ward to see if there are any underlying causes for the increase in demand over July and August. The question was asked whether the increase in demand is part of a national picture or if it is</p>	

a local issue. Michelle confirmed that Sue Walsh was exploring this. Toby asked if the Trust had admissions from outside the Sheffield area. Michelle confirmed service users come from the whole of South Yorkshire and sometime further afield.

Sam asked about a subject regularly raised by governors regarding timely CPA review. Michelle responded that in the last 12 months the Trust has undergone a large reconfiguration of its Community Teams resulting in new systems and processes being introduced. At the same time teams are coping with an increase of 2,000 referrals into the system. As well as the Trust being efficient from a financial perspective it has also had to consider the quality of service being offered. The Trust is working very closely with its staff, Staffside representatives and with senior members of staff in order to assess the impact of the increase in referrals on caseloads and has determined that clinician caseloads are too high, so it is working towards reducing each caseload to 35 – which in the past could have been as large as 42 to 45. This increase in demand and high caseloads is partly the reason why service users are not having their annual reviews in a timely way.

Julian commented that nurses are no longer simply providing nursing care, but are now having to provide a high degree of social care.

Toby queried the Single Point of Access (SPA) and asked whether service users may be getting stuck there because clinicians have too large a caseload and are unable to process new referrals. Michelle confirmed there were some service users waiting to be assessed, but felt that some SPA referrals could be seen elsewhere. She stressed that new staff have been appointed to deal with new cases and clinicians with caseloads of 35 are not taking on any new cases.

Michelle also said that mental health is not resourced as it should be. SHSC is £1.7m away from having a 24/7 crisis service which meets what the Government says should be in place.

On behalf of governors, Sam asked Michelle what she felt were the top three pressure points for clinical services and top three success stories. In response to the former, Michelle responded:

- a) Demand- whilst it is good that as a society we are talking about mental health, the resultant increase in referrals creates a pressure before the funding to support this increase has not followed.
- b) Estate - our estate is not fit for purpose and as a result it makes it harder for our service users and harder for our workforce to operate effectively. The Acute Care Modernisation programme will address this, but it is two years' from completion therefore we still need to carry on increasing our bed estate and our

	<p>community based estate.</p> <p>c) Workforce – how can we be assured that we'll be able to secure the workforce we need? She informed the group that Tony Bainbridge has been working with the University of Sheffield following which the Trust has secured more graduate nurses than anywhere else. We are also looking at career pathways for nurses, and at advanced clinical practitioners. We are starting to have discussions about retention schemes, 'returning back to work' nurses, post-retirement nurses, etc., but there is still a numbers challenge.</p> <p>The 3 successes are:</p> <p>a) The Trust is bringing services together in a different way and in a way it has not done before. We now have the Crisis Hub, the Decisions Unit and the Section 136 Health Place of Safety Beds, Central AMPS Team that are all working together.</p> <p>b) Our staff help people carry on living when they are at their darkest point and we help people to achieve recovery. We are making differences;</p> <p>c) There is a real willingness to make things better.</p> <p>Toby referred to the whistleblowing process and queried whether this could put staff under additional pressure. Michelle responded that it is a shame that the NHS needs to have such services as Freedom to Speak Up, Whistle Blowing, Complaints, etc, but that is the reality of the world and some people have greater confidence in raising concerns in that way.</p> <p>All thanked Michelle for attending the meeting.</p>	
POG 08	<p>Any Other Business</p> <p>Sam thanked all for their contributions and drew the meeting to a close.</p>	
	<p>Date of Next Meeting</p> <p>Dates for 2020 will be sent out in due course.</p>	<p>All to note</p>