

# Board of Directors (Open)

**Minutes of the 103<sup>rd</sup> Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 10 May 2017, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG**

**Present:**

1. Ms. Jayne Brown, Chair
2. Mrs. Sue Rogers, Non-Executive Director/Vice Chair, Chair of Workforce & Organisation Development (OD) Committee
3. Mr. Kevan Taylor, Chief Executive
4. Mr. Richard Mills, Non-Executive Director, Chair of Finance and Investment Committee
5. Mr. Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Committee
6. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
7. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
8. Mr. Phillip Easthope, Executive Director of Finance
9. Dr. Mike Hunter, Medical Director

**In Attendance:**

10. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
11. Mr. Dean Wilson, Director of Human Resources (HR)
12. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
13. Mr Jason Rowlands, Director of Strategy and Planning (Item 5)
14. Dr Fiona Goudie, Clinical Director for Strategic Partnerships (item 5)

**Apologies:**

15. Mr. Leigh Bramall, Non-Executive Director
16. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee

**Public Gallery:**

John Buston, Public Governor  
 David Houston, Public Governor  
 Jules Jones, Public and Lead Governor  
 Terry Proudfoot, Service User Governor

Minute	Item
1/5/17	<b>Welcome &amp; Apologies:</b> The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies were noted and the meeting was quorate.
2/5/17	<b>Declarations of Interest:</b> No new declarations were made.
3/5/17	<b>Minutes of the Board of Directors Meeting Held on 12 April 2017</b> The meetings of the Open Board of Directors' meeting held on 12 April 2017 were amended as follows.

	<p><u>5/4/2017 Care Quality Commission (CQC) Provider Report and High Level Action Plan refers</u>  Ms Lightbown reported the final provider report had been received on 30 March 2017, not 13 March 2017 as recorded in the minutes of the April Board meeting. It was also noted the extension to the submit the action plan had been granted by the CQC.</p> <p>With the addition of the above amendments the minutes were agreed as an accurate record and would be signed off accordingly.</p>	
<p><b>4/5/17</b></p>	<p><b>Matters Arising &amp; Action Log</b></p> <p><u>7/4/2017 Governance for the Policy Approval Process</u>  Mr Thomas asked for clarity on ratification of policies. Ms Saunders responded, the Executive Directors Group would ratify policies. The Policy Governance Group would receive, review and approve policies, and make recommendations to the Executive Directors Group.</p> <p><u>Action Log</u>  Members reviewed and updated the action log accordingly.</p> <p>The Chair requested a refresh of the Action Log to scheduled items for the Board agenda.</p>	<p>MS/SS</p>
<p><b>Strategy</b></p>		
<p><b>5/5/17</b></p>	<p><b>Trust Strategy and Strategic Planning Framework</b>  <i>(Jason Rowlands and Dr Fiona Goudie in attendance)</i></p> <p>Mr Clarke reported the Board development session in March 2017 had supported and informed the Trust’s strategy and strategic planning framework. The aims focus on: quality and safe care, future services, value for money and people, each aim would be supported by strategic objectives and enabling strategies . All aims were underpinned by service user engagement. Members were invited to provide feedback on the strategy.</p> <p>The Chair and Non Executives welcomed the strategy and the framework and acknowledged the work undertaken to produce it.</p> <p>Mr Thomas believed the strategy would benefit from the inclusion of a Gantt chart for ease of identifying dependencies and delivery time pressures. He also believed compassion should be included within the strategic objectives of the aim relating to people.</p> <p>Mr Mills believed the delivery objectives supported the strategy. He had reviewed the change projects, noting their validity and the challenges to achieve them. As Chair of Finance and Investment Committee (FIC) he, and other Sub Committee Chairs would need to be assured of their delivery objectives, he was mindful of the Committee’s meeting structure and requirement to review, monitor and seek assurance on twenty two projects assigned to FIC. Mr Clarke responded, Mr Rowlands and himself had met to discuss project monitoring and reporting arrangements and would consider the methodology to be applied.</p>	

	<p>The Chair asked if there was capacity and capability to deliver the projects. Mr Clarke responded, each project would be developed through the Project Management Office (PMO) and business cases progressed through Business Planning Group (BPG), the recommendations would be presented to the Executive Directors Group (EDG).</p> <p>Mr Rowlands reported each project framework would be reviewed over the next six to nine months, taking an in-depth evaluation of service model, pathway, supporting strategies, capacity and infrastructure required to ensure delivery. In support Mr Easthope reported project management and business case templates alongside status reporting had been developed and updated and would be rolled out across the Trust. He was mindful of the number of projects and careful consideration would be given to the governance process through BPG, EDG, the Board sub Committees to the Board. He noted FIC sampled a business case on an annual bases for assurance of the process and delivery.</p> <p>The Chair asked for clarity on how the Board would be assured, Mr Easthope responded, he believed this could be achieved through development of the performance framework, mindful of stakeholder engagement and connectivity to Key Performance Indicators (KPI).</p> <p>Mrs Rogers asked for assurance on how the Board would be engaged in all strategies. The Chair believed this could be achieved by ensuring all Board development sessions had an element of strategy. Mr Mills reiterated the Board Sub Committees' role would be to seek assurance and ensure robust process had been followed. He suggested a review of the projects to prioritise an agenda plan, mindful a number requiring Board input.</p> <p>Mr Rowlands reported the Board would receive timely progress reports and through the Board Development sessions identify in advance, key strategic issues and allocated the time necessary for discussion.</p> <p>Dr Hunter added in line with CQC domains a safety element would be included in business cases.</p> <p>Dr Goudie was mindful service user and governors should be appraised of the changes. The Chair asked if the presentation could be shared with Council of Governors.</p> <p>The Chair reported the Board had received and supported the development of the strategy, members believed there were a number of enhancements required, including the addition of a Gantt Chart, identification of key priorities and assurance from a safety perspective. Capacity to deliver would remain a key concern of the Board.</p>	<p>(CC/JR/FG)</p> <p>CC(JR/FG)</p>
<b>Performance Management</b>		
6/5/17	<p><b>Service Performance</b></p> <p>i <u>Performance Dashboard for the period ending 31 March 2017.</u></p> <p>Members received the Service Performance Dashboard for information and assurance.</p>	

Mr Easthope presented the report to members, noting the continued development of the report and directorate ownership for each dashboard. He highlighted the on-going staff challenges and management of high bed occupancy, the narrative on 7 day follow up continues to give members assurance. Care Planning Approach (CPA) reviews had increased and will continue to be monitored and reported on.

From a financial perspective, the financial plan had been achieved, with the planned surplus. The Trust's risk rating year end, had achieved the maximum score of one. The overall Cost Improvement Plan (CIP) achievement was noted as good and supported by strong performance. He noted the red key performance indicator (KPI) related to Debtor days which continue to be problematic across the NHS as Trusts' experienced cashflow challenges. This could impact upon the Trust as reserves are used to support the capital programmes.

Mrs Rogers noted and welcomed the downward trend of missing persons. Dr Hunter noted the stepped change and the assurance that staff were supporting service users despite ward capacity pressures. The Chair asked if there were staffing concerns. Mr Clarke responded he had attended and been updated through Bed Management Group, noting the recruitment of qualified nurses remained a challenge and the directorate are investigating innovative recruitment options.

Dr Hunter noted the occupancy challenges between acute in-patient care and housing and social care, over occupancy reflected the use of leave beds, and no service user had been sent out of town, the priority would be to ensure safe care into community settings. Mr Taylor believed the Board were correct to raise a level of concern, and requested members receive further information.

Mr Wilson, noted nurse recruitment was a national concern, Ms Breese, interim Deputy Chief Nurse had reported to him, that 50% of places offered were accepted however a number of individuals had received multiple offers and choose not to come to Sheffield. Mr Wilson agreed to contact local trusts to ascertain whether the problem was localised, historically Sheffield had been a destination of choice. A further option would be to write to the individuals and asked why they had declined the offer of employment.

Mr Thomas noted the focus had been on in-patient staffing, he asked whether the same would be applied on community staffing, feedback from a Non-Executive Director (NED) visit suggested there were pressures in these areas also.

Ms Lightbown reported the Trust had joined the Mental Health & Learning Disability Nurse Directors' & Leads' National (MHLNDL) Forum, recruitment and retention had been the focus of their Spring conference which Ms Lightbown had attended. Recruitment was a challenge across the country. The forum was an opportunity to exchange ideas and network with similar sized Trusts. Some had analysed their vacancy factors, retention and turnover rates. She believed the Trust were on the start of this journey, implementation of the Effective Staffing Strategic Group would enable a review of recruitment and retention.

PE/CC

DW

	<p>The Trust had been more successful in retaining nurses following the introduction of a rotational nurse post in the older adult dementia care pathway. Further initiatives were being explored to roll out into other clinical areas. The Chair asked if the Board could receive a presentation in collaboration with Human Resources next month on Trust initiatives.</p> <p>Mr Thomas asked for clarity on the performance report whether the figures quoted against Section 117 aftercare were cumulative. Mr Easthope agreed to seek clarification</p> <p>The Chair noted the Board accepted the report for assurance.</p> <p>ii <u>Safer Staffing Report for period ending March 2017</u></p> <p>Members received the Safer Staffing Report for information and assurance.</p> <p>Ms Lightbown presented the report, noting occupancy had decreased during March in adult in-patient wards, although staffing remained a challenge across all wards. The e-rostering, health roster and safe care module were on track for implementation by June 2017, and testing carried out during July 2017. Nurse vacancy rates were reported at 35 within in-patient areas, the directorate plan to undertake a risk assessment and report their findings to EDG. New reporting would enable further evaluation to identify themes and trends, in line with establishment, acuity and dependency levels.</p> <p>The Chair asked for clarity on vacancies and whether they featured in directorate CIP plans, Ms Lightbown responded they did not.</p> <p>The Chair asked for an update in June in relation to safety concerns. The Board accepted the report for assurance.</p>	<p>LL/DW (B/F June)</p> <p>PE</p> <p>LL (B/F June)</p>
<b>Assurance: Risk Management &amp; Internal Control</b>		
7/5/17	<p><b>Board Assurance Framework 2016/17 Next Steps</b></p> <p>Members received the Board Assurance Framework. (BAF)</p> <p>Ms Saunders reported Audit Committee had identified two amendments, noting the inclusion and cross reference to audit reports. The BAF continues to develop and a session had been organised with a number of members The challenge would be to align it with the Trust objectives.</p> <p>The Board received the report for assurance.</p>	
8/5/17	<p><b>Open Board Risk Profile</b></p> <p>Members received the Board Risk Profile for approval.</p> <p>Ms Saunders reported the prolife had been updated, noting Risk 2196 in relation to Section 75 had been superseded by Risk 3718, Pension liability. Mrs Rogers asked if an agreement with Sheffield City Council had been reached.</p>	

	<p>Mr Clarke responded, a further meeting had been scheduled and he would report back in June.</p> <p>Mrs Rogers asked for clarity whether Risk 2175 relating to Cost Improvement remained throughout the year. Mr Easthope responded the risk related to achieving CIP's and disinvestment concurrently with non recurrent mitigation, he noted the gaps were similar to those in 2016/17. Mr Mills suggested FIC is added as a control and further level of assurance.</p> <p>Mr Mills reported, he attended a meeting where new initiatives to address access issues relating to Clover (Risk 3439) had been discussed, noting the Board were scheduled to receive a report in July 2017. The Chair reiterated the concerns for Clover and noted Board would welcome this report as soon as possible. Mr Easthope responded there had been discussions with local Members of Parliament (MP), who had welcomed the plan. He noted Purdah had impacted on decision making and moving forward with actions and discussion with staff. In the interim internal management resources had been identified to support Clover.</p> <p>The Chair noted the Board approved the report.</p>	<p>CC</p> <p>PE</p>
<p><b>9/5/17</b></p>	<p><b>Mortality Review</b></p> <p>Members received an update from the Mortality Review Group.</p> <p>Dr Hunter reported Quality Assurance Committee had received and discussed the report. NHS Improvement require all Trusts to review deaths of service users, within a defined scope. Noting the Trust were a provider of community and secondary care. The Mortality Review Group had been established, meeting weekly and would develop a mortality review policy. NHSI had also requested that Trusts identify a Non-Executive Director. Mr Mills believed weekly monitoring would identify any areas of vulnerability or themes.</p> <p>All deaths reported through Safeguarding system are reviewed and signed off by the Mortality Review Group, care records are reviewed and deaths categorised using a matrix to determine whether there were any untoward incidents requiring internal investigation or whether external delays eg: toxicology or Coroner reports required the necessity of further reviews.</p> <p>Emerging themes included: death by natural causes, older adults dementia with co-morbid illness, early death linked to long term neuro enablement or a learning disability, substance misuse particularly in younger people and suicides. A number of the group had visited Bradford, a similar sized Trust to share learning and they had reported similar numbers and causes.</p> <p>Benchmarking data, highlighted the Trust were marginally above northern regional average, he attributed this to the Trust providing services for older adults. The Trust scored below regional average for deaths under 75 years of age and were rated average for unexpected deaths.</p>	

	<p>Dr Hunter believed in openness and transparency and sharing the report in an open board session. The Chair supported this approach. Mr Mills believed Boards also had a responsibility, noting the Health and Safety Executive had prosecuted Southern Health for the death of Connor Sparrowhawk.</p> <p>Dr Hunter added, following the Community Directorate service review, EDG had commissioned a review of suspected suicides in the Community and Specialist directorates, to include substance misuse services. Following Service Users Safety Group it had been agreed the scope be broadened to include unexpected deaths, not attributed to suicide.</p> <p>Mrs Rogers asked if other Trusts were using the same data as comparator and methodology in reviewing deaths. Dr Hunter agreed to ascertain if national data was being used. He noted Bradford were using safeguarding data as was the Trust. Mrs Rogers asked whether there was a degree of vulnerability only using safeguarding data. Dr Hunter responded using other data eg: community and primary care may make the sample size to large for the group to manage effectively, more information would be available from the outcome of the commissioned directorate review .</p> <p>Ms Lightbown asked for clarity on the guidance for sampling, to determine a premature or avoidable death, she used an example from national data, where access to mainstream physical health may have prevented the early death of a learning disability service user with a respiratory condition. Dr Hunter responded the structured review designed by Royal College of Physicians for use in the acute sector had not published guidelines or been adapted for use in mental health settings. Sampling of data methodology would be undertaken by MAZAR.</p> <p>Mr Thomas, Chair of Quality Assurance Committee noted the report sets out the responsibilities of the Trust and the Board and gives assurance of robust processes. Mr Easthope added from a performance stance, there were no areas of concern.</p> <p>The Chair noted Board had received the report as assurance, she would discuss with members to identify a “Mortality” Non Executive Director.</p>	<p>MH</p> <p>Chair/MH</p>
<b>Governance</b>		
<p>10/5/17</p>	<p><b>Care Quality Commission (CQC) Comprehensive Inspection November 2016 : Trust wide Action Plan (May 2017)</b></p> <p>Members received a summary of the Trustwide Action Plan for information.</p> <p>Ms Lightbown reported a detailed action plan in response to the Trust’s regulatory breaches following the comprehensive inspection had been collated and submitted to CQC on 2 May 2017. A copy of the full report would be made available to members on request. The Chair noted a copy would be held in her office.</p>	

	<p>Directorates had been involved in developing core service action plans, to include both “should” and “must be done” actions. A time limited group had been established to oversee the delivery of the action plans and scheduled to complete their work by the Autumn 2017. The Trust Management Group would receive monthly progress updates and full action plan would be presented to Quality Assurance Committee in May 2017. Routine engagement sessions had been scheduled with CQC to track progress.</p>	
<b>11/5/17</b>	<p><b>Annual Members Meeting 2017</b></p> <p>Member received notification of the Annual Members Meeting.</p> <p>Ms Saunders reported the formal business of the Annual Members Meeting would be conducted on Tuesday 26 September 2017 at Sheffield United Football Club. Further information would be cascaded in due course. The Chair in discussion with the Non-Executive Directors believed this would be a forum for showcasing the Trust’s strategy and Strategic Planning Framework.</p>	
<b>12/5/17</b>	<p><b>Accountable Care System [formally Sustaining Transformation Plans (STP)] - Memorandum of Understanding</b></p> <p>Mr Taylor reported members were scheduled to discuss and sign the STP’s Memorandum of Understanding, the item had been deferred due to Local Authorities restriction under Purdah to discuss or sign documentation. A copy had been circulated to members with a recommendation to sign the MOU in due course.</p> <p>A Board development session may be required to update members on the Accountable Care System and Accountable Care Partnership Board. The strong commitment from Trusts within the vanguard to work collaboratively was noted.</p>	KT(B/F)
<b>Board Stakeholder Relations &amp; Partnerships</b>		
<b>13/5/17</b>	<p><b>Chair’s Update</b></p> <p>The Chair reported she had attended the Trust’s Compassion Conference along with a number of members. The presentations had been inspiring, interesting and believed the work on Clinical Microsystems could be shared with the Board at a development session. There had also been opportunities to meet frontline staff. A note of thanks was given to those involved in organising the event. Mr Taylor noted the conference facilitators had also offered their time for a session with the Board.</p> <p>A meeting of the Northern Chairs of the Mental Health Care Collaborative had taken place, a number of topics were discussed including staffing , it appeared all areas were faced with recruitment challenges. Regional resources would be developed and initiatives shared via Helen Dabbs, Director of Nursing for Mental Health, NHS Improvement.</p>	



	<p>Learning from deaths in the NHS was another high profile issue discussed, noting a new a publication “Five Point Plan” to support discussion. The Chair noted she felt assured as a number of topics on the agenda were already being discussed and developed in the Trust. A further area for future discussion would be a nine point plan service offer in relation to learning disabilities. She noted a northern conference would be held and led by Professor Tim Kendall.</p>	
14/5/17	<p><b>Governor’s &amp; Membership Matters</b></p> <p>Membership reported at 12,582 no membership activities had taken place during April 2017.</p> <p>A number of Governors had attended and showcased the work of the council at an event in London hosted by NHS Improvement. They choose to share the project of appointment of the Chair, which had been well received.</p> <p>The Governor election results would be published on 26 May 2017.</p> <p>A number of Governor questions to the Board during the month had been received, three were awaiting a response. All outstanding questions had been answered.</p>	
<b>Executive Management Updates</b>		
15/5/17	<p><b>Chief Executive’s Verbal Update</b></p> <p>Mr Clarke reported EDG had undertaken a facilitated, emergency planning exercise. A scenario had been identified and two of the executive team had adopted the role of strategic (gold) leader. Further exercises are to be planned for the Autumn with operational leaders (silver/bronze).</p>	
<b>Papers for Information and Assurance</b>		
16/5/17	<p><b>Board Committees – Significant Issues Reports:</b></p> <p><b>i Audit Committee</b> Members received the minutes of the Audit Committee held on 31 January 2017 and the Significant Issues Report from the meeting held on 18 April 2017 for information.</p> <p>Mr Thomas on behalf of Mrs Stanley, noted a number of points from the significant issues report. The internal audit programme and level of actions completed on follow up audits. The Internal Audit interim review had downgraded the Trust to moderate, Committee believed it was a reasonable position, Mr Taylor added the position was expected and the aim would be to return to a rating of significant. The Committee also agreed to a review of the risk management strategy, alongside the best practice guide used by Oxford University Hospitals.</p>	

	<p><b>ii Quality Assurance Committee</b> Members received the minutes of the Quality Assurance Committee held on 27 March 2017 and the Significant Issues Report from meeting held on 24 April 2017 for information.</p> <p>Mr Thomas noted Committee had discussed the mortality review report.</p> <p><b>iii Workforce &amp; Organisation Development Committee</b> Members received the minutes of the Workforce &amp; Organisation Development Committee held on 31 January 2017 and the Significant Issues Report from meeting held on 18 April 2017</p> <p>Mrs Rogers noted a number of points from the significant issues report. Committee had reviewed disciplinaries and noted the high number. Temporary staffing had been reviewed in line with audit report recommendations. Committee continue to monitor mandatory training, and following the CQC inspection the quality of training would be under review. Mr Clarke reiterated the current operational staffing concerns, noting a number of staff had been recalled from training to work shifts as a priority, which would over time affect training numbers.</p> <p>Ms Lightbown noted the new e-rostering system would factor mandatory training and leave into the establishment formula to ensure the patient staffing ratios were safe to practice.</p>	
17/5/17	<p><b>Any Other Urgent Business</b></p> <p><u>Nurse Director Forum feedback</u> Ms Lightbown reported a new charity MQ, had been established for mental health research. Their aim is to become nationally recognised.</p>	
18/5/17  19/5/17	<p><b>Chief Executive's Announcement of Confidential Business</b> <i>The Chief Executive announced the commencement of confidential business in accordance with the published agenda.</i></p> <p><b>Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b> <i>In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters discussed.</i></p>	

**Date and time of the next Board of Directors meeting, Wednesday 14 June 2017  
at 10am, Tudor Boardroom, SHSC, Fulwood Conference & Training Centre,  
Old Fulwood Road, Sheffield, S10 3TG**

Margaret Saunders, Director of Corporate Governance (Board Secretary)  
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