

# Board of Directors (Open)

**Minutes of the 102<sup>nd</sup> Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 12<sup>th</sup> April 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. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
6. Mr. Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Committee
7. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
8. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
9. Mr. Phillip Easthope, Executive Director of Finance
10. Dr. Mike Hunter, Medical Director

**In Attendance:**

11. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
12. Mr. Dean Wilson, Director of Human Resources (HR)
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
14. Mr Peter Pratt, Controlled Drugs Accountable Officer (Item 6)

**Apologies:**

15. Mr. Leigh Bramall, Non-Executive Director

**Public Gallery:**

David Houston, Public Governor  
 Billie Critchlow, Carer Governor

No	Item	Action:
1/4/2017	<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.	
2/4/2017	<b>Declarations of Interest:</b> No new declarations were made.	
3/4/2017	<b>Minutes of the Board of Directors Meeting Held on 8<sup>th</sup> March 2017</b>  The minutes of the Open Board of Directors meeting held on 8 <sup>th</sup> March 2017 were amended as follows.	

<p><u>5/3/17 Service User Engagement Strategy Implementation Plan refers</u> Ms Lightbown noted the omission of an action for Dr Hunter relating to the content of the report, which arose following discussion at Quality Assurance Committee. She noted the Committee had agreed to service user inclusion on Care Quality Commission mock inspections.</p> <p><u>6ii/3/17 Staffing Capacity &amp; Capability Report to 31<sup>st</sup> January 2017 refers</u> Ms Stanley noted the omission of narrative following discussion of trends and themes at Forest Lodge. The original minute will be amended with,</p> <p>‘Mrs Stanley raised concerns in relation to the increase in the number of incidents, with Forest Lodge as an example of a ward with an exponential rise. It was noted there was a lack of bank/ agency staff available for this service for the period recorded. The query related to the interpretation of the information provided as specific to the service with a growth in incidents or an underlying position demonstrating a potential trend.</p> <p>Ms Lightbown confirmed a combination of factors underpinned the position including, an increased awareness of the accountability, coupled with forensic in-patient staffing being commissioned via NHS England as opposed to NHS Sheffield Clinical Commissioning Group (NHSSCCG) with the contract value exceptionally constrained. The newly appointed part-time Deputy Director of Nursing will focus upon workforce development with a specific emphasis in reviewing the NHS England contract, staffing capacity and capability and utilising the e-rostering safe care module. This will enable the forensic unit to consider demand levels and assess the capacity required. It is anticipated discussions will take place with commissioners as there exists challenges in relation to recruitment, retention and natural attrition. There was also the planned absence of the senior member of the team prior to retirement with another senior member of the team moving to a new position within the Trust.</p> <p>The assurance provided was noted and where specific actions are required for the particular unit it would be beneficial to add additional columns to the table to compare progress from the preceding three months’.</p> <p>Ms Lightbown noted the Deputy Chief Nurse and the Deputy HR Director were undertaking a review relating to the trust wide recruitment for nursing staff.</p> <p>Ms Lightbown, had at March 2017 Board, reported a six month secondment for a senior nurse, with the position being to include the role of Deputy Chief Nurse, leading on workforce development and effective staffing.</p> <p>In response to Mr Thomas’ question Ms Lightbown confirmed no concerns has been raised by Commissioners or regulatory bodies.</p> <p>Ms Lightbown noted the Yorkshire and Humber, North East, Director of Nurses (DON) and Chief Operating Officers (COO) network group would discuss staffing at a forthcoming meeting.</p> <p>Ms Lightbown referenced the forensic contract, noting the requirement for a review of staffing under the specialist commissioning NHS England contract.</p>	<p>MH</p>
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	<p><u>7/3/17 Board Risk Profile refers</u> Ms Lightbown noted an action for Mr Clarke, in relation to the Quality Impact Assessment relating to a risk scoring of 12, and the requirement to add to the Corporate Risk Register, in line with Risk Management Policy.</p> <p><u>11/3/17 Governor's and Membership Matters refers</u> Mrs Rogers requested confirmation of responses from Board to questions raised and sought clarity regarding the role of Psychiatric Decision Unit. Dr Hunter responded the unit acted as an enabler to ensure access to a safe environment for all service users, aside from the "normal" Accident and Emergency urgent care route. The Chair reported the question to Board relating to Sheffield Out Reach Team (SORT) was awaited. Mr Clarke would expedite.</p> <p><u>12/3/17 Chief Executive's Verbal Update - refers</u> Ms Lightbown noted the Trust had been selected for an Appreciative Inquiry Visit, rather than inspection.</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>CC</p> <p>CC</p>
<p><b>4/4/2017</b></p>	<p><b>Matters Arising &amp; Action Log</b></p> <p><u>4/3/17- 4/2/17ii Benchmarking of Mental Health Services 2016 refers</u> Mr Clarke reported the Board, had requested a session to consider the benchmarking results of the Trust. Confirmation of a date was awaited from the external facilitators in consultation with the Board Secretary.</p> <p><u>4/3/17 – 8/2/17 Chair Update refers</u> Ms Saunders reported the Trust were awaiting dates from South Yorkshire Housing Association (SYHA) in relation to a Board to Board meeting. This would be progressed with an update provided at the May Board.</p> <p><u>4/3/17 – 10/2/17 Chief Executive's Verbal update (Sleep ins) refers</u> Mr Wilson confirmed HM Revenue and Customs (HMRC) – payments for "sleep ins" had been added to the Corporate Risk Register and monitored through Workforce and Organisation Development Committee (WODC).</p> <p><u>6i/3/17 – Service Performance – Update on Alcohol/Single Entry Access Point (SEAP) Contract refers</u> Mr Easthope reported a contract performance update would be scheduled for Board.</p> <p><u>Action Log</u> Members reviewed and updated the action log accordingly.</p>	<p>CC</p> <p>MS</p> <p>PE</p>
<p><b>Governance</b></p>		
<p><b>5/4/2017</b></p>	<p><b>Care Quality Commission (CQC) Provider Report and High Level Action Plan</b></p> <p>Members received the CQC Comprehensive Inspection Provider report and High Level Action Plan for information and assurance.</p>	

The Chair reported the Trust's rating was Good which a positive result from the Requires Improvement (RI) provided in 2015, whilst acknowledging further work was required to maintain and improve.

Ms Lightbown reported the Trust received the final provider report and eleven core services reports on 13<sup>th</sup> March 2017. Following the Quality Summit, it was noted there was a dissonance between the regulatory breaches, "must do" and "should do" recorded in the core services reports which had not been fully replicated in the provider report and vice versa. The total number of "must dos" was incorrectly recorded in the provider report. The CQC were notified, and subsequently withdraw the report from the CQC website. Ms Lightbown noted the nature or number of original regulatory breaches would not change.

Mr Taylor noted the Trust disappointment that the CQC had published, in the public domain an inaccurate report, particularly as all deadlines had been met and 84% of the Trust's factual accuracy challenges accepted. The Chair acknowledged the efforts of all involved in the factual accuracy checking exercise and felt there could be potential for sharing information and the Trust's experience of provided a constructive challenge.

Ms Lightbown reported following final checking members would receive a list of all discrepancies.

Ms Lightbown reported the CQC had, at the Quality Summit requested the Action Plan to be completed in line with the original timescales. Following the discrepancies between the core services and provider reports the Trust has agreed an additional week to complete the Action Plan in relation to the regulatory breaches for submission no later the 2<sup>nd</sup> May 2017.

It was noteworthy, that two services within Learning Disabilities, the In-Patient ward and the Community team had secured good ratings across all five domains. The In-Patient ward achieved the greatest improvement moving from RI to Good.

Ms Lightbown noted the RI in relation to the safe domain would be a priority to progress to improve the overall with a particular focus paid to those areas that had been rated RI. The rehabilitation wards had three out of five domains rated RI, which had remain consistent with the previous inspection. The health based place of safety and Clover Group had both received two RI's.

Ms Lightbown reported the internal high level action plan, discussed at the Quality Summit and shared with members would form a base for the final response, it was noted further work would be required on all regulatory breaches. The Board would receive, for information, an updated revised high level action plan in May 2017.

Ms Lightbown reported a clear intention as an Executive, supported by the Board to strive for a rating of outstanding for any further or subsequent CQC inspections. To facilitate this Dr Hunter and herself would network with a range of Trust. It was noted Bradford District Care Trust (BDC) NHS FT was re-inspected in 2016 receiving a good rating within the safe and acute in-patient care domains.

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It was understood no other mental health provider or foundation trust had an outstanding rating for safety. A primary medical service in Northampton had received an overall outstanding rating. The Chair noted Doncaster had eight outstanding practices.

Ms Lightbown reported a meeting had taken place between herself and Debra Gilderdale, Director of Operations and Nursing, BDC NHS FT, who had reported their Trust was anticipating a comprehensive inspection later in 2017. An internal co-ordinating group had been established with the intention of working towards an outstanding rating. Ms Lightbown and Ms Gilderdale had agreed to share learning outcomes from both Trust inspections.

Dr Hunter acknowledged there were a number of specific service areas requiring significant improvement with a number of trust wide safety concerns. The Quality Assurance Committee (QAC) had discussed the safety element, under its remit of the Quality Assurance and Quality Improvement Strategy. A detailed workplan would be discussed at the QAC in May 2017 and shared with Board in June 2017.

The Non-Executive Directors acknowledged the work undertaken to achieve a CQC good rating, and noted in particular the intensive factual accuracy checking, and asked for their thanks to be passed to all staff. The executive's aspiration aim to achieve a CQC outstanding rating, which was acknowledged as a challenge, was supported. It was noted leadership would be a key driver in achieving this. The suggestion of sharing knowledge and learning with other Trusts was welcomed.

Mrs Rogers raised concerns in relation to the reference to the lack of a robust governance structures, noting Community Mental Health Teams (CMHT), and Substance Misuse as examples, querying if this would be addressed in the CMHT reconfiguration.

The Chair also sought clarity regarding the reference to lack of robust governance. Ms Lightbown quoted Regulation 17, noting appropriate systems and processes in place to demonstrate regulatory requirements to lead a team, e.g.: performance manage, measuring compliance, staffing, establishment, mandatory training, PDR, supervision, health and safety and care. Ms Lightbown noted the benefit which would be gained from supporting the development of a consistency of management approach throughout the middle tiers of the Trust. Mrs Rogers considered the Workforce and Organisation Development Committee (WODC) would be instrumental in supporting this initiative. Ms Lightbown responded, Dr Hunter and herself had commissioned an internal audit of team governance originating at QAC which would cascade through the Trust. The outcome would ensure a supported framework, in addition to the CQC Comprehensive inspection report coupled with the directorate management restructure.

Mr Thomas, as Chair of QAC, reported the Committee had discussed team governance, and how it could feed appropriately into the Committee, emphasising the necessity for a link between teams to the Board. The Chair considered triangulation with workforce, finance and quality would be beneficial.

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(B/F June)

Mr Thomas believed the aim to achieving outstanding would address a number of areas, including Eliminating Mixed Sex Accommodation (EMSA) compliance, ligatures and blanket restrictions, noting standards would require testing.

Mrs Stanley considered there was an opportunity to refocus and reframe the safety element citing the safety aspects of mandatory training as an example. A considerable amount of employee time had focused on the inspection, mindful of the need to safeguard day to day functions whilst continuing to plan for future inspections and ensure systems and processes become fully embedded to enable a solid basis for subsequent inspections.

The Chair added to the concerns raised by Mr Thomas in relation to certain areas and sought assurance that the latest standards were being applied. Ms Lightbown responded, the Trust benefited from a supporting corporate service with intelligence across the Trust. Learning from the previous inspection had not been acted on, a learning log had been developed, which would be shared with members. It was also noted the CQC inspection process had evolved. Maintaining a core corporate function to continue with the existing Trust arrangements fits within the remit of the care standards team.

There are opportunities to develop corporate functions further with Dr Hunter and herself having discussed the next stage of developing an overarching corporate function to include clinical governance, quality improvement, care standards compliance, regulatory and quality assurance. As example of this approach was via the deployment of resources to improve quality through the microsystems coaching academy methodology to enable triangulation of all the component elements.

The key would be to ensure corporate services work efficiently and effectively to enable front line practitioners to deliver high quality care. Reference to building relationships with the Positive Practice collaboration, the regional DON/COO forums and wider links with Trusts in Yorkshire and Humber was made. It was also noted the Trust could develop showcasing and sharing good practice with external networks.

Dr Hunter reported the definition of “fine” required challenge and stress testing, and for individuals to hold each other to account in respect of behaviours. The Chair felt stress testing would be required through Board Sub-Committees.

Mr Taylor responded to Mrs Stanley’s question in relation to future CQC inspections. He reported it was understood, the CQC plan to dispense with comprehensive inspections, and replace with unannounced spot inspections.

Mr Taylor reported there had been challenges and staff had worked together. He acknowledged aiming for outstanding would require a degree of change, and requested Mr Easthope review the performance framework to align with the CQC domains. Executive had been assigned a specific domain to focus upon and be accountable for in conjunction with existing individual portfolios; Safe (Dr Hunter), Effective (Ms Lightbown), Responsive (Mr Clarke), Caring (Mr Wilson) and Well Led (himself). He expected the executive team to build relationships with trust’s which are leaders in the respective domains.

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	<p>Mr Easthope noted, historically the framing had been trust, assurance and evidence, going forward executive focus would be on evidence testing and challenging experts and peers.</p> <p>The Chair enquired how the Board could help and support the executive in its aspiration to achieving an outstanding CQC rating and expected to see continuous improvement in all categories. Mr Mills responded the stress testing through Committees would be an area for development which he would support. Mr Taylor noted the strength of the current Board, the challenges and holding to account by the Non-Executive Directors. Consideration could also be given to aligning Committees and Non-Executive Directors to CQC domains. Having an accurate performance framework with clear focus would support improvement. Mr Easthope believed culture was key, citing overall governance as an example of an area to develop further, with action plans to identify changes for frontline staff and evidence quality improvement.</p> <p>Mr Mills if the executive had considered the next steps and challenges to achieving outstanding and the level of additional investment required in a number of areas. The Chair suggested a Board development session may be the forum to address a number of the issues raised, to share the feedback and to gain a shared understanding of the goals going forward.</p>	Chair/MS
6/4/2017	<p><b>Controlled Drugs Accountable Officer (CDAO) Annual Report</b></p> <p>Members received the annual assurance report for the management of controlled drugs. Mr Peter Pratt, Controlled Drugs Accountable Officer was in attendance.</p> <p>Dr Hunter, reported Mr Pratt, in his role as the Trust's independent Controlled Drugs Accountable Officer, is required to provide the Board with an annual assurance on the use of controlled drugs. It was noted the report is a statutory requirement, following a recommendation from the Shipman Inquiry. Mr Pratt is also required to liaise with, and share intelligence across local Trusts.</p> <p>Mr Pratt, gave members a brief synopsis of the Shipman Inquiry and the recommendation required by law under the 2009 Health Act to ensure one individual in every organisation had access to all information relating to controlled drugs. This enables the sharing of information across the local intelligence network to provide a further level of assurance, supported by bi-annual meetings with the regional Controlled Drugs Accountable Officer (CDAO).</p> <p>Mr Pratt summarised the report, outlining the five schedules and the type of substances within each schedule, the incidents and the actions to be taken, noting slippage in a number of response times. Assurance was given that any significant issues would be reported directly to the Chief Executive and the Medical Director. An overall reduction in incidents was noted at this point in time albeit incidents within schedule three had risen attributed to a single service user mislaying patches, further investigation had been requested by Mr Pratt.</p>	

	<p>Mr Pratt asked the Board to accept his report as assurance there were no major concerns in relation to use of controlled drugs.</p> <p>Mr Thomas queried the number of occasions the Medicines Safety Officer had challenged reports of the investigating officers, noting reported incidents had risen to 250. A definitive number was difficult to quantify as the quality of reports in a number of areas required improvement and it is an expectation the Medicines Safety Officer would address any issues with investigating officers. The CDAO would be unable to investigate themselves as part of the process. The Chair sought clarity regarding the systems supporting the role of the CDAO. Mr Pratt responded the Health Act 2009 and Human Medicines regulation required Boards to ensure sufficient resource to undertake the CDAO role. It was noted present resources were sufficient to manage the current level of incidents, concerns would be raised if this position became untenable.</p> <p>Mr Thomas noted a number of incidents dating back to 2015 remained open. Mr Pratt responded, an amount related to Coroner Inquests and therefore were subject to coronial process and timescales. In a number of instances investigations were unable be concluded, e.g. staff having left the employment of the Trust.</p> <p>Dr Hunter, reported he met regularly with Mr Pratt, and had responsibility for the Pharmacy resource to support the role of CDAO.</p> <p>Mrs Rogers noted the CQC had raised a number of concerns with the administration of medicines and if Mr Pratt could comment.</p> <p>Mr Pratt responded he had been seconded and therefore was not acting as Chief Pharmacist. A number of reported medicines incidents were noted linked to administration of controlled drugs and would be investigated accordingly.</p> <p>Mrs Rogers asked for clarity on the governance reporting.</p> <p>Mr Pratt reported following an update to the Human Medicines Regulations responsibility was transferred to NHS England – North of England region, who appoint a CDAO with statutory responsibility and are available on the CQC website.</p> <p>The Chair reported Board were assured by the report from the CDAO.</p>	
7/4/2017	<p><b>Governance for the Policy Approval Process</b></p> <p>Members received a report relating to the governance of policy approval process, requiring Board approval.</p> <p>Ms Saunders reported the Board had, in February 2016, agreed to delegate the powers of approval for policies to the Executive Directors Group (EDG) on an interim basis. Ms Saunders asked the Board to review the processes and recommendation to delegate power to EDG on a permanent basis, requiring a change in the scheme of delegation.</p>	

	<p>Mr Thomas asked for clarity on the criteria and context for policies requiring sign off by the Board. Ms Saunders responded it would relate to all policies, and where EDG concluded a policy required Board approval, e.g. where a policy linked to strategic intent, it would be presented to Board. Mr Taylor noted approved policies were recorded in EDG minutes as additional assurance.</p> <p>Mrs Rogers asked for clarity on how expert opinion would be sought to ensure the accuracy of a policy. Ms Saunders responded the Policy Governance Group (PPG) had been established, held its inaugural meeting in March with further monthly meetings scheduled from May 2017. The group have an assurance and oversight role ensuring all consultation processed were completed and all policies triangulated. Human Resource polices would have an added safeguard of staff side consultation. The directorates have responsibly for writing policies with policy authors identified.</p> <p>Mr Easthope reported the Standing Financial Instructions (SFI's) and Scheme of Delegation, although on the Trust Intranet and often seen as a "policy", are not and reserved for powers by the Board only</p> <p>Members agreed EDG would approve Trust policies, with a caveat that any policy referencing strategic content is presented to Board for approval. Mindful of the change to the Scheme of Delegation, Ms Saunders agreed to check if the Scheme of Delegation required change or the minute recorded would suffice.</p> <p>The change of delegation and the reference to strategic approval by the Board would be incorporated in the PGG's Terms of Reference.</p>	<p><b>MS</b></p> <p><b>MS</b></p>
<p><b>8/4/2017</b></p>	<p><b>NHS Staff Survey Results 2016 Analysis</b></p> <p>Members received the analysis of the Trust's NHS Staff Survey Results 2016 for information.</p> <p>Mr Wilson, reported all staff were provided the opportunity to respond, although the percentage return rate had reduced on previous years the number of responses had increased significantly. The Trust had historically scored above average for service user care as a priority, recommendation as a workplace, and standard of care, these areas continue to score above average.</p> <p>It was noted harassment, bullying and abuse had decreased, resulting in better than average score, staff on staff violence had also decreased significantly.</p> <p>The Trust scored highly for the level of PDRs undertaken, but improvements would be required in the quality of PDRs.</p> <p>A number of the performance indicators linked to stress and pressure, demonstrated the Trust was in the above average quartile, a significant move from the lowest quartile on the previous survey. Further analysis of the data had been requested . Mr Taylor noted organisational change, the CQC comprehensive inspection and CMHT reconfiguration could be attributing factors.</p>	

	<p>In relation to the Positive race equality metrics, it was noted the Trust had received a nomination for an equality and diversity award.</p> <p>Ms Lightbown sought confirmation of the date the survey was conducted, as the results may correlate to the changes within the Trust during the time period. The survey is conducted nationally during the period December 2015 to December 2016. Ms Lightbown also referenced the slight decrease in the quality of PDRs, and raised the potential contribution of service user feedback in terms of further analysis and narrative in contributing to future action planning.</p> <p>Mrs Stanley, believed the report was a useful snapshot , suggesting future reports were supported by an executive summary analysing themes and next steps. Mr Wilson responded an action plan would be developed. Mr Taylor believed the CQC inspection and CMHT reconfiguration had been a contributory factor to increase in levels of stress. The improved rate of PDRs conducted was commended, whilst acknowledging the intention to improve quality. Mr Easthope noted the triangulation of stress, motivation and appraisals, i.e., as the number of appraisals had significantly increased, there would be a requirement to focus on quality. The introduction of staff awards as a motivator may also contribute to an increased response rate.</p> <p>Mr Mills sought a progress report regarding the work of the Group tasked, by Workforce and Organisation Development Committee (WODC), to review violence, harassment and bullying. Mr Wilson responded, an update would be shared with WODC. Mrs Rogers, WODC Chair, noted the Committee would monitor progress against the action plan.</p> <p>The Chair reported overall positivity in the results, whilst acknowledging responses to a number of questions indicated lower staff morale, e.g. coming to work and quality of appraisals as examples. The Action plan required development and would be presented to the Board in June.</p>	<p>DW (B/F June)</p>
<p><b>9/4/2017</b></p>	<p><b>Quality Impact Assessment (QIA) Procedure 2017/18</b></p> <p>Members received the Quality Impact Assessment (QIA) Procedure 2017/18.</p> <p>Ms Lightbown presented the updated procedure for 2017/18, approved by the EDG and QAC and noted the QIA scrutiny panel had commenced.</p> <p>Mrs Rogers asked for clarity on assessment and evaluation through the process, Ms Lightbown responded, quarterly monitoring occurred.</p> <p>The Chair reported members agreed the revised procedure.</p>	
<p><b>10/4/2017</b></p>	<p><b>Annual Report (DRAFT)</b></p> <p>Members received the draft 2016/17 Annual Report for review and comment.</p> <p>Ms Saunders reported members had received the draft “working” report, further amendments, comments, suggestions should be communicated directly to Jane Harris, Communications Manager no later than Wednesday 19<sup>th</sup> April 2017. The final copy for sign off would be presented to the extra ordinary Board meeting scheduled for 26th May 2017.</p>	<p>B/F May</p>

	<p>Mrs Rogers raised a number of concerns relating to content which it was believed would require Board discussion including the reference to a reduction of social care provision and asked for clarity on this statement.</p> <p>Also as Chair of WODC under the Workforce Information section confirmation was requested regarding the number of staff undertaking a secondment and the reference to seven compulsory redundancies. Mr Wilson agreed to share the information with WODC.</p> <p>The Chair considered the report detailed and contained additional information to the guidance published for NHS Foundation Trust Annual Reports, the factual accuracy of a number of statements was queried and would meet with the communications team to contribute to further iterations of the report. Mr Taylor responded that historically reports had contained regulatory information alongside additional information the Trust had agreed to include.</p> <p>Mr Mills suggested there may be merit in commencing the process earlier next year.</p>	<p>DW</p> <p>Chair/MS</p>
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### Strategy

<p>11/4/2017</p>	<p><b>Research and Development Strategy Update</b></p> <p>Members received an update regarding the Research and Development Strategy for information.</p> <p>Dr Hunter presented progress in relation to the research agenda was positive reflecting the research strategy aims to undertake, facilitate and promote research to benefit service users. There were currently two significant studies, first “step wise” a structured lifestyle study and Scimitar, a smoking cessation study, both linked to schizophrenia and connectivity with mental and physical health.</p> <p>The Trust report Key Performance Indicators (KPI) demographics to the Yorkshire and Humber clinical research network, Dr Hunter noting the Trust was green in all reporting areas. The Trust had the highest number of people recruited to studies, which in turn led to an increase in funding. Additional funding had been dependent on the value of the research budget from key NHS based funders, as a result the Trust had secured an additional £385k. Dr Hunter referenced the income graph, highlighting the annual growth, underpinned by key NHS Funded studies, circa £4.5m.</p> <p>A new project to work with University of York on a further smoking cessation study had been planned. Jane McKeown a Research Nurse had secured a place on the University of Sheffield’s, School of Health and Related Research (SchARR) academic leadership academy, to develop research skills to benefit the Trust and service users. A new Research and Innovation Committee would be established, Nick Bell, Service Director, Research and Development and his team would work with Prof. Scott Weich, Professor of Mental Health at SchARR. Professor Weich is also an Honorary Consultant working in the Community Mental Health Team. The Committee’s governance and reporting arrangements are yet to be agreed, reporting into QAC would be considered.</p>	
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	<p>Dr Hunter reported the aim for the unit is to build the portfolio.</p> <p>Mr Mills, noted the positive results, growth of the department and its aims to develop further, clarity was sought regarding expansion of the infrastructure to enable the team to secure further bids. Dr Hunter responded the key to success would be dependent on key enablers; the applicant, the researcher's curriculum vitae and track record, the Trust and the project. The Trust had a growing reputation for project sponsorship, noting the Stepwise studies link to University of Southampton. The challenge would be to maintain performance and continue management of the current portfolio, whilst developing the resource to support growth.</p> <p>Mrs Rogers acknowledged the success of the team and noted the link with the Trust's aims to develop continuous improvement.</p> <p>Mr Thomas asked for clarity on the process for ethical approval for studies, Dr Hunter responded all decisions were made by an independent Ethics Committee.</p> <p>Mr Easthope, also noted the positive results and turnaround of the unit within a short period. The baseline growth and future potential in relation to commercial projects was noted.</p> <p>Ms Lightbown, believed there would be a requirement for research to maintain its exposure at Board level, supporting the development of the team in line with the Trust's wider strategic approach.</p> <p>The Chair, sought clarity of Trust capacity to review internal projects, utilising individuals undertaking leadership courses, e.g. evaluation of the staff survey. Dr Hunter, noted there were a number of areas in the Medical Directorate portfolio which could be scoped to benefit better integration, e.g. research and innovation, clinical effectiveness, quality improvement and assurance.</p>	
<b>Performance Management</b>		
<p><b>12/4/2017</b></p>	<p><b>Service Performance</b></p> <p>i <u>Service Performance Dashboard for the period ending 28<sup>th</sup> February 2017.</u></p> <p>Members received the Service Performance Dashboard for information.</p> <p>Mr Easthope presented the dashboard to members, noting the framework was in a period of review and would continue to be developed. Bed occupancy and Early Intervention Psychosis continued monitoring as primary concerns, a reduction in Quarter 1 in both areas would be expected. The narrative in relation to actions taken in relation to the two service user breaches for 7 Day Follow Up had been amended. A revision of the plan for Care Planning Approach (CPA) is scheduled.</p> <p>Mrs Rogers, requested clarity for the clinical decision taken to discharge a service user who had been absent without leave and whether the days prior to cluster allocation were unusually high. Mr Easthope agreed to review these items.</p>	<p>PE</p>

Mr Thomas welcomed a restructure of the framework, Mr Taylor responded the new framework would be expected to reflect the executive domains to support monitoring and benchmarking in a timely manner. Ms Lightbown added, following the CQC visit feedback, there was learning for performance management and systems. A meeting would be held with Mr Easthope, Ms Lightbown and operational colleagues to discuss and design a framework, mindful of statutory areas the Trust is required to report against. The Chair added the Board required assurance of a different level to the executive or teams.

Mrs Stanley, noted the narrative on the dashboard had improved over the last period, however there was an omission of narrative on a number of finance items. The requirement for a report back to Board in relation to the Alcohol/SEAP contract was also re-iterated.

The Chair noted the Board accepted the report for assurance.

ii Staffing Capacity & Capability Report to 28<sup>th</sup> February 2017

Members received the Staffing Capacity & Capability report for information and assurance.

Ms Lightbown presented the report for period ending 28<sup>th</sup> February 2017, reporting little change in relation to staff and occupancy during February 2017. The report would remain in its current format until the e-rostering system had been fully implemented, expected during Summer 2017. Challenges remained across the Trust with concerns reported in January 2017 in relation to Forensic services and Rehabilitation starting to be addressed.

Ms Debra Breese had been appointed as Deputy Director of Nursing on a six month secondment. A programme of work focused on workforce development and staffing would be undertaken prioritising Forensic and Rehabilitation services.

Members of the executive group had met in relation to e-rostering and agreed an overall governance approach for a number of workforce groups and would receive routine updates.

Ms Lightbown acknowledge delays in reporting, and the inability of the system to record additional capacity of senior nurses or other multi-disciplinary team staff. Members were assured the wards were managed safely.

The Chair requested clarity in relation to the timeline for the implementation of the e-rostering system. Ms Lightbown responded, there had been staff changes in the team, and further training required to continue implementation of the Allocate system. Further scrutiny of the calculating formulas had identified anomalies, in the manner the system calculated the overall time available for every shift within in a 24 hour period and the inability to add additional hours, therefore affecting the management for redeploying staff across the directorate. The aim would be to fully implement Allocate by May 2017, with a six week embedding period. The first report to Board would be August 2017.

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(B/F Aug)



	Mr Easthope, noted smaller organisations would be proportionally challenged, e.g. monetary scale and overheads. It was also noted projects could potentially move at the pace of the slowest organisation. The Chair noted there would be an expectation to achieve, at scale with full participation, with the Trust maintaining its visibility.	
<b>16/4/2017</b>	<p><b>Governor's &amp; Membership Matters</b></p> <p>Membership reported at 12,588, no membership activities had taken place in March 2017. The elections are underway and had closed on 5<sup>th</sup> April 2017.</p> <p>The following had been elected unopposed.  Public: North West - Sylvia Hartley,  South East – Liz Donaghy and Jules Jones.  Young Service User: – Rivka Smith  Staff: Clinical Support - Adam Rogers, Support Workers – Anthony Sharp</p> <p>Elections for Service User and Staff – Allied Health Professionals were scheduled.</p> <p>The Chair noted a number of Governor questions for the Board were outstanding and would be re-circulated with the question in relation to SORT expedited.</p>	Chair
<b>Executive Management Updates</b>		
<b>17/4/2017</b>	<p><b>Chief Executive's Verbal Update</b></p> <p>Mr Taylor reiterated the position of South Yorkshire and Bassetlaw STP as one of nine, accountable care systems. The majority of other sites were smaller or compromised of one hospital locality. The STP groups would work collaboratively within regulatory frameworks with delegated responsibility. Simon Stephens noted STP leaders would be expected to marshal commissioning resources.</p> <p>A Memorandum of Understanding (MOU) would be drafted for Boards to sign off sign during May 2017. Information had been circulated to members</p> <p>Mr Mills noted the reference to the Trust and the requirement to be involved in positioning itself, aligning governance and queried the timing of May Board and alignment with the STP schedule to allow sufficient discussion time. Mr Taylor as the Chief Executive/Accountable Officer was legally responsible to act in the Trust's best interest and to challenge if the Board were not of the same opinion.</p> <p>Mr Easthope queried if there was value in reviewing the committee structures aligning them to support the facilitation through the system. The Chair noted a refresh would be undertaken following consultation with the Board Secretary.</p> <p>Mr Thomas asked for clarity of the position if the Trust, as a foundation Trust retaining independence, were to decline signing the MOU as this was a NHS rather than a parliamentary initiative. Mr Taylor acknowledged the non-statutory position however considered it would be prudent to proceed.</p>	<p>KT (B/F May)</p> <p>MS/PE</p>

	<p>Mrs Stanley requested confirmation if all Trusts in the Vanguard supported the MOU, it was assumed this was the case. The Chair noted all Trusts were required to sign an MOU. The MOU provides a mechanism to resolve disputes and consistently recognises the sovereignty of the host organisation. It was noted the first MOU would be acute focused in line with the sustainable hospital review. It was acknowledge there will continue to be a number of questions going forward in this process.</p> <p>Mr Clarke, also noted there would be financial incentives, and opportunities to bid for central funds.</p> <p>Sheffield CEO's had discussed a collaborative Accountable Care Partnership Board with views shared with respective Sheffield Chairs.</p> <p>The CQC had, following a formal inspection, rated Woodland View Good across all domains.</p> <p>The national Positive Practice launch had taken place in the Trust, promoting both Sheffield and the Trust.</p> <p>Hurlfield View closed on 31<sup>st</sup> March 2017, Mr Taylor noted the staff had worked through the closure in a positive way and supported service users. The staff had noted the help and support they received from HR.</p> <p>Mr Clarke noted NHSSCCG received no tenders for service provision at Birch Avenue. Following a meeting with NHSSCCG and South Yorkshire Housing Association the Trust agreed to continue arrangements for three months, and for NHSSCCG to fund the shortfall of £30k. The Trust would develop a new model and had revoked notice. The Chair queried if following the development of a revised model a care a retender would be submitted. Mr Clarke responded further negotiation would be required. Mr Thomas sought clarity regarding the feasibility of a reduction in overheads to reduce the unit costs.</p> <p>A NHS Improvement quarterly meeting had taken place with Andrew Morgan, Senior Delivery and Improvement Lead, NHS Improvement no specific issues were raised with the outcome of the CQC inspection shared, which may result in a move from Segment 2 to Segment 1.</p>	
<b>Papers for Information and Assurance</b>		
19/4/2017	<p><b>Associate Mental Health Act Managers (AMHAM) Quarter 2/3 Report</b></p> <p>Members received the AMHAM Quarter 2&amp;3 report for information and assurance.</p> <p>Ms Lightbown noted the report detailed the delegated authority from the Board to the Associate Mental Health Act Managers describing the duties and functions, to provide assurance the legal responsibilities are being met. An increase in performance data in Quarter 3 was note and the report will also be received at the AMHAM meetings for approval.</p> <p>The Chair formally thanked the AMHAM members for their work.</p>	

20/4/2017	<p><b>Board Committees</b></p> <p><b>i Quality Assurance Committee</b></p> <p>Members received the minutes of the Quality Assurance Committee held on 27<sup>th</sup> February 2017 and the Significant Issues Report from meeting held on 27<sup>th</sup> March 2017 for information. Mr Thomas had nothing further to add.</p>	
21/4/2017	<p><b>Any Other Urgent Business</b></p> <p>Ms Lightbown noted the CQC appreciative inquiry visit in relation to the Approved Mental Health Practitioner Service and Mental Health Act was undertaken on 5<sup>th</sup> April 2017. The AMHP is a statutory local authority duty delegated to the Trust with the service managed by the Trust. High level feedback had been received from the CQC following the visit, no high risk concerns had been raised warranting immediate action. Good working relationships and level of knowledge across the Trust was noted. Further work will be undertaken on receipt of the full report.</p>	
22/4/2017	<p><b>Chief Executive's Announcement of Confidential Business</b></p> <p><i>The Chief Executive announced the commencement of confidential business in accordance with the published agenda.</i></p>	
23/4/2017	<p><b>Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b></p> <p><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 to be discussed.</i></p>	

**Date and time of the next Board of Directors meeting, Wednesday 10<sup>th</sup> May 2017  
at 10am, Tudor Boardroom, SHSC, Fulwood Conference & Training Centre,  
Old Fulwood Road, Sheffield, S10 3TG**

Margaret Saunders, Director of Corporate Governance (Board Secretary)

[Margaret.saunders@shsc.nhs.uk](mailto:Margaret.saunders@shsc.nhs.uk) Tel: 3050727

Sharon Sims, Board Support [Sharon.sims@shsc.nhs.uk](mailto:Sharon.sims@shsc.nhs.uk) Tel: 2716370