

## Board of Directors – Open

Minutes of the 108<sup>th</sup> Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday, 8 November 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 Committee
3. Mr Kevan Taylor, Chief Executive
4. Mr Richard Mills, Non-Executive Director, Chair of Finance & Investment Committee
5. Mr Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Committee and Interim Chair of Audit Committee
6. Cllr Olivia Blake, Non-Executive Director
7. Mr Clive Clarke, Deputy Chief Executive/Operations Director
8. Mr Phillip Easthope, Executive Director of Finance
9. Ms Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
10. Dr Mike Hunter, Executive 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)

### Apologies:

14. Mrs Ann Stanley, Non-Executive Director, Chair of Audit Committee

### Public Gallery:

Mr J Buston, Public Governor  
Ms J Jones, Public and Lead Governor

	Item	Action
1/11/17	<p><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 it was noted the meeting was quorate.</p>	
2/11/17	<p><b>Declarations of Interest:</b> Cllr Blake declared an interest in any issues relating to the Trust's Partnership Agreement with the Local Authority, however, it was determined that these were non-pecuniary and would not require Cllr Blake to leave the meeting during discussion relating to these items. No further declarations were made.</p>	
3/11/17	<p><b>Minutes of the Board of Directors Meeting Held on 11 October 2017</b>  The minutes of the Open Board of Directors' meeting held on 11 October 2017 were agreed to be an accurate record with the following amendments:</p>	

## **4/10/17 Matters Arising & Action Log**

### 8/9/17 Board Risk Profile refers

In relation to Risk 3788 Dr Hunter confirmed the Quality Assurance Committee (QAC) had reviewed the Eliminating Single Sex Accommodation (EMSA) report and were assured progress had been made to ensure the Trust was EMSA compliant.

Dr Hunter asked for the minute to be amended to show QAC had seen the report and were assured timely progress was being made.

### 5/10/17 Workforce and Organisational Development Strategy – Delivery Plan refers

Mr Mills acknowledged the size of the NHS agenda, noting the prominence of workforce at present and the specific contribution available from Non-Executive Directors (NEDs) to support the strategy and share the Trust's strong values and vision for a workforce of the future. Bullying within the NHS, specifically at senior level, he had been identified as an issue and asked if consideration had been given to incorporate the findings of work undertaken by a Humberside Trust. Mr Wilson responded, Ms Parry, Deputy HR Director and Ms S Highton, Staffside representative had visited the Humberside Trust. Mr Taylor acknowledged behaviour was advocated as a strong trust value, but was mindful this was not uniformly followed and noted there had been a number of challenging situations.

Mr Mills asked for the above minute to be changed as it did not fully reflect his points. The minute should have read:

Mr Mills acknowledged the size of the NHS agenda, noting that the prominence of workforce. Mr Mills asked what the Non-executive Directors could do to support the strategy and make sure the Trust's strong values and vision for the workforce of the future is shared. Bullying within the NHS, specifically at a senior level had been identified as an issue. He asked if consideration had been given to incorporating the findings of Hull and East Yorkshire (H & EY) NHS Trust. Mr Wilson responded, Ms Parry and Ms S Highton, Staffside representative had visited the H & EY NHS Trust. Mr Taylor acknowledged behaviour was advocated as a strong trust value, but was mindful this was not uniformly followed and noted there had been a number of challenging situations.

### 6/10/17ii Safer Staffing Report for period ending 31 August 2017 refers

Mr Thomas noted a trend on the in-patient wards of 70-80% occupancy in a safe environment and queried the scope to review the establishment and potential for new ways of working.

Mr Thomas queried if the 70-80% was occupancy level or staffing levels. Members discussed the point and agreed that it was fill rates for staff. It was agreed the minute would be changed to reflect the amendment.

Mrs Rogers asked for clarification on medical establishment noting 70% to 80% appeared the average. Dr Hunter responded, doctors roles are seen as "jobs" 80% doctors roles are seen as 'jobs' 80% would be considered normal and cover would be provided by colleagues. The level for junior doctors would be lower at 70% due to the working pattern of additional training and night shifts. Dr Hunter asked for the minute to be amended as follows:

	<p>Mrs Rogers asked for clarification on medical establishment noting 70% to 80% appeared the average. Dr Hunter explained 80% would be considered normal and cover would be provided by colleagues. The level for junior doctors would be lower at 70% due to the working pattern of additional training and night shifts.</p> <p><u>7/10/17 Managing Conflict of Interest in the NHS refers</u>  Cllr Blake noted if the Trust were to work with the Universities to be mindful a number of PhD students may be funded by the pharmaceutical industry, also noting research councils work closely with the industry.</p> <p>Cllr Blake asked for the minute to be amended to say .... A number of PhD students might be funded....</p> <p><u>11/10/17 Chief Executive’s Update – Sheffield Accountable Care Partnership – Statement of Intent (SOI) refers</u>  Cllr Blake, sought clarity regarding the first point under mutuality and accountability to the partnership and the population of Sheffield, as a principle and queried the phrasing “to the partnership”, whilst maintaining internal governance. Mr Easthope believed the Trust were accountable to the population and in spirit was accountable both professionally and organisationally achieving both governance and principle accountability.</p> <p>Mr Easthope asked for the minute to be changed as it did not reflect the point being made. The minute was amended to read as follows:</p> <p>Cllr Blake, sought clarity regarding the first point under mutuality and accountability to the partnership and the population of Sheffield, as a principle and queried the phrasing “to the partnership”, whilst maintaining internal governance. Mr Easthope commented he recognised that he was as a Director of the Trust accountable to the population served by the Trust and to the Trust itself. He also recognised as an individual and from a professional perspective he was accountable to his professional body.</p> <p>The Board approved the changes to the minutes and asked Ms Saunders to arrange for the amendments to be made.</p>	MS
4/11/17	<p><b>Matters Arising</b></p> <p><b>4/10/17 Matters Arising &amp; Action Log</b></p> <p><u>7i/9/17 Service performance Dashboard for period ending 31 July 2017 refers</u>  Following a query Mr Easthope reported the data in relation to Early Intervention Psychosis (EIP) had been reviewed which had reported zero for September and continues to record zero for October, data definition will be checked with peers; it is believed the measurement of the key performance indicator would require a change.</p> <p>Referring to the above minute, Mr Clarke asked for clarity on why it had reported zero for two months.</p> <p>Mr Easthope explained that the zero reporting was in place while the definition was being benchmarked against another Trust and confirmation that the Trust was reporting correctly. Mr Easthope confirmed that the reporting for this period did seem to be correct, but would check the definition.</p>	PE

	<p><u>7/10/17 Policy – Managing Conflict of Interest in the NHS refers</u> Ms Saunders advised members the Managing Conflict of Interest in the NHS policy had been reviewed for a second time by the Audit Committee (AC). The Board had provided delegated authority to the AC to approve the policy.</p> <p><u>12/10/17 Quarter 1 reports refers</u> Mrs Rogers explained that the question she was asking was about the necessity for the CAB advocacy to be confidential information. She asked if there had been any progress against the action.</p> <p>Ms Lightbown explained that there had been three queries, one regarding Safeguarding, one around Infection Prevention and Control and the third query was around advocacy.</p> <p>Ms Lightbown advised she had responded to members on 20 October 2017 by email. The Chair requested Ms Lightbown to resend the email to ensure all members had received the update.</p>	LL
5/11/17	<p><b>Action Log</b></p> <p>Members reviewed and updated the action log accordingly.</p> <p><b>11/1/17 Arts and health project</b> Dr Hunter suggested members could receive updates from the Arts and Health Project from the QAC. He explained the project reports to the Service User Engagement Group (SUEG) and they are sighted on this topic. QAC receive regular reports from the SUEG and would be able to update members as appropriate. The Chair commented that it was an important project that members were interested in, but did agree with the suggestion around reporting arrangements. The Chair asked the members to confirm their approval. The Board agreed to the proposed reporting arrangements for the project and asked for the item to be removed from the action log.</p>	MS
<b>Strategy</b>		
6/11/17	<p><b>Workforce and Organisation Development Strategy - Delivery Plan</b></p> <p>The Chair thanked Mr Wilson for his comprehensive paper.</p> <p>Members received the delivery plan to support the Workforce and Organisation Development Strategy. WODC received the plan in October 2017. It was confirmed the Committee had discussed and agreed to recommend to Board, that the plan is formally receive and approved. This was corroborated by Mrs Rogers, Chair of WODC.</p> <p>It was reported, following a presentation to members in October 2017 and feedback from that presentation that a number of amendments were made to the delivery plan, including the addition of the Key Performance Indicators (KPI's), a timeline and a staff handbook.</p> <p>The Chair welcomed the progress made and sought assurance the plan would be routinely monitored through the WODC. It was confirmed WODC would continue to monitor implementation progress against the plan and report back to members as appropriate.</p>	

	<p>The Chair added she was pleased to see the alignment of the strategy with Trust priorities, regarding recruitment, retention and absenteeism.</p> <p>Ms Lightbown reported the Deputy Chief Nurse, Ms Sangha, will return to her substantive post in December 2017. As a result any actions within the delivery plan that are currently under the leadership of the Manager for Clinical Support will now be undertaken by the Deputy Chief Nurse.</p> <p>The Board supported the recommendation from WODC and approved the delivery plan to support the Workforce and Organisation Development Strategy.</p>	
7/11/17	<p><b>Risk Management Strategy 2017</b></p> <p>Members received the Risk Management Strategy (RMS). It was reported AC had received the strategy in April 2017 and recommended a review giving consideration to the “Oxford” model. This work was undertaken and the strategy was represented to AC in October 2017. The Interim Chair of the AC confirmed receipt of the revised RMS for consideration and was now recommending the Strategy for approval by the Board.</p> <p>Members requested an executive summary was developed to support the document. The Chair believed a focus on risk appetite would be beneficial and requested a dedicated session for the Board to be arranged noting AC could provide the key areas for discussion, to further strengthen the strategy.</p> <p>Members raised a number of queries including:</p> <ul style="list-style-type: none"> <li>• Confirmation was sought on the name ‘Safeguard’ as the risk management system being used by the Trust. Mrs Rogers asked for clarity around the training that will be provided. She noted that there was training arranged for 29 November 2017 and that the mandatory training only provided training around clinical risks. Ms Saunders confirmed the system used by risk management was called Safeguard. Ms Saunders advised the training being provided on 29 November 2017 was for directorate representatives and covered the whole of the system. The current mandatory training staff receive only covers clinical risk, but an additional module would be added to the mandatory training around corporate risk management.</li> <li>• Clarity was sought on the colour coding of risk indicators, as this appeared counterintuitive when considering the Risk Appetite section. Ms Saunders explained the colour coding and confirmed the ratings were correct.</li> <li>• It was acknowledged exemplars were beneficial in a document, but the examples on page 9 of the document requiring amendment in relation to cause and effect. The use of examples will be reviewed and incorporated in future iterations.</li> <li>• It was noted a review of job titles within the document would be amendment to reflect the restructure of the clinical directorates.</li> </ul> <p>Members supported the AC’s recommendation and approved the RMS. It was noted the Strategy would be implemented and monitored by the AC any issues or concerns would be raised with members via the AC.</p>	MS

8/11/17

**i Service Performance**

Members received the service performance dashboard for the period ending 30 September 2017 for information and assurance.

A number of key areas were highlighted:

- Concerns in relation to occupancy rates and lengths of stay for older adults where in some instances the length of stay exceeded sixty days.
- Good progress had been made against Care Planning Approach (CPA) with additional performance controls having been applied from September 2017. It was agreed routine monitoring would continue.
- Monitoring of the Clover Group quality indicators continued. Following recruitment of additional staff there had been a marginal improvement in performance. A meeting had been scheduled for later in November 2017 with NHS Sheffield Clinical Commissioning Group (NHSSCCG) to progress the issue.
- The financial performance of the Trust remains strong. The Trust's position on segmentation was clarified. The understanding of the Trust following a 'good' rating from the Care Quality Commission (CQC) was that this would be reflected by moving from Segment 2 to Segment 1 under the performance criteria of NHS Improvement (NHSI). However confirmation had not as yet been received from NHSI and this will be followed up as a matter of urgency.
- Mr Clarke noted clinical directorates were exceptionally busy with capacity being proactively managed. The Bed Management Group has continued to meet regularly and monitor occupancy levels. Mr Easthope added that although there was significant pressure in the system with bed occupancy being high and sickness levels, it was not tipping the organisation into any significant concerns for the Trust.

Mr Mills welcomed the update from Mr Clarke and added that his understanding is that the whole NHS system is under pressure. He asked if the NHS was heading for a difficult winter. Simon Stephens, Chief Executive, NHS England has recently raised the issue of increase in waiting times. Mr Mills believed this level of concern nationally did affect staff. He asked Mr Clarke to ensure that at the Bed Management meetings staff do understand that the Board take the challenges seriously and are supportive of what they are doing.

Mr Thomas added that members also had to be cognisant of the strategic decisions it has made in relation to reconfiguration and bed numbers. There is a dilemma for the Board as the public could get the impression the reconfiguration was a flawed decision, however it is important for the public and the Board to understand the tension between the current demands and the strategic direction of the organisation.

Members noted a recent press article had focused on delayed discharge. Clarity was sought on the focus of the Trust on this area.

CC

Dr Hunter reminded members the Trust has step-down facilities at Wainwright Crescent which was a valuable resource and Home Treatment. He explained Home treatment was an intensive service that helped service users remain at home and also helped patients return home quicker.

Ms Lightbown added Dovedale ward was about to start a piece of work led by the Senior Operations Managers looking at the length of stay of service users along with seeking ways of improving flow. For Ward G1, Ms Lightbown advised the ward had good relationships with the Local Authority around the management of any delays in discharge and a system to escalate any issue as necessary.

Ms Lightbown added the separation of adult social care for older adults and a number of teams, services and practitioners no longer being co-located had resulted in on-going challenges. Additional funding is being sought for mental health nursing to support dementia and older adults as part Continuing Health Care (CHC).

- It was noted the targets for Increased Access to Psychological Therapies (IAPT) recovery and access to Early Intervention Psychosis (EIP) had not been achieved over the period to 30 September 2017. It was reported IAPT recovery had seen a slight dip for two months.

Mr Clarke explained it is known that EIP capacity has been outstripped by demand. An additional £650,000 has been provided to support the service and its impact should be seen over the next couple of few months. Work is also being undertaken around the definitions to confirm the interpretation by the Trust.

Mr Easthope is now reviewing what action is being taken to recover delivery.

Dr Hunter noted one of the reasons for the performance level is the level of comparison to the national picture with the level of acuity of the service users accessing the IAPT service being higher. NHS I regards the Trust as providing one of the best IAPT services in the country which is reflected in the large award of additional funding.

- Members noted the work undertake to reduce the levels of sickness absence in the report and congratulated the team on their work.

Members received the report and were assured.

## **ii Safer Staffing Report for periods ending 30 September 2017**

Members received the service performance dashboard for the period ending 30 September 2017 for information and assurance.

A number of key areas were highlighted in relation to nursing data:

- Continuing challenges in relation to fill rates across the in-patient wards, with occupancy levels peaking within the mid 90% - 100% range. Staff vacancies have increased to 20% across three working age adult in-patient wards and Psychiatric Intensive Care Unit (PICU). This coupled with a number of staff who had been assaulted by service users had resulted in capacity challenges.

PE

- Ms Lightbown had recently visited and spent time speaking with staff on Maple ward and had been impressed with their commitment as teams to working together and shared learning coupled with the work ethic and values. A rise in Healthcare Support Workers on Maple has been as a result of increased activity on the ward and an increase in the Section 136 activity, particularly out of hours. The Ward has also identified that since the closure of Rowan they are feeling more isolated. Ms Lightbown commented that focus on recruitment will now be on acute wards. Ms Lightbown believed it had been a difficult summer for the acute services however they had continued to seek to implement initiatives, one of which from a safety perspective is to link with Bradford Care Trust on the safety huddles and seek to learn from their experience.

On a positive note the two members of staff injured in a recent serious assault had returned to work.

- Nationally it was noted that recruitment to mental health services, particularly learning disability services was of concern. As a result a recruitment drive will be undertaken to build the establishment for in-patient wards, and recruit to highly specialist nursing roles. Additionally wards welcomed and support newly qualified nurses undertaking preceptorships.
- Recent discussions at WODC regarding e-rostering and the safer staffing highlighted the embedding of systems as a key point. Ms Lightbown explained once Electronic Staff Record (ESR) is fully bedded in the organisation it will provide an improved picture of safer staffing levels and the implications for strategic and financial planning and management of the workforce.
- Ms Lightbown added E-rostering is the interface with safer staffing and it is critical that a workforce analysis is completed, without which the Trust will be unable to forecast the workforce models required. It is expected that work will be completed by spring 2018. The analysis will ensure there is a clearer understanding and a longer term review of the funded establishment, workforce and service user profiles. This would contribute to the development of business cases to support a number of training programmes including apprentices for nursing and nurse associates to support the staffing establishment of the Trust. Ms Lightbown suggested starting with Maple ward as it had been two years since there had been investment and to gain a greater understanding of the service user profile.

The Chair requested assurance in relation to future reporting emphasising the requirement for integrated and triangulated reporting to Board.

MS

- Mr Wilson advised the Trust had recently signed up to the Cohort 2 of NHS Improvement's nursing recruitment and retention scheme and would incorporate this, along with the recently published Model Hospital for Mental Health documentation.
- Clarity was sought regarding the level of filled posts within the current establishment following the recent recruitment drive. It was confirmed a number of vacancies remained. Members were advised the Executive Directors had been reviewing other organisations reporting models and were impressed with the reporting on Safer Staffing at Salford Royal. The

	<p>Trust has the data available to include within the models, however challenges remain regarding the acute information.</p> <ul style="list-style-type: none"> <li>• Ms Lightbown added that learning disability is recognised as a national challenge. The Director of Operations, Michelle Fearon has arranged for some additional operational capacity on a short term basis to support the Learning Disabilities team.</li> <li>• Mr Clarke referred to press coverage over the weekend on the shortage, nationally, of consultant psychiatrists. He assured members the Trust only had two vacancies, both covered by locums and interviews are scheduled for December 2017.</li> <li>• The Chair noted Governors had requested clarity regarding the role of Associate Physicians. Dr Hunter agreed to action this. The Chair believed it would be beneficial to include reference to all the newly developed roles within this initiative within the brief.</li> </ul>	MH
<b>Governance</b>		
9/11/17	<p><b>Board Risk Profile</b></p> <p>Members received the Board risk profile for information and assurance.</p> <p>Changes to the profile were summarised.</p> <p>The following risk had been de-escalated:</p> <ul style="list-style-type: none"> <li>• Risk 3842 to Directorate level.</li> </ul> <p>The following had been escalated:</p> <ul style="list-style-type: none"> <li>• Risk 3659 related to Cyber security, a new risk.</li> <li>• Risk 3858 related to provision of senior support for in-patient areas out of hours.</li> </ul> <p>Members were given assurance all risks were monitored and managed across the system.</p> <p>A request had been made to review a number of risks.</p> <p>Risk 3831 did not appear to have a corresponding number and level of actions and controls that had been discussed as part of the board discussion around safer staffing.</p> <p>Risk 3858, identified the senior manager on call as holding the risk, it was believed this was incorrect as it was understood there were more controls than identified in the risk register which may affect the risk score and rating, the risk would be reviewed.</p> <p>Clarity was sought regarding the Band 7 appointment, and whether this post covered the whole Trust. It was noted one senior on-call professional would be normal practice, supported by additional on-call colleagues. The appointment of an out of hours Band 7 post to support the out of hours team and in-patient wards would provide an additional safety measure.</p>	CC

	<p>Mr Clarke added context to the discussion. It had been noticed out of hours was becoming increasingly busy, the number of calls the on-call manager was receiving were consistently between 150 -200. As a result it had been agreed to appoint a Band 7 member of staff to sit in-between the services and the operational managers to enable a number of the issues to be resolved before being escalated to the on-call manager.</p> <p>Ms Lightbown added that the services are fragmented and need to bolster by the senior nursing leadership 24/7 and as part of that the Executives had approved a business case that provided additional resource to support the other out of hour's and single access services.</p> <p>Clarity was sought in relation to de-escalation of Risk 3842 noting EDG had made a decision based on the appointment of additional staff. Mr Taylor advised that the CQC assessment had rated Clover Group responsiveness domain as good and positive feedback had been received in relation to access albeit this had not been reflected in the performance data.</p> <p>Mr Taylor gave an example of where the CQC had gained assurance, noting a patient requested and obtained a GP appointment the same day. Mr Mills expresses his concern that performance data identified Darnall as an outlier. Mr Easthope explained that this risk in this context relates to the Clover group as a collective and four out of five practices were outstanding.</p> <p>The Chair asked for the performance report to include additional narrative regarding Darnall</p> <p>Dr Hunter referenced the ligature risk explaining the rationale for the current assessment. A question was raised in relation to the actions planned to reduce the risk becoming controls and potentially resulting in a lower score. However it was noted the highest score of catastrophic would always apply for the risk because of its nature. Mrs Rogers was in disagreement with the rationale suggested by Dr Hunter. She was of the view that the mitigation should be reducing. Members discussed the varying views and it was suggested that the RMS definitions should be reviewed. Mr Taylor added that it was also important to compare against other organisations.</p>	CC
10/11/17	<p><b>Board Assurance Framework</b></p> <p>Members received the Board Assurance Framework (BAF) for information and assurance.</p> <p>It was reported the AC had supported a new format for the BAF. The design developed in consultation with those completing the framework. A training session on 14 November 2017 will be held where further possible changes could be identified.</p> <p>A succinct update was provided to members, on progress to address the gaps in controls and content. Members will receive assurance and evidence via triangulation of the RMS, Corporate Risk Register (CRR) and BAF which will identify any gaps in the controls or content of the documents.</p> <p>A number of questions were raised.</p>	



	<p>agreed the event would have benefited from the involvement of health and discussions would be held with the Local Authority regarding the incorporating of a health perspective in future events.</p>	
12/11/17	<p><b>Non Agenda for Change Pay Award</b></p> <p>Members received a recommendation to award non Agenda for Change (AfC) staff salary uplift.</p> <p>A small number of staff who were being paid higher than the AfC banding for their role had chosen not to transfer to AfC because of the detrimental financial effect. Non AfC pay awards are negotiated locally and the Trust agreed not to apply the 1% uplift in 2016/17 as a means of reducing the gap. Recently a number of staff have been TUPed into the Trust who were not on AfC resulting in an increase rise in the number affected to over twenty. EDG had discussed the issue and agreed to recommend to the Board, that on this occasion, the pay award be applied.</p> <p>Members discussed and agreed to support the recommendation to apply the 1% pay uplift to staff not on AfC contracts.</p>	
13/11/17	<p><b>Nurse Revalidation</b></p> <p>Ms Lightbown presented the update on the progress of nurse revalidation for information and assurance.</p> <p>It was reported the Trust has effective systems in place for nurse revalidation and all registered nurses that required revalidation during the period had revalidated. The Trust recently migrated to the Nursing and Midwifery Council (NMC) system and applied an effective interface with the ESR system which supports monitoring and reporting.</p> <p>Members received the report and were assured processes were in place.</p>	
14/11/17	<p><b>Care Quality Commission (CQC) Domain - Well Led</b></p> <p>Mr Taylor presented the paper outlining the priorities within the delivery plan required to meet the CQC Well-Led domain standard.</p> <p>It was noted the Quality Improvement and Assurance Strategy sits alongside the CQC domains, the report provides a strategic overview of the well led domain. The key lines of enquiry had been discussed by the EDG and two significant change areas were identified:</p> <p>The first in relation to culture of leadership and the balance of support for development and being held to account at team leader level. It was acknowledged team leader level was a significant role in Trust to support and maintain the delivery of services. Feedback from team leaders suggested there were, at times, an imbalance between accountability, performance and development</p> <p>The second area related to information to support performance development and strengthening the accuracy, quality and accessibility of data to team and ward levels.</p>	

Mr Thomas welcomed the report noting the future aim was to achieve a rating of outstanding and for that to remain the focus. It was noted the period between the two comprehensive inspections had been to address the identified issues and continue to develop and aspire to achieve outstanding.

Mr Taylor reiterated that the two key issues that will support the organisation to becoming outstanding are culture of leadership and information.

Ms Lightbown explained that the culture of leadership goes hand in hand with people understanding their roles and responsibilities. The ward/home to Board ethos ensures staff in leadership roles have the competencies, capabilities and confidence to undertake their roles complemented by the governance infrastructure to deliver the aspirations of the Trust.

It was noted feedback from a workforce conference on recruitment and retention had cited line management relationships as a primary cause in grievances and the reasons given for resignation. This was acknowledged by the Trust which was seeking to gain a greater understanding of the underlying issues.

Mr Taylor believed there could be greater focus supporting team leaders. To address this, a Leadership Engagement Network, chaired by Mr Taylor had been established, the membership restricted to team leader level, allowing space for open and honest debate in a safe environment.

A session on engagement will focus on both senior management and team level leadership to support the development of enablers. A culture to support performance development and hold staff to account needs to be developed.

Mr Easthope believed a key objective would be to improve data quality, information and decision making. The Trust Management Group (TMG) was to receive a presentation regarding the establishment of a performance framework, with an update to the Board scheduled.

It was acknowledged data accessibility was a concern in a number of areas, coupled with an inconsistency in performance information management.

Substance Misuse Services and IAPT were referenced as exemplars of well-developed systems. However the assurance, trust wide, that all teams had consistent readily accessible quality data information to support decision making was limited. Clarity regarding roles, responsibilities, training and development, risk and financial management were identified as areas for development. The project to integrate information systems and tools into IMST to support the development of a data warehouse had commenced, which was a two year project. The Non-executive Directors (NEDs) confirmed they were committed to supporting the project.

Members shared experiences of accountability and the anxiety and tension shared by team leaders. It was believed the definition of accountability could be clarified with support identified to develop staff in all areas as required. There are multiple elements to the team leader role, e.g. safety, risk and policy management and workforce issues.

It was believed early intervention to assess levels of competency and address skill gaps was vital. A number of staff had visited Salford Royal, and would be looking at integrating a number of practices into nursing practice.

	<p>Development of data and information systems was welcomed, a good example being the mandatory training report delivered to the CQC Oversight Task and Finish Group, all data had been collated, and was instantly available across all teams/wards and directorates.</p> <p>Members considered the level of risk the Board was happy for the middle managers to carry. The Chair commented that a number of topics have a low risk tolerance such as patient safety, other topics will be higher. It was agreed risk needs to be part of the discussion in the future. It was believed a Board development session would provide space for further focused discussion to capitalise on the interest expressed in this item.</p>	MS
<b>Board Stakeholder Relations &amp; Partnerships</b>		
15/11/17	<p><b>Chair's Update</b></p> <p>The Chair provided an update covering events of the last month.</p> <p>Congratulations to all those involved in the recent powerful and excellent safety event that showcased the work of the Trust. It was noted the openness of the Trust had been evident in both the empathy and sharing of information in the presentations which were both powerful and emotional coupled with the compassion shown to service users and their families.</p> <p>Feedback had been positive and the team should be thanked for their organisation of the day.</p> <p>A visit had to the IAPT team had taken place. The team were empowered and enthused and shared information at a team meeting.</p> <p>There has also been an increase in external ambassadorial requests in conjunction with ACS and the ACPB.</p> <p>Governors attended a meeting arranged by the ACS to debate the development of future governance arrangements. This has generated a number of questions which await answers. However there remains a real sense of engagement in relation to the ACS.</p>	MH
16/11/17	<p><b>Governor and Membership Matters</b></p> <p>Members received an update on Governor/Membership matters for information.</p> <p>It was noted membership had remained static. The membership is high compared to other peer trusts.</p> <p>Clarity was sought on the closing date for the membership count. Ms Saunders advised that the target is a financial year target. . It was reported figures would be submitted on 31 March 2018.</p> <p>Mental Health Day had been celebrated and Governors were supportive and attended a number of events.</p>	

Executive Management Updates		
17/11/17	<p><b>Chief Executive's Update</b></p> <p>The Trust had attended the National Positive Practice Awards ceremony; four services (Service Improvement, Acute Care Reconfiguration, Wainwright Crescent and CERT) were highly commended for their services. The Board congratulated all those involved and agreed to invite them to an Open Board session.</p> <p>The Chief Executive reported that there had been a positive meeting with the Sheffield Members of Parliament, the Chair, Mr Clarke and Ms Saunders had taken place. There was recognition of national challenges and the stability of the "Sheffield System". The Chair added the engagement was good, open and respective.</p> <p>A constructive relationship meeting with Shaun Morley, Chief Superintendent, South Yorkshire Police was held with further meetings scheduled with the Sheffield Chief Executives.</p> <p>Attendance at a Career event for young people, hosted by the Trust, had showcased a number of moving presentations by staff regarding their experience of working in healthcare and for the Trust.</p> <p>The ACS has recently published the Hospital Services Review with the potential for significant changes to acute trusts. A formal presentation would be scheduled for a Board of Directors meeting</p> <p>A number of the Trust staff were interviewed as part of the CQC Driving Improvement Project, capturing case studies of trusts which had improved their rating in follow up inspections.</p> <p>The ACPB had appointed Becky Joyce as Programme Director, reporting directly to Mr Taylor.</p> <p>The CQC inspection report for Clover Group had received a rating of good across all domains. The CQC will inspect the City Practice, recently acquired by the Trust later in November 2017.</p>	MS
Reports for Information and Assurance		
18/11/17	<p>Members received the following reports for information and assurance.</p> <p><b>i. Associate Mental Health Act Managers (AMHAM) Quarter 1</b> It was reported the AMHAM meetings had been rescheduled to align with reporting to Board. Assurance was given that AMHAM's were fulfilling their legal duties as delegated by the Board. Development and improvement work to support AMHAM's was scheduled.</p> <p><b>ii. Workforce Race Equality Standard Report 2017</b></p> <p><b>iii. Annual Equality &amp; Human Rights Report - 2016/17</b></p> <p>The above reports were received for information and monitoring undertaken via the WODC.</p>	

	<p>Mr Thomas asked for clarity around figure in the report that suggested that 66% of service users have learning disabilities. It was believed the percentage related to the overall number of people with a disability of which 66% had a learning disability. Mr Wilson was asked to clarify the point.</p> <p>Mrs. Rogers noted the reports on this occasion had been presented to Board for information, she believed the reports should be presented to the Board in the first instance. The Chair agreed to schedule reports for 2018.</p>	<p>DW</p> <p>MS</p>
<p>19/11/17</p>	<p><b>Board Committees</b></p> <p><b>a) Audit Committee (AC)</b>  Members received the minutes of the meeting held on 11 July 2017 and the Significant Issues Report from the meeting held on 17 October 2017 for information and assurance.</p> <p>Mr Thomas had no further comments on the minutes or the Significant Issues Report</p> <p><b>b) Quality Assurance Committee (QAC)</b>  Members received the minutes of the meeting held on 25 September 2017 and the Significant Issues Report from the meeting held on 23 October 2017 for information and assurance.</p> <p>Mr Thomas had no further comments on the minutes or the Significant Issues Report</p> <p><b>c) Workforce and Organisation Development Committee (WODC)</b>  Members received the minutes of the meeting held on 28 July 2017 and the Significant Issues Report from the meeting held on 25 October 2017 for information and assurance.</p> <p>Mrs Rogers referenced the Significant Issues Reporting noting progress on a number of areas. The Committee will focus on identified key risks including disciplinary and changes in employment tribunals which may have an impact. Concerns raised in relation to incremental pay progression would be explored further.</p> <p>Mr Wilson noted a substantive amount of work had been undertaken in relation to the Carers Strategy. Mr Wilson commented the work on the Strategy is pivotal with the first implementation meeting scheduled for January 2018. The Chair noted the strategy is of interest to the Council of Governors (CoG), and was aware a Governor had requested a meeting with Mr. Wilson.</p>	
<p>20/11/17</p>	<p><b>Any Other Urgent Business</b></p> <p><u>Safety Day Feedback</u></p> <p>A request was made to invite Marion Bruce, MAZAR LLP who presented on Southern Health to Board, to share the presentation with members. Following discussion it was agreed this should be taken to a development session and opportunity for members to receive an in-depth presentation.</p>	<p>MH</p>

21/11/17	<p><b>Chief Executive's Announcement of Confidential Business</b>  <i>In the interest of probity the Chief Executive announced the commencement of confidential business in accordance with the published agenda</i></p>	
22/11/17	<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 to be discussed.</i></p>	

**Date and time of the next Board of Directors meeting**  
**Wednesday 13 December 2017 at 10am**  
**In Tudor Boardroom, SHSC, Fulwood Conference & Training Centre,**  
**Old Fulwood Road, Sheffield, S10 3TG**

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