

Board of Directors (Open)

Minutes of the 98th Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 14th December 2016, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

Non-Executive & Executive Directors

1. Ms. Jayne Brown, Chair
2. Mr. Kevan Taylor, Chief Executive
3. Mrs. Sue Rogers, Non-Executive Director/Vice Chair, Chair of Workforce & OD Committee
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. Cllr. Leigh Bramall, Non-Executive Director
8. Mr. Clive Clarke, Deputy Chief Executive/Operations Director (part meeting)
9. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
10. Mr. Phillip Easthope, Executive Director of Finance
11. Dr. Mike Hunter, Medical Director

In Attendance:

12. Ms Margaret Saunders, Director of Corporate Governance (Board Secretary)
13. Mr Dean Wilson, HR Director
14. Mrs Sharon Sims, PA to Deputy Chief Executive (Minutes)
15. Ms Pamela Allen, Carers Strategy Lead (Item 2)

Apologies:

Mr. Clive Clarke, Deputy Chief Executive/Operations Director (from 11am)

Public Gallery:

John Buston, Public Governor
 Adam Butcher, Service User Governor
 David Houlston, Public Governor
 Jules Jones, Lead Governor (Public)
 George Psomas, Public, De Poel
 Chris Sterry, Carer

Minute	Item	Action
1/12/16	<p>Welcome & Apologies:</p> <p>The Chair welcomed members of Sheffield Health and Social Care NHS FT Board and those in attendance to the meeting. Apologies were noted and the meeting was quorate.</p>	

<p>2/12/16</p>	<p>Board meet Trust Award Winners</p> <p>The Board welcomed Pam Allen, Carers Strategy Lead. Dr Hunter reported Ms Allen had been instrumental in developing a Carers Resource Pack and through this work had been nominated for an award by Sheffield Young Carers through the Carers Centre. Ms Allen was successful in winning the Caring for Carers award,</p> <p>Ms Allen gave an overview of the project and how it had developed following a review of carer information within Community Mental Health Team (CMHT). Ms Allen explained the resource pack had been co-produced with the Carers Centre, Sheffield Young Carers and Chilypep and noted engagement with these groups had been key to its success. The next steps will be to embed this into other areas of the Trust.</p> <p>The Board congratulated Ms Allen on this achievement.</p>	
<p>3/12/16</p>	<p>Declarations of Interest:</p> <p>Cllr Bramall declared an interest in items 7 and 10. No further declarations were made</p>	
<p>4/12/16</p>	<p>Minutes of the Board of Directors Meeting held on 9th November 2016</p> <p>The minutes of the open Board of Directors meeting held on 9th November 2016 were, following minor corrections agreed as an accurate record and duly signed off by the Chair.</p>	
<p>5//12/16</p>	<p>Matters Arising</p> <p>To consider matters arising from the minutes of the Open Session of the Board of Directors' meeting.</p> <p><u>5/11/16 Matters Arising Benchmarking of Mental Health Services refers</u> Mr Clarke reported following discussion at EDG the benchmarking data would be shared with the Directorates and an action plan developed. The Action plan will be shared with the Board early in 2017.</p> <p><u>9/11/16 Service Performance refers</u> Mr Clarke noted the information he had received in relation to Cllr Bramall's question on Early Intervention Psychosis had been contractual and considered. He noted over activity did not generate additional income. Mr Easthope added he had requested clarity of the cost element and would circulate this information to members.</p> <p>To note, A report on mortality scheduled to be presented to the Board in December had been deferred to January by Dr Hunter. Recommendations following an independent review of Southern Health will require all Trusts to report mortality in their Quality Accounts from April 2017.</p> <p>The report will be shared with Quality Assurance Committee in the first instance.</p>	<p>CC (B/F Feb)</p> <p>PE</p> <p>MH (B/F Jan)</p>

6//12/16	<p>Action Log</p> <p>Members reviewed the action log, noted and updated actions.</p> <p>Mr Easthope referenced 9/11/16 reporting the Joint Executive Board received conflicting information in regard to quality and risk, the service will review and re-evaluated a score to determine if the risk will be escalated.</p>	
Governance		
7//12/16	<p>Service Update</p> <p>i Wainwright Crescent Impact Assessment</p> <p>Members received an impact assessment for Wainwright Crescent, following notification from the Local Authority to withdraw its share (33%) of funding from 1st November 2016 for four step down beds. To note NHS Sheffield Clinical Commissioning Group (NHSSCCG) commission the remaining 66%.</p> <p>Mr Clarke gave members an overview of the service model and the impact the withdrawal of funding would have. He noted income targets would not be achieved with a shortfall of £69k to 31st March 2016. The Directorate confirmed they wished to continue operating with four step down beds and were in a position to underwrite an overspend. Wainwright Crescent will be reviewed as part of the Acute Care Pathway in 2017/18.</p> <p>Mrs Rogers asked if a reduction in step down beds impacts on housing. Mr Clarke responded the Discharge Co-ordinators currently liaise with housing agencies to ensure service users are provided with the best accommodation to meet their needs.</p> <p>Mr Thomas asked for clarity on the Mental Health Recovery Framework referenced in the paper and if the Trust need to change strategic direction. Mr Clarke responded the Local Authority require specifications and frameworks to underpin their commissioning intentions and the framework is used as a guide in planning.</p> <p>Mr Taylor reported he considered the Local Authority should have refrained from withdrawing funding for the step down beds and questioned the rationale which supported this. Service Users and Carers valued the service and as Chief Executive supported the Directorate's decision to maintain four step down beds and eight respite beds where possible.</p> <p>The Board supported the proposal to top-up funding for the four step down beds to the end of 31st March 2016. The Chair requested a paper on the next steps and proposed service model for 2017/18. Mr Clarke agreed to report back to Board in February 2017.</p> <p>ii Longley Meadows Respite Services</p> <p>Members received a paper outlining the plans for the service, following notification from the Local Authority to terminate the contract as of 31st March 2017. The Local Authority (LA) citing the current service model no longer matched with the LA learning disabilities strategy.</p>	<p>CC (B/F Feb)</p>

Mr Clarke gave members an overview of the current service, and noted that following the recent incidents at Longley Meadows which members were aware of, the Local Authority decided to bring forward the closure to 31st January 2017. In partnership with Local Authority and NHSSCCG service users are being assessed to find alternative provision.

The SHSC Business Planning Group (BPG) did consider a business case to establish a partnership with 7Hills and a social care provider to develop a learning disability respite service earlier this year. The recommendation from BPG following evaluation and due diligence was not to pursue, this option was supported by the Executive Directors Group (EDG).

Mrs Rogers noted the decrease in staffing levels. Mr Taylor responded the service had been under threat of notice for sometime and once official notice had been served a number of staff had decided to leave to secure their futures.

Mrs Rogers asked, if the Trust would support social care going forward. Mr Taylor responded he believed the Local Authority would commission social care from public providers, with the Trust continuing to have a governance and care co-ordination with specialist input role.

The Chair acknowledged the benefit to the Board of discussing the Trust's Five Year Strategic Plan and identifying the role of social care. Ms Lightbown noted there was a lack of joint strategic commissioning for learning disability service users, Dr David Newman, Learning Disabilities Clinical Director had endeavoured to engage with the Local Authority and had offered innovative suggestion. Mr Easthope noted the Trust needed to be mindful of the Local Authorities statutory requirement in relation to their financial position and to understand their long term strategy in continuing partnership arrangements. The Chair asked if a Board Development session could be arranged for the Spring. Members supported this proposal.

MS

Mr Mills reported he had attended NHS Providers, Chairs and Chief Executives Network on 13th December 2016, he noted NHS Trusts across the country were losing social care contracts. Mr Mills also asked for clarity on the £320k investment in 2014. Mr Easthope responded related to interior refurbishment upgraded which would become redundant following closure.

Mr Taylor asked whether the Trust were assured the needs of more complex service users could be met and if the Local Authority needs assessment reviews had been shared. Mr Easthope noted it was reported at a recent contract meeting that new providers were entering the market in December 2016 and January 2017 to provide a service to the majority of service users. The Chair suggested the Trust could approach the Local Authority for this information in its role as an advocate. Mr Clarke agreed to action by writing to the Local Authority.

CC

The Board reviewed the recommendations and agreed to continue working with Commissioners to secure the optimum options for service users, mindful the Board would seek assurance that all service user needs assessments had been completed. The service will close on 31st January 2017.

The Non Executive Directors could not agree to the Trust withdrawing fully from respite bed based services. Mr Clarke reported the Trust could not continue to provide a bed based service at Longley Meadows; options for 7Hills to work in partnership with a private sector provider had been explored and discussed with the Local Authority and met with service users and carers.

On further evaluation of the business case, BPG recommended to EDG, which was accepted, that the project was not a viable proposition for the Trust. The position of the Trust requires effectively communicating to the Local Authority, service users and carers to enable a better understanding of its current role in Learning Disabilities respite services. The Chair noted the recommendation relating to withdrawal of all bed based respite services, was not agreed and should be removed and replaced with a statement on the rationale for discontinuing a service at Longley Meadows.

ii Hurlfield View

Mr Clarke reported the report had been discussed in the confidential session of the Board and presented in open session to receive an update of the action plan.

Members reviewed the actions noting the Local Authority had served notice with closure planned for 31st March 2017. The management team are liaising with NHSSCCG to ensure continued provision of emergency/step up dementia beds.

Mr Clarke advised members of a media campaign, led by BBC Radio Sheffield and The Sheffield Star and reported a communication strategy was in place.

Performance Management

8/12/16

Service Performance

i Service Performance Dashboard for the period 1st April to 31st October 2016

Members received the Service Performance Dashboard for period ending 31st October 2016.

Mr Thomas asked if 7.5% for delayed discharges was considered good performance and within target. He noted a recent report which highlighted Sheffield as a poor performer, and asked if there was a breakdown for health and social care. Mr Clarke responded, Firshill and G1 are generally the areas with highest level of delays due to the complex needs of service users. Mr Taylor added, a lack of social care provision would be a contributory factor as service users move across pathways.

Mr Mills asked for clarity on the number of Coroner inquests. Dr Hunter responded, the data showed the number of outstanding inquests from a particular year, three from 2014/15, eleven from 2015/16 and fifty one for 2016/17.

Mrs Rogers noted and welcomed the downward trend for self harm, missing persons, seclusion and restraints. She also noted a decrease in bed occupancy and sickness absence. Mrs Rogers asked for clarification regarding the legal responsibility of the Trust for in-patient service users who abscond. Ms Lightbown responded, if a person is detained the Trust would be responsible.

Mr Easthope noted the finance dashboard will be revised to include data on agency caps and non pay expenditure. He noted the agency cap had a red rating, being slightly above target. This is being monitored by an off payroll group. The hot spots include medical locum cover and Dr Hunter is working with the group. Dr Hunter responded there were no locums working above the NHS cap.

The Chair asked for clarity on red indicators against creditors, debtors and capital. Mr Easthope responded capital attributed to timing and slippage on ACR Phase 2 project, debtors is attributed to Trusts financial pressures and holding cashflow for as long as possible to reduce Public Dividend Capital payments and not seen as “bad” debt.

Mrs Rogers noted the long waiting times at Porterbrook and asked if this was being reviewed. The Chair suggested Quality Assurance Committee explore this in the first instance and report back concerns to the Board.

MH

Mrs Stanley noted new targets had been set against Substance Misuse, which showed red. She asked whether this was attributed to under performance or embedding of the targets. Mr Easthope agreed to investigate and report back to the Board.

PE

ii **Staffing Capacity & Capability Report – October 2016**

The Chair noted Board had discussed the requirement for a report encompassing nursing, medical and professions and acknowledged this would take time to develop.

Members received the staffing capacity and capability report for nursing. Ms Lightbown highlighted areas of the report, noting the acute wards occupancy had reduced to 93% with exception of Dovedale operating at over 100%. The PICU had been re-assessed on the correct number of beds showing 92.6%. Forensic and Rehab are close to 100%. Ms Giz Sangha, Interim Clinical Director of In-Patients is reviewing nursing levels across services at Forest Lodge/Close. The Assessment and Treatment Unit had 70% occupancy, covered 100% with an establishment of 74%. G1 are realigning staffing levels and operated with high occupancy levels safely.

The overall position had improved against September 2016.

A review of the function and membership of the Staffing Capacity and Capability operational group will be undertaken by Ms Sangha and Ms Lightbown. The e-rostering safe care module will be given time to embed before data is analysed by the new group following the review.

Ms Lightbown reported she had spoken with Dr Hunter in relation to incorporating medical and other professions in these reports, which will be reliant on the e-rostering system. Dr Hunter noted evidence from NHS Mental Health benchmarking which suggested better outcomes were achieved through therapeutic multi disciplinary team working.

Mrs Rogers asked whether Workforce and OD Committee should review the number of agency staff who failed to attend work. Ms Lightbown supported this proposal and noted this would also be discussed at the Safer Staffing Group. There will also be a project to progress recruitment and retention on in-patient wards.

DW

The Chair asked for clarity on what happened with staff who do not attend. Mr Wilson responded, the Flexible Working Policy and Procedure outlined these situations and staff can be penalised by the withdrawal of the offer of shifts for a set period.

	<p>iii Quality Impact Assessment Q1&2 Monitoring Report</p> <p>Members received the Quality Impact Assessments for Quarter 1 and 2. To assure the Board Ms Lightbown reported there had been no change in risk relating to Cost Improvement Plans (CIPs).</p> <p>iv Service Performance ClickView System</p> <p>Mr Easthope reported he had, received a summary, not in time for circulation and would share the report with members.</p> <p>Business Planning Group (BPG) received a visual presentation of the dashboards and fedback their comments to the project group. It was noted the Project Management Office (PMO) was now progressing the ClickView project and had reviewed and scoped a project plan. The clinical directorate dashboards are scheduled to be delivered by April 2017 and delays in progressing dashboards for Primary Care and HR were acknowledged, which would impact upon the production of the Trustwide dashboard.</p> <p>The delays will show as an amber risk on the register for delivery in April. Mr Easthope is now confident will be met, the timescales, the implementation of a data warehouse and changes in the way data is stored will support the project's next steps.</p> <p>Members agreed to receive a paper in January 2017.</p> <p>vi Early Intervention Services – Contract variation</p> <p>Mr Clarke reported the information received was contractual and considered further information would be helpful to respond to the questions Cllr Bramall had asked in relation to funding. Information will be provided to members in January 2017</p>	<p>PE (B/F Jan 17)</p> <p>CC (B/F Jan 17)</p>
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Assurance: Risk Management & Internal Control

<p>9//12/16</p>	<p>Board Risk Profile</p> <p>Members received the Board Risk Profile for discussion and approval.</p> <p>Ms Saunders noted there were seven risks. A new risk at level twelve had been added which related to ICT Compliance. The mitigating actions taken on Mandatory Training had reduced this risk to twelve from fifteen.</p> <p>Ms Stanley asked for clarity on the categorisation the risks 2196 and 2175 relating to Section 75 and was amalgamation appropriate, also were they related to quality of care or were financial. Mr Clarke responded the risk would be in relation to governance.</p> <p>The Chair asked for clarity on risk 3439 relating to Clover group and loss of GP time. Mr Clarke responded the Joint Executive Board (JEB) received a paper giving assurance that substantive medical staff were in post, service performance had been compromised due to high levels of sickness. Mr Easthope added there were also delays in transition and implementation of the new model. Dr Hunter reported he was supporting the mentoring and development of the Clover medical team with the Clover Group Clinical Director. A new target date will set.</p>	
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	<p>Ms Stanley asked if project or directorate risk registers had alert triggers and if the risks were increasing how this was monitored. Ms Saunders responded discussions had taken place recently with clarification of the process being developed.</p> <p>Ms Saunders would amend the Board Risk Profile accordingly.</p>	MS
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Board Stakeholder Relations & Partnerships

<p>10//12/16</p>	<p>South Yorkshire and Bassetlaw Sustainability and Transformation Plan– Communication pack</p> <p>Members received information on the South Yorks and Bassetlaw Sustainability and Transformation Plan and the local Shaping Sheffield Plan.</p> <p><u>South Yorks and Bassetlaw Sustainability and Transformation Plan (STP)</u></p> <p>Mr Taylor reported Trust Boards had been asked to note the STP report and support the overall direction of travel, approval was not required. Simon Stevens, CEO, NHS England had written to Trusts in the STP noting the concerns raised in relation to lack of consultation and engagement with service users, carers and NHS Trust Boards Taylor noted the South Yorkshire and Bassetlaw plan had no specific proposals or areas that would raise concern.</p> <p>The Chair reiterated the concerns on engagement and advised members she was now chairing the Governance group and would share matters arising with members.</p> <p>Mr Thomas had concerns that if the report received at Board is the public document, the language and terminology used was confusing, and not easily readable. Cllr Bramall and Mr Mills supported Mr Thomas’ analogy.</p> <p>Mr Mills noted it was recognised there were pressures in health and social care and a locality approach should be welcomed. The process of sharing the plan should open and transparent.</p> <p>The Chair reported the Board had reviewed the plan in its open session and noted the vision, ambition and priorities of the plan and will continue to engage with its development.</p> <p><u>Shaping Sheffield Plan</u></p> <p>Mr Taylor noted there had been further engagement with the Shaping Sheffield plan from a provider organisation perspective. Jason Rowlands, Director of Strategy and Planning was the Trust lead for this project and had attended various events. Commissioners would write formally to Trusts setting out the next steps for the plan. Mr Taylor would recommend the Board only support and shape the direction of the plan, as a number of elements require further discussion, eg: the single financial resource where more in-depth discussion would be required.</p> <p>Mrs Stanley asked for further clarity on the committee structure for “Shaping Sheffield” as it did not mirror the structure of the overarching STP Committee. Mr Taylor responded there was further work to be undertaken in relation to governance and committee structure which will be managed through the CEO’s and planning leads. Mr Taylor had asked for assurance that all Trusts were represented, to include the Chair and a Non Executive or Cabinet member from each Trust.</p>	
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	<p>Cllr Bramall believed the direction of travel would have different meanings, with risks associated with the unknowns. The overall aim to improve services is undisputable.</p> <p>Ms Lightbown asked for clarity on the overall STP Plan and the connectivity of the five developing area plans in determining the local or regional level of service provision. Mr Taylor responded NHS England established the groups and leads and they will oversee the governance. Mr Easthope responded there needed to be a governance binding thread the Shaping Sheffield financial challenge to the wider STP financial challenge.</p> <p>Mrs Rogers noted the level of detail in the plan and the expectation for Trusts to adhere to the plans fitting into the wider overarching STP Plan which may affect the Trust's strategic plans.</p> <p>Mr Mills noted Trusts are being asked to agree the risk litigation factors to support the resource plan and contribute to the work Price Waterhouse Cooper is undertaking. Mr Easthope responded he believed a fundamental move forward would be to remove the tariff payment from Acute Trusts and acknowledged the requirement for consultancy costs to support the work.</p> <p>The Chair reported the Board noted the "Shaping Sheffield" Plan and supported the vision and ambition and will continue to work with local partners. Further information would be required by the Board in relation to any changes in service transformation or financial management.</p>	
<p>11//12/16</p>	<p>Chair's Update</p> <p>The Chair reported she had attended a Council of Governors meeting on 24th November 2016 which was well attended.</p> <p>The Chair attended the "Working Together" event held on 12th December 2016 along with a number of board members focused on engagement with BME staff groups. Speakers included Yvonne Coghill, Director of Workforce Race Equality Standard Implementation, NHS England and Patrick Nyarumbu, Deputy Director of Nursing (Midlands and East) NHS England who shared their career journeys. An action plan is being developed following the event. The Chair expressed thanks to Ms Giz Sangha, Deputy Chief Nurse and her team for organising the event.</p> <p>The Chair on behalf of the Board asked Ms Lightbown to thank the team who had led the CQC inspection.</p>	
<p>12//12/16</p>	<p>Governor's & Membership Matters</p> <p>The Chair noted membership was 12,549, this is a slight decline following a data cleansing exercise.</p> <p>An event held in Out Patients at Royal Hallamshire Hospital provided an opportunity to meet with STHFT Governors, which generated a number of new members.</p> <p>There have been Governor changes with, Dianne Highfield, Staff Governor and Teresa Barker, Appointed Governors, terms ending in November 2016. The new Governor elections begin in March 2017.</p>	

	<p>A Govern Well training session was held recently and included; accountability, effective questioning, financial matters and public engagement.</p> <p>The Chair asked if all Governor questions to the Board had been answered. The questions related to e-learning; Mental Health Act criminal justice connectivity with NICE Guidelines; Social media and stigma and gender dysphoria, women’s mental health needs, domestic abuse.</p> <p>Ms Saunders reported that all questions had been responded to, a further follow up question in relation to social media and stigma is awaiting a response.</p>	
Executive Management Updates		
13//12/16	<p>Chief Executive’s Verbal</p> <p>Mr Taylor reported feedback had been received from Care Quality Commission. Any specific issues identified from the inspection which require further exploration result in a letter of “Urgent Concern”. The Trust have received a letter and are responding to it.</p> <p>The concerns relate to the physical environment and potential ligature points in bathrooms and bedrooms. The CQC y are seeking assurance that a number of bedrooms and bathrooms will be re-assessed to reduce risks further. Mr Easthope as exec lead is working with Ms Helen Payne, Director of Facilities. The Board supported this piece of work.</p>	
Papers for Information and Assurance		
14//12/16	<p>Safeguarding</p> <p>Members received the Quarter 2 reports for Safeguarding Children and Adults for information. Mr Thomas noted the reports had been discussed in Quality Assurance Committee.</p>	
15//12/16	<p>Infection Control</p> <p>Members received the Quarter 2 report for Infection, Prevention and Control for information. Mr Thomas noted the report had been discussed in Quality Assurance Committee.</p>	
16//12/16	<p>Board Committees – Significant Issues Reports:</p> <p>Workforce and OD Committee</p> <p>i/ii Members received for information the approved minutes of the Workforce and OD Committee held on 6th July 2016 and the Significant Issues report from the meeting held on 2nd November 2016.</p> <p>Mrs Rogers noted the Trust’s Equality objectives and priority report 2016 - 20 had been included in the Significant Issues Report. The report is a summation of main areas, supporting staff, preventative, being proactive to ensure wellbeing, promoting leadership and accountability.</p>	

	<p>Quality Assurance Committee</p> <p>iii/iv Members received for information the approved minutes of the Quality Assurance Committee held on 24th October 2016 and the Significant Issues Report from the meeting held on 23rd November 2016.</p>	
17//12/16	<p>Any Other Urgent Business</p> <p>No other urgent business was discussed.</p>	
18//12/16	<p>Chief Executive's Announcement of Confidential Business</p> <p><i>In the interest of probity the Chief Executive will announce the commencement of confidential business in accordance with the published agenda</i></p>	
19//12/16	<p>Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</p> <p><i>In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press be 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 99th Board of Directors meeting
Wednesday 11th January 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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Signed: Date: