

# Board of Directors (Open)

**Minutes of the 99<sup>th</sup> Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 11th January 2017, 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
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. Mrs Sharon Sims, PA to Deputy Chief Executive (Minutes)
13. Dr Fiona Goudie, Clinical Director for Strategic Partnerships (Item 6)
14. Mark Tuckett, Assistant Director Public Service Reform, Sheffield City Council (Item 6)

**Apologies:**

15. Ms Margaret Saunders, Director of Corporate Governance (Board Secretary)
16. Mr Dean Wilson, HR Director

**Public Gallery:**

- Angela Barney, Carer Governor  
Adam Butcher, Service User Governor  
David Houston, Public Governor

Minute	Item	Action
1/1/17	<p><b>Welcome &amp; Apologies:</b> 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>	
2/1/17	<p><b>Declarations of Interest</b> Mr Mills declared an interest in Item 10 – Emergency Preparedness, Resilience and Recovery Plan, reporting he was a Director of a company providing emergency preparedness training, his interest is registered.</p>	

	Mrs Rogers queried whether Non Executive Directors should declare an interest in Item 12 - Succession Planning and Remuneration - Non Executive Directors. The Chair responded, the Non Executive Directors would not be excluded for this item.	
<b>3/1/17</b>	<b>Minutes of the Board of Directors Meeting Held on 14<sup>th</sup> December 2016</b> The minutes of the Open Board of Directors meeting held on 14 <sup>th</sup> December 2016 were agreed as an accurate record and duly signed by the Chair.	
<b>4/1/17</b>	<b>Matters Arising</b>  <u>7/12/16 7ii Longley Meadows Respite refers</u> Mr Clarke reported assurance had been sought in relation to assessment of all service users and plans were in place to engage them with new providers.	
<b>5/1/17</b>	<b>Action Log</b> Members reviewed the action log, noted and updated actions.	
<b>Strategy</b>		
<b>6/1/17</b>	<b>Public Service Reform</b>  Mr Taylor reported the Board had received an executive summary update on Public Service Reform (PSR), the presentation would be available to members. He noted the project is entwined with the Evolution Agenda and the Sustainability Transformation Plans (STP). The PSR have similar values and principles to the Trust and aims to tackle many of the root causes the Trust experience. Cllr Bramall and Mr Taylor lead on the Employment and Employability workstream. Dr Fiona Goudie, Clinical Director for Strategic Partnerships and Mark Tuckett, Assistant Director for PSR, Sheffield City Council updated the Board on the project's progress.  Mr Tuckett 's presentation outlined the PSR project which aims to focus on significant and sustained developments to improve outcomes in a number of areas including health and wellbeing, education and employment which could be achieved by agencies working in collaboration. It is timely that PSR is reviewed in line with financial challenges on public sector budgets.  The aims, albeit ambitious will focus to consolidate public sector assets (£4b) annual to spend on health and social care; employment and education and people and families and remove barriers to improve service delivery in communities and neighbourhoods, mindful that provision would be made to retain specialist services. Further development would create a single intelligence assessment team and public budget commissioning.	

The project develops with twelve work streams, each led by a Chief Executive. The six enablers included leadership, investment, analytics, estates, communications and engagement. With six customer facing workstreams to include employment and employability, primary care, successful young people's service, early years, pathway for frail elderly and keyworker based support.

Mr Tuckett gave a summary of each workstream and noted that Mr Taylor led the Employment and Employability workstream supported by Cllr Bramall in his capacity as political lead. The brief of this workstream is to review investment and the range of support for people out of work, and those at risk of being out of work and to simplify processes.

Mr Mills asked whether decisions would be made in isolation. He referenced the strategic decisions the Trust needed to make in the next two years; investment in IT infrastructure and systems, capital planning project at Longley Centre and the rationalisation of the Trust estates. He noted the PSR had a number of ambitious statements including sharing assets and questioned the return and probity.

Mr Tuckett responded there were many options to be explored in relation to obtaining and sharing information, he referenced the suggestion of a single Caldicott Guardian for the city. Jude Wildgoose would lead on the wider estates transformation strategy. He believed the Trust would need to make its own decisions in the absence of such strategy.

Mr Mills referenced the Employment and Employability workstream and noted Steve Fothergill's, work on employability impact of the collapse of manufacturing and mining industries in the North and whether the Trust had skills to support and work with voluntary groups in a radically different way. He asked if the Department of Work and Pensions (DWP) were involved. Mr Taylor responded, DWP would be involved in the workstream.

Mr Taylor responded he believed employment support had not yet solidified, he noted the £4.5m to support the workstream via DWP. The initial aim would be to establish a strong employment support system, utilising access through GP's and IAPT. This would allow a review and devolution of central government functions.

Dr Goudie added funding was available from Building Better Opportunities, to support employment advisors in Learning Disabilities, Substance Misuse and Community Mental Health Teams. Developing roles of Care Co-ordinators could be explored.

Ms Lightbown noted that outcomes for service reform were key to success and asked whether research, evidence and learning from history would feed in, she used the Sure Start programme as an example. She also noted evidence suggested that long term investment would be needed for any preventative projects. Mr Tuckett responded outcomes are linked to healthier lifestyles, obtaining and sustaining employment, a variety of models would be used in each workstream. He believed projects would be offered long term programmes.

Mrs Rogers asked if there would be a focus on outcomes for young people to ensure early intervention and prevention in line with the proposed national review of public health and social services. Mr Tuckett responded there was connectivity with Prime Minister's Central Office and the Chief Executive of Sheffield Children's Hospital NHS FT would be working on Shaping the Sheffield.

The Chair added the Trust need to understand the context and to engage be kept up to date with PSR. She questioned the link between the STP and the PSR. Mr Taylor reported he was leading the STP Workforce stream, aiming for future healthy workforce, the PSR workstream's goal is to support people back to, and remaining in employment, there will be some overlap longer term which had not been defined. Mr Tuckett reported that John Mothersole, Chief Executive of Sheffield City Council was linked to the STP through a PSR workstream.

The Chair thanked Mr Tuckett for his presentation.

## Performance Management

### 7 Service Performance

#### i Service Performance Dashboard for the period 1<sup>st</sup> April - 30<sup>th</sup> November 2016

Members received the Service Performance Dashboard for the period ending 30<sup>th</sup> November 2016 as assurance the Trust is delivering and monitoring the required standards.

Mr Clarke highlighted three specific areas, noting Early Intervention in Psychosis's performance at 64% against a target of 50%. Delayed discharges under 6%, GI and Firshill Rise experiencing the greatest delays and bed pressures. Narrative requested by members in relation to substance misuse had been included in the report.

The Chair noted the NHS pressures in A&E Departments reported in the media and asked if the Executives had any concerns internally. Mr Clarke responded, capacity was being managed, the concerns relate to clinical activity, he referenced Firshill Rise and Endcliffe (PICU). Ms Lightbown reported discussions with the Specialist Commissioners were taking place in relation to transferring a number of service users from specialist to forensic. Ms Lightbown, with reduction in beds had requested a review of Step Down beds at Wainwright Crescent.

Mr Thomas and Cllr Bramall raised concerns on the Alcohol and Single Entry Access Point (SEAP) and the low level of referrals, mindful reviews had been undertaken in the past on poor performance and whether commissioners were sympathetic. Mr Easthope noted it was timely for a 6 month contract review and implementation of the new service and would report back to Board.

Mr Thomas asked for clarity on ownership of the Out of Town budget, Mr Taylor responded that Trust hold the budget and would have to fund any out of town placements.

PE

Mr Thomas raised concerns on the high level of abuse and intimidation recorded and suggested Quality Assurance Committee look at this in more depth. Members agreed to this proposal.

MH (QAC  
Exec Lead)

Mr Mills queried bed occupancy rates, noting the in-patient wards had been operating at 95%, against the national recommendation of 85% and asked whether this was safe and sustainable. Ms Lightbown responded during November wards had experienced fluctuations of admissions and discharges and had, on a number of occasions used leave beds, she assured members the 18 bed cap had remained in place. Mr Easthope reported the in-patient beds were commissioned by NHSSCCG at 95%. Mr Clarke added, the situation was manageable and in-patient wards had set an objective to have an empty bed at the end of each day, the Trust continue to look at developing home and community treatment. Dr Hunter noted there were fluctuations in bed occupancy during the period of ward closures which allowed for more flexibility. Once the situation stabilised the flexibility was reduced therefore the use of leave beds is always a fall back position, which is considered normal practice in mental health settings. Services users are not sent out of town and have access to in-patient services in a timely manner.

The Board were assured by the report.

ii Staffing Capacity & Capability (Nursing) Report to 30<sup>th</sup> November 2016

Members received the Staffing Capacity & Capability (Nursing) Report for the period to 30<sup>th</sup> November 2016 as assurance the Trust is publishing staffing data in line with National Quality Board requirements.

Ms Lightbown noted an error in the report, the Trust had twelve in-patient wards not thirteen as recorded. She reported there had been an 11% increase in occupancy across acute wards. A reduction in registered staff on day shifts across Learning Disabilities, assurance was given to members that a registered nurse had been on duty on the Assessment and Home Treatment Unit (ATU) for every shift.

Ms Lightbown had requested a review of the data as this was the third consecutive month reporting a reduction and would report back to Board. A Business Case to support 2 registered nurses per shift on ATU for an interim period was agreed at Business Planning Group in December. Notwithstanding the future commissioning intentions.

LL  
(B/F Feb 17)

Ms Stanley was concerned there was a theme of sickness absence through the report, Ms Lightbown responded the Safer Staffing Group would review this, and triangulate absence across all wards.

Mr Thomas asked for clarity on how Safe Care Module managed acuity and dependency and whether the ward manager using professional judgement could override the system. Ms Lightbown responded it could, the Trust had been involved in the development of the module using best practice evidence for safe staffing within learning disability environment to manage capacity and demand. The parameters need to be input in the first instance. The module was being piloted in the Trust.

Mr Easthope reiterated that EDG had agreed to use the system with a caveat that clinical judgement would override any IT based system. Cllr Bramall added that systems were only as good as the data

Ms Lightbown offered members an opportunity to look at Allocate e-rostering health roster and safe care module. The Chair suggested Ms Lightbown organise a session outside of Board once operational issues had stabilised.

LL

The Board were assured by the report.

iii Service Performance - QlikView Project Summary report

Members received, for information a detailed progress update on the implementation of QlikView.

Mr Easthope reported the project had been delayed and advised members the update provided a revised forecast for delivery. For clarity the reference to the governing body in the report referred to the operational governing body and not the Trust Board.

Mr Mills asked for clarity on the approval of Phase 2, development of a data warehouse. Mr Easthope responded, a business case would be developed and taken through governance process, noting Board level agreement would be required above £1.3m.

Mrs Rogers raised concern there appeared to be no interface with HR and mandatory training. Mr Easthope responded there were fundamental problems nationally with Electronic Staff Records (ESR). Integrating with QlikView, a market leading product was a must be done, reports to date are produced manually and this could continue. Mr Easthope would be liaising with other Trusts to ascertain their experience. The Chair suggested that Workforce and OD Committee receive regular updates from this project in relation to interface problems with ESR and QlikView.

DW (WODC  
Exec Lead)

Ms Stanley noted that signification investment would be required for a new system and asked for assurance that it would be fit for purpose in the long term and whether there had been thinking of how it would map onto a system/city wide approach. Mr Easthope responded the systems being looked at were robust and up to date, allowing for the sharing of quality data. Development of data sharing was being explored.

iv Early Intervention Services (EIS) Contract Variation

Mr Easthope alluded to previous discussion from service performance and noted EIS were ahead on contract activity. EDG had asked for more information in relation to the impact of treatment, delivery against standards and case load management and projected forecast and would report back to Board in due course.

PE

**Assurance: Risk Management & Internal Control**

<p><b>8/1/17</b></p>	<p><b>Board Risk Profile</b></p> <p>Members received the Board Risk Profile for discussion and approval.</p> <p>Mr Easthope alerted members to new risk 3697 for self harm ligatures. Issues linked to risk 3439 in relation to Clover Group would be addressed following a Joint Executive Board (JEB) meeting. Mr Mills asked if members could be updated. Mr Clarke responded, mobilisation was on-going, they are addressing capacity and access and will share their revised plan. There are issues with partners, Primary Care Sheffield and the mobilisation of a GP practice with the added benefit of the Trust as a community provider. Mr Easthope added that a full risk review had been undertaken and the risk register will be updated accordingly. He noted that Dr Hunter was leading on the clinical risk elements. The Trust are awaiting the outcome of the CQC inspection.</p> <p>The Chair asked if the Trust were adding value to discussions in relation to access and for assurance that the core product was being delivered.</p> <p>The Chair noted a number of actions had a target date of 31<sup>st</sup> January 2017 and asked the executives to flag any that were not going to hit the target and inform Ms Saunders in preparation for the next report.</p> <p>Mrs Stanley believed the table noting amendments was a helpful addition. She queried risk 3617 in relation to Hurlfield View and believed that a number of different risks were being clustered and asked for clarity on specific risks and their scoring to ensure interrogation and controls.</p> <p>Mrs Stanley referenced risk 3658 in relation to Microsoft licences, and asked for clarity on risk level of non compliance mindful that Audit Committee receive the Corporate Risk Register on 31<sup>st</sup> January 2017. Mr Easthope believed the narrative required updating and the risk reduced in line with recent decisions.</p> <p>The Chair asked for assurance that all amendments are forwarded to Ms Saunders to update the Board Risk Profile and in preparation for the Corporate Risk Register being received at Audit Committee.</p>	<p>All</p> <p>All (PE)</p>
<p><b>9/1/17</b></p>	<p><b>NHS Improvement (NHSI) Reduction in agency spending self certification submission</b></p> <p>Members received a report detailing the Trust's self certification in relation to NHS Improvement's aims to reduce agency spending.</p> <p>Mr Easthope reported NHSI were sourcing information from Trusts in relation to agency expenditure and rationale for not employing staff. The Trust had submitted its return. An action plan had been developed to address a number of red areas following discussion at EDG. The Trust are on target to stay within the cap, medical locum spend is the highest proportion.</p>	

	<p>Dr Hunter reported he would welcome a robust approach from NHSI as there had been problems with securing Junior Doctors due to the morality of remuneration with competition amongst neighbouring trusts. The Chair requested that WODC look at the issues in relation to Junior Doctors</p>	<p>DW (WODC exec lead)</p>
<b>Governance</b>		
<p>10/1/17</p>	<p><b>Annual Review - Emergency Preparedness, Resilience and Recovery Plan</b></p> <p>Members received for information the Emergency Preparedness, Resilience and Recovery Plan.</p> <p>Mr Clarke assured members the plan had been developed in Emergency Planning Group utilising updated policies and ratified by EDG.</p> <p>The Chair asked for clarity on the level of training undertaken to support the plan. Mr Clarke responded a number of executive team level exercises had taken place in 2016 under the guidance of an external trainer. The “Gold” (executive) lead take an overarching strategic role, supported by a team to include the Emergency Planning Lead, the “Silver” (Operations) lead, Communications and Loggists. The next training exercise will give two other executives an opportunity to be Gold Leaders and involve the management Silver tier of Clinical, Service and Corporate Directors. The plan is to ensure all executives receive training and lead an exercise with roll out the plans with lower tiers in the Trust to identify individuals ensuring they are aware of their role and function in a major incident.</p> <p>Mrs Rogers asked if Trust staff would be used for incidents outside of mental health environment. Mr Taylor responded, all trusts across the city had their own plans, should a city wide catastrophic incident occur STHFT would take overall “Gold” command of the incident, they have escalation plans, other Trust’s would support under instruction.</p> <p>Mr Mills reported external input was helpful, and from experience found Trusts responded differently depending on their values and principles, he asked whether the learning from the exercises could be shared.</p>	
<p>11/1/17</p>	<p><b>Arts and Health Project</b></p> <p>The Chair reported the Arts and Health project had approached her, asking to share their work with Board. The Chair suggested the project approach EDG for a sponsor, and if appropriate would be scheduled on the agenda.</p> <p>The Chair believed the wider discussion is visibility of the Board aside from site visits which are valued by the Non Executive Directors and would welcome suggestions to Ms Saunders or herself on what Non Executive Directors would like to consider or have an interest in, one idea muted was a poster display prior to meeting.</p>	<p>All</p>

<p><b>12/1/17</b></p>	<p><b>Succession Planning and Remuneration - Non Executive Directors</b></p> <p>Members received a paper outlining succession plans for Non Executive Directors.</p> <p>The Chair noted that the term of office for Mrs Rogers and Mr Thomas comes to an end in November 2017, the Board need to review the skill mix of the Non Executives in order to make recommendations to Nominations and Remuneration Committee (NRC) and Council of Governors (CoG).</p> <p>The Chair responded, following a conversation with Ms Saunders, it had been suggested that a core job description is scoped and variants added to ensure different skill sets for the two appointments.</p> <p>Mrs Stanley made reference to the Person Specification and believed it was generic, noting some duplication which she would raise outside of Board. She felt there was an omission and asked if experience of transformational change could be included and believed consideration should be given to a collective skill set linked to quality, people and sustainability in line with Trust strategies.</p> <p>Mrs Rogers suggested the term of office should be four years, from experience she believed the first six months were induction and a steep learning curve. The Chair agreed to seek confirmation on the term of office. She also believed there was time to review the recruitment process and suggested building in a shadow arrangement. Mr Mills noted that he shadowed and outgoing Non Executive Director and could feedback on his experience.</p> <p>Mr Easthope acknowledged the Trust values were included and suggested it was opportunistic to consider the diversity of the Board and from a safety aspect would like to see clinical experience.</p> <p>Mr Mills believed that one of the desirable criteria for lived experience may be difficult to corroborate due to patient confidentiality and whether the candidate wanted to share this information.</p> <p>Mr Taylor believed the Board required balance and diversity with experience from different skill sets and would support a four year term with a roll forward four years to ensure consistency and stability.</p> <p>Ms Lightbown noted she would feedback to Ms Saunders her thoughts and made specific reference to an omission on quality of care.</p> <p>Mr Thomas referenced the amount of external challenges currently being experienced and believed someone with experience of those issues would be an asset.</p> <p>The Chair asked that feedback is directed to Ms Saunders ahead of Remuneration and Nominations Committee on 27<sup>th</sup> January 2017.</p>	<p>Chair</p> <p>LL</p> <p>All</p>
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**Board Stakeholder Relations & Partnerships****13/1/17****Chair's Update**

The Chair reported she had chaired the inaugural Sustainability Transformation Plans (STP) Governance Committee. Terms of reference were drafted and submitted to the STP Collaborative Board for ratification.

The Chair reported that Mr Taylor and herself had met with the Chair and Chief Executive of NHSSCCG to discuss collaborative working.

**14/1/17****Governor's & Membership Matters**

Membership stands at 12,582 slightly lower than target following a data cleanse. A recruitment session in Royal Hallamshire Hospital's Out Patient department generated 37 new members. A further session is planned for Longley 6<sup>th</sup> Form College later in January 2017.

The Chair reported questions submitted to the Board in December had or were being responded to noting the diverse range of topics; NICE Guidelines, crisis concordant, gender dysphoria, gender specific needs, domestic abuse and digital trusts. She noted two follow up questions would be responded to in due course.

**Executive Management Updates****15/1/17****Chief Executive's Verbal Update**

Mr Taylor reported the pressures on Accident and Emergency Units in acute Trusts had been escalated to national and local press. Chief Executives from all Sheffield NHS Trusts and NHSSCCG had met and agreed to support Sheffield Teaching Hospitals NHS FT (STHFT). Further teleconferences with operational management had been arranged to discuss and agree the level of support required. Mr Clarke added the Trust may be able to offer bed capacity as part of a step-down/transfer of care programme, discussions with STHFT and NHSSCCG in relation to financial resource will take place. Members discussed and supported the proposal to assist STHFT. Mr Taylor will ensure the Chair is kept up to date.

Mrs Rogers asked if Liaison Psychiatry could offer support. Mr Taylor responded the pressures were not related to delays for mental health assessments. Mr Clarke reported Liaison Psychiatry service operate from 7am to midnight as part of an agreed extended hours contract, which expired on 31<sup>st</sup> December 2016. NHSSCCG had asked the Trust to continue to provide the service. Mr Taylor reported funding to support an A&E 24/7 liaison service in Sheffield and Rotherham is on the agenda for the Sustainability Transformation Plans (STP). The A&E Delivery Board will oversee these projects.

**Papers for Information and Assurance**

<b>16/1/7</b>	<b>Board Committees – Significant Issues Reports and Minutes:</b>  i/ii Members received for information Quality Assurance Committee’s Significant Issues Report from 19 <sup>th</sup> December and minutes of their meeting held in November 2016.	
<b>17/1/7</b>	<b>Any Other Urgent Business</b>  <u>Staff Awards</u> Mrs Rogers reminded members of the Staff Awards and Long service event on the evening of Thursday 9 <sup>th</sup> February 2017.	
<b>18/1/7</b>	<b>Chief Executive’s Announcement of Confidential Business</b> The Chief Executive announced the commencement of confidential business.	
<b>19/1/7</b>	<b>Chair’s Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b> 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.	

**Date and time of the 100<sup>th</sup> 8<sup>th</sup> February 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: .....