

Board of Directors (OPEN)

Minutes of the 100th Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 8th February 2017, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

Non-Executive & Executive Directors

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

In Attendance:

11. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
12. Mrs. Sharon Sims, PA to Deputy Chief Executive (Minutes)

Apologies:

13. Mr. Kevan Taylor, Chief Executive
14. Mr. Dean Wilson, HR Director

Public Gallery:

Billie Critchlow, Carer Governor
John Buston, Public Governor
David Houston, Public Governor
Jules Jones, Lead and Public Governor

| Minute | Item | Action |
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| | <p>Welcome & Apologies:</p> <p>The Chair welcomed members of Sheffield Health and Social Care NHS FT Board and those in attendance to the 100th meeting of the Board. Apologies were noted and the meeting was quorate.</p> | |
| 1/2/17 | <p>Declarations of Interest:</p> <p>No new declarations were made.</p> | |

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| 2/2/17 | <p>Minutes of the Board of Directors Meeting Held on 11th January 2017</p> <p>The minutes of the Open Board of Directors meeting held on 11th January 2017, were agreed as an accurate record, subject to the following amendments.</p> <p><u>7i/1/17 Service Performance Dashboard refers</u> Dr Hunter requested an amendment in relation to the reference to use of leave beds as a fall back position. It was noted the position was considered suboptimal but ubiquitous.</p> <p><u>12/1/17 Succession Planning and Remuneration – NED’s refers</u> Mrs Rogers requested that her opposing view could be recorded in relation to the suggestion of broadening the diversity of the Board, with the inclusion of a Non-Executive Director with clinical experience.</p> | |
| 3/2/17 | <p>Matters Arising & Action Log</p> <p>Members reviewed and updated the action log accordingly.</p> | |
| Performance Management | | |
| 4/2/17 | <p>Service Performance</p> <p>i <u>Service Performance Dashboard for the period 1st April 2016 to 31st December 2016</u></p> <p>Members received the Service Performance Dashboard for the period ending 31st December 2016 as assurance the Trust was delivering and monitoring the required standards.</p> <p>Mr Easthope reported key issues had been monitored over the preceding months, noting marginal improvement within Quarter 3, with a decrease in delayed discharges over this period and through January 2017. Bed occupancy had remained unchanged. He advised details from a review of CPA data will be incorporated into a future report.</p> <p>The financial position is on plan year to date with a break even forecast outturn.</p> <p>Mrs Rogers enquired if any negotiation with Commissioners had taken place in relation to the high number of cases in the Early Intervention Service. Mr Clarke reported the target had been agreed, and 50% of all new cases were being seen within a two week period, it was acknowledged there were a greater number of people accessing the service than had been anticipated. Mr Easthope responded Commissioners would be reviewing the data.</p> <p>Ms Lightbown reported that NHS Yorkshire and Humber were now taking an interest, to ensure Trusts were on course. Future reporting would be delineated by category for those people experiencing defined mental illnesses and those people experiencing early onset psychosis. An understanding of these two elements and the treatment options would be required once the service had been accessed. Best practice suggests a three year treatment period, with up to a twelve month period to engage the individual. There is evidence that northern counties were experiencing higher rates than the national average.</p> | |

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| | <p>The Chair sought clarification relating to Commissioners acknowledging the increase in activity and pressures on the service. Mr Clarke responded, Commissioners were reviewing resource options. Cllr Bramall requested the narrative be expanded within the report to include the issues discussed.</p> <p>Mrs Rogers noted the number of missing persons had decreased and were there any outstanding concerns. Mr Clarke responded that any missing person was cause for concern, noting the Quality Assurance Committee had received a detailed report on missing persons and included definitions of missing. Risk assessments were undertaken and the Trust maintained good relations with South Yorkshire Police.</p> <p>Mrs Rogers referred to the seclusion data and requested for details of the length of time of seclusion and if this proved problematic. Mr Clarke agreed to investigate.</p> <p>Mrs Rogers referenced the PDR rates, indicating an overall increase, it was noted Learning Disabilities had reported a lower percentile and requested further information regarding the rationale for the decline. Mr Clarke responded, a number of services had closed, however would investigate.</p> <p>Mrs Rogers also sought further clarity in relation to the comparative data on Substance Misuse Services referenced October 2014 and if this would change.</p> <p>ii <u>Staffing Capacity & Capability Report December 2016</u></p> <p>Members received the Staffing Capacity and Capability (Nursing) Report for the period to 31st December 2016 as assurance the Trust was publishing staffing data in line with National Quality Board requirements.</p> <p>Ms Lightbown reported the Learning Disability Business Case to support two registered nurses on a day shift up to 31st March 2017 had been supported by Business Planning Group (BPG). A risk assessment would be undertaken on the Assessment and Treatment Unit as a result of recruitment and retention challenges. It was also noted Commissioner intentions were awaited.</p> <p>An executive review on safer staffing would focus on the Staffing, Capacity and Capability Group and include E-Rostering, Bank and Agency groups. The review group would include clinicians and corporate services. The governance arrangements would be shared with Board in future reports.</p> <p>Fill rates had reduced on Burbage, attributed to sickness, mandatory training and annual leave. It was reported the PICU had three complex patients in December, resulting in assaults on staff with additional resources required to staff members requiring sick leave. All staff involved had recovered.</p> <p>The data for Learning Disabilities had been reported incorrectly, due to e-rostering issues and human error. Ms Williams, Snr Nurse would be reviewing that data and amending it accordingly.</p> | <p>PE</p> <p>CC/PE</p> <p>CC/PE</p> <p>CC/PE</p> |
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The Chair requested details of timescales and noted difficulties had existed for a period. Ms Lightbown responded, changes in personnel in the E-rostering team and post CQC collation of materials had impacted on capacity. Mrs Stanley noted the Workforce and Organisational Development Committee had received a presentation on e-rostering, which highlighted problems in community settings without reference to in-patient wards. Ms Lightbown responded there had also been a technical problem on one ward and a review of the formula and calculations would be required.

A piece of work triangulating data following questions from the Board would be undertaken, to incorporate staff, HR data (including sickness, training, annual leave, staff turnover) and patient data (MH Act, care cluster and diagnosis) .

Ms Lightbown reported there had been an IT problem identified by Internal Auditors with Unify system unable to upload the Trust's data to NHS Choices. However the Trust remained compliant as information was published on the Trust's website.

Mr Thomas sought clarity regarding the interpretation of the report, to indicate where high quality of care had been delivered. Reference was made to the bench-marking data from item 4iii, which indicated the Trust had high staffing levels in comparison with other Trusts.

Ms Lightbown reported the E-rostering workshop for Non-Executive Directors would look in detail at the calculations and formulas. The Chair noted the report had comprehensive data and going forward the addition of detailed analysis would be beneficial. Ms Lightbown acknowledged there would be a further stage in reporting to ensure assurance and analysis and interpretation to answer the "so what" question.

The Chair sought assurance from Ms Lightbown as Director of Nursing, Professions & Care Standards. Ms Lightbown responded the interpretation of the staffing data provided assurance and acknowledged changing the text to an easy read format for the public domain would be beneficial. Mr Clarke added assurance was also sought from performance mechanisms and service reviews.

Ms Lightbown reported a comprehensive report would be produced once e-rostering had been fully embedded. Best practice guidance on e-rostering would be reviewed and the Trust benchmarked against this. Meetings with Dr Hunter, Mr Easthope, Mr Wilson and herself would review the data and consideration given to widening governance arrangements.

The Chair asked that in the interim, the narrative should include the assurance that Ms Lightbown had sought for herself that wards were staffed appropriately and safely.

iii Benchmarking of Mental Health Services 2016

Members received the Mental Health In-Patient Benchmarking report (2015/16) as assurance the Trust were delivering the required standards of care and processes to monitor were in place.

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| | <p>Mr Clarke noted the report referred to 2015/16 and further transformation and development had occurred in the intervening period including the closure of a ward, which was not reflected in the report. The summary included narrative which impacted on benchmarking going forward. Key areas included the low usage of in-patient care with a move towards community provision. In-patient care expenditure appears high and further investigation is required. Continuing focus on safety would continue to understand the acuity of patients.</p> <p>Mr Clarke reported the EDG had discussed the report and received a presentation from the directorate. The Chair had discussed with Mr Clarke in relation to gaining further insight into the information contained within the report. It was concluded, this item would be an item for a Board development session. Ms Lightbown suggested contacting Stephen Watson from NHS Benchmarking to deliver this session.</p> <p>Mr Mills referenced the negligible use of out of town care was not reflected in the report and if this would be favourable to the Trust.</p> <p>Mrs Rogers noted in-patients had received good results, and queried the high costs in community against activity. Mr Clarke responded, an item in confidential board may address a number of the concerns. Dr Hunter noted NHS England’s “fingertip” dataset for one whole time equivalent CMHT staff member was 70. The Trust’s caseloads are nearer to 30, therefore results appear very different and not comparable.</p> <p>Dr Hunter reported he had attended the benchmarking launch event in 2016, which shared a number of key themes and messages and considered it would be beneficial for Non-Executive Directors to attend the next event.</p> | CC/Chair |
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Assurance: Risk Management & Internal Control

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| 5/2/17 | <p>Board Risk Profile</p> <p>Members received the Board Risk Profile for assurance.</p> <p>Ms Saunders reported progress to date, noting the Board de-escalation of three risks, which had been returned to directorate level. The risks requiring action by 31st March 2017, would be updated accordingly.</p> <p>Mr Mills noted Clover as the highest risk to the Trust, mindful of the forthcoming Joint Executive Board (JEB) meeting, requesting assurance in the interim as there remained no changes.</p> <p>Mr Easthope reported the JEB had been cancelled and an alternative date would be sourced. The Chair sought clarity regarding the position of JEB. Mr Clarke responded the risk would be managed operationally and the role of JEB was oversight and would sign off any changes in risk. Mr Clarke suggested the Board receive an update in March. Mr Easthope was also mindful of the impending CQC inspection report. The Chair agreed and considered it would be timely for a review of Clover, to be scheduled for March.</p> | CC/PE (B/F Mar) |
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| 6/2/17 | <p>Board Assurance Framework (1st Quarter)</p> <p>Members received the Board Assurance Framework (BAF) for assurance.</p> <p>Ms Saunders reported the BAF had been presented to Audit Committee in January 2017 following which a number of changes were included. The format had been revised to include a summary of changes. Work is on-going and a refresh of the BAF is scheduled in line with the start of 2017/18.</p> <p>Mrs Stanley feedback the comments from Audit Committee, noting the Committee had supported the inclusion of the summary, however further refinements would also be beneficial to improve readability and enable additional cross checking. However the changes to RAG rating were considered an improvement.</p> <p>Audit Committee had noted updates on mandatory training compliance for Mental Health Act and Mental Health Capacity. The Risk Register reported this area had improved and the risk had been reduced. The Committee considered a focus on the safety elements of mandatory training would be required, although it is amber rated.</p> | |
| Governance | | |
| 7/2/17 | <p>Uplift to the Living Wage</p> <p>The Committee received a report to approve the continuation of applying the living wage.</p> <p>Mr Clarke reported the Trust's substantive staff receive the living wage and the Board are required to approve any uplift as recommended by the Living Wage Foundation on an annual basis. EDG had discussed the uplift and the financial impact of an additional £47k and would recommend the Board accept the proposal with payment backdated to October 2016. Had EDG applied this rate to bank and agency staff, the financial impact would be a further £50k, and therefore this was not supported, it was noted, that not all, but the majority of bank and agency shifts are "overtime" shifts for substantive staff. Mr Easthope noted the terms and conditions for bank and agency staff were different, although agenda for change pay scales were applied, the pay scale is a fixed point in each band and leave accrued differently.</p> <p>Mrs Stanley asked for clarity on the information from the Living Wage Foundation as it was believed the Board had previously agreed not to support it. Mr Thomas responded, his recollection had been the Board had not supported joining the Living Wage Foundation, but would adopt the living wage. Other Board members agreed this as fact.</p> <p>Mrs Rogers noted consolidation had taken place and therefore the Agreement for Application of the Living Wage (Appendix 1) required amendment.</p> <p>The Board considered the recommendation and agreed to support the uplift to substantive staff.</p> | DW |

| Board Stakeholder Relations & Partnerships | | |
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| 8/2/17 | <p>Chair's Update</p> <p>The Chair reported that with Mr Clarke a meeting had taken place with the Chair and Chief Executive of South Yorkshire Housing Association, changes at Birch Avenue had been discussed. Future collaboration on projects could be explored, out of town placements; learning disabilities services and dementia were also discussed. A suggestion was to explore the possibility of a Board to Board session from April 2017.</p> <p>The Sustainability Transformation Plan continues to progress, governance papers had been prepared and would be in the public domain for discussion at the Partnership Board. The Chair, as governance lead role for STP had also visited Rotherham Community.</p> | Chair |
| 9/2/17 | <p>Governor's & Membership Matters</p> <p>The Chair noted there were 38 new members bringing the total to 12,618.</p> <p>An engagement and recruitment session with Governors from Sheffield Teaching Hospitals NHS FT took place at Longley 6th Form College, Governors David Houlston and Mark Thorpe represented the Trust.</p> <p>The first 2017 edition of Involve magazine had been circulated in January 2017 and the Chair noted feedback would be welcome.</p> <p>A strategy session for Governors was held on 17th January 2017, with an opportunity to comment and feedback. The strategy would also be presented to Board. Mr Mills expressed an interest in knowing the content of the comments from Governors. Ms Saunders noted there were minimal changes. The strategy would also be discussed at the next Council of Governors meeting later in February 2017.</p> <p>The Chair noted there were a number of unanswered questions from Terry Proudfoot, Governor, which would require a response prior to Council of Governors on 23rd February 2017.</p> | |
| Executive Management Updates | | |
| 10/2/17 | <p>Chief Executive's Verbal Update</p> <p>Mr Clarke reported, Mr Easthope, Ms Lightbown and himself had attended an introductory met with Andrew Morgan the Trust's Relationship Manager from NHS Improvement. Feedback from the meeting had been received in the form of a letter, which Mr Clarke agreed to circulate to members. The Trust were in segment 2, no areas of concern were identified and future meetings were scheduled quarterly.</p> <p>The Trust closed Longley Meadows on 31st January 2017. Service users had been assessed and alternative support identified. Staff were redeployed, the majority moving to Firshill Rise.</p> | CC |

Mr Clarke noted there had been heightened media on deaths in the NHS and Mental Health. Dr Hunter reported there would be a national focus on deaths in the NHS through 2017 and data collated to undertake thematic reviews, to identify any safety or serious incident trends.

The Service User Safety Group and Quality Assurance Committee would receive detailed reports for assurance. The Trust is linked to the Northern Alliance, led by Mazar and would focus on shared methodology. Other Trusts held weekly mortality review meetings and Dr Hunter would implement the Trust's group. This would operate in shadow form for two – three weeks, reviewing all deaths reported through the incident system. Bradford run a successful group and a visit had been planned. Humber had developed a Structured Decision Analysis course and offered the Trust a number of places. Mr Mills supporting the suggestion of a weekly review, as a way to obtain greater intelligence.

Mrs Rogers sought information regarding the publication of death rates in Sheffield. Dr Hunter reported there had been 4,951 deaths in Sheffield during 2015, the four highest causes had been circulatory and cancer with 1,300 cases each, followed by respiratory and mental and behavioural which could include Alzheimer's with 600 cases each.

Mr Clarke noted Hurlfield View had been in the press recently, he noted the press statements had balanced opinion. The decision to close the unit had been made and closure planned for 31st March 2017.

Workshops with Sheffield City Council and NHS Sheffield Clinical Commissioning Group (NHSSCCG) continue to focus on Cost Improvement Plans.

Two fires on Burbage Ward lead to the evacuation of the ward, South Yorkshire Fire Service and South Yorkshire Police were in attendance. Trust policies would require amendment following feedback from the South Yorkshire Fire Service. Additional staff were mobilised to undertake searches and closer monitoring of service users to avoid further incidents. Members asked that staff involved were thanked.

The Executive had met with RDASH Executives in January and further meetings had been planned, to focus on collaborative projects under the Sustainability Transformation Plan.

Mr Clarke had been a key note speaker at a recent Aspiring Leadership event in Leeds. This event had been for Black, Minority and Ethnic (BME) staff with a number of Trust staff attending.

Mr Thomas asked for clarity on a new ruling in relation to the payment of minimum wage whilst on "sleep ins" and the impact this would have financially on the Trust. Mr Easthope agreed to seek further clarity.

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11/2/17 Board Committees – Significant Issues Reports

i Audit Committee

Members received the minutes of Audit Committee held 18th October 2016 and the Significant Issues Report from the meeting held on 31st January 2017.

Mrs Stanley reported the meeting had focused on the preparation of the Trust's financial statements for year end. The Committee received a number of papers including; the adoption of the going concern principle, a reporting standard; a report in relation to annual security of the environment and assets, noting the Trust were compliant following a self -assessment. There would be a detailed action plan to address any areas of weakness, to be monitored through Committee.

Mrs Stanley noted for 2016/17 there were a number of internal audits awaiting completion and the Committee wish to understand the reasons for the delay. A meeting would be held with Internal Audit to complete a review and report the Trust's position to external auditors. The Internal Audit work programme had been approved for 2017/18, with a cost saving achieved.

The external audit plan was agreed, Mrs Stanley this would ensure the Trust met the control totals of NHS Improvement and identify the methodology for achieving the offset surplus.

The Committee also received a report on Standing Financial Instruction beaches, noting the level had decreased. There would be a focus on agency spend and engagement with self employed contractors.

The Chair asked if the Committee would be monitoring progress against internal audits. Mrs Stanley responded, the Committee received assurance these were being progressed. The Chair had agreed to meet with the internal auditor for an update and the planning of the audits were time consuming. The number of follow up reports had increased. The Committee do receive quarterly reports from Mr Clarke on progress against the follow up audit actions. Mrs Stanley noted there had been slow progress on the actions from the Mental Health Act and Mental Health Capacity Act follow up audit.

ii Quality Assurance Committee

Members received the minutes of the Quality Assurance Committee held on 19th December 2016 and the Significant Issues Report from the meeting held on 23rd January 2017.

Mr Thomas noted the Committee had received an in-depth report in relation to mortality and would continue to receive this on a regular basis.

iii Workforce & OD Committee

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| | <p>Members received the minutes of the Workforce and OD Committee held on 2nd November 2016 and the Significant Issues Report from the meeting held on 31st January 2017</p> <p>Mrs Rogers reported the Committee had focused on incremental pay progression, e-rostering, carers strategy engagement and apprenticeship levy. The Committee would now receive workforce related audits.</p> <p>Mrs Rogers also reported the Committee had received a report on improving attendance, as delegated by the Board. The report detailed the work of the Case Manager, whose role had been to review individuals with long term or high episodes of absence.</p> <p>Directorates were supported in their management of absence and initiatives including return to work interview, health rostering training and redeployment resilience following organisational change had been implemented.</p> <p>The Chair noted the two highest causes for absence relate to muscular-skeletal issues, anxiety, stress and depression and if the Trust was supporting staff. Mrs Stanley noted WODC had a thorough discussion on the report. It was confirmed return to work interviews were conducted across the Trust in line with the Promoting Attendance and Managing Sickness Policy. Members considered the role of Case Manager supported directorates to manage absence.</p> | |
| 12/2/17 | <p>Any Other Urgent Business</p> <p>No other business was noted.</p> | |
| 13/2/17 | <p>Chief Executive's Announcement of Confidential Business</p> <p><i>In the interest of probity the Chief Executive announced the commencement of confidential business in accordance with the published agenda.</i></p> | |
| 14/2/17 | <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 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 101st Board of Directors meeting

On Wednesday 8th March 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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