

Board of Directors (Open)

Minutes of the 101st Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 8th March 2017, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

Non-Executive & Executive Directors

1. Mrs. Sue Rogers, Non-Executive Director/Vice Chair, Chair of Workforce & OD Committee
2. Mr. Kevan Taylor, Chief Executive
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. Mr. Dean Wilson, HR Director
13. Mrs. Sharon Sims, PA to Deputy Chief Executive (Minutes)

Apologies:

14. Ms. Jayne Brown, Chair

Public Gallery:

John Buston, Public Governor
 Billie Critchlow, Carer Governor
 Jules Jones, Lead and Public Governor
 Dr Paul Miler, Staff Governor
 Louise Turner, Client Sales Manager, Vodaphone

Minute	Item	Action
1/3/17	<p>Welcome & Apologies:</p> <p>The Vice Chair welcomed members of Sheffield Health and Social Care NHS FT Board and those in attendance. Apologies were noted and the meeting was quorate.</p> <p>The Vice Chair noted Ms Brown's apologies.</p>	
2/3/17	<p>Declarations of Interest:</p> <p>No new declarations were made.</p>	

3/3/17	<p>Minutes of the Board of Directors Meeting Held on 8th February 2017</p> <p>The minutes of the Open Board of Directors meeting held on 8th February 2017 were amended as follows.</p> <p><u>4/2/17 i Service Performance refers</u> <i>The reference to NHS Yorkshire and Humber should read NHS England North Region. Ms Lightbown had described the early intervention in psychosis service as having two elements; at risk mental state and first episode psychosis.</i></p> <p><u>11/2/17 Board Committees – iii Workforce and OD Committee refers</u> <i>Mrs Rogers, Chair of WODC reported the Committee would now receive workforce related internal audit reports.</i></p> <p><i>Mrs Stanley believed the minute in relation to return to work interviews being conducted across the Trust required clarification. Assurance was sought that interviews were routinely carried out across the whole Trust.</i></p> <p>With the amendments the minutes were agreed as an accurate record and would be signed off accordingly.</p>	
4/3/17	<p>Matters Arising & Action Log</p> <p><u>4/2/17 i Service Performance Dashboard (seclusion) refers</u> Mr Easthope reported reporting of the period of time an individual spent in seclusion would be problematic on the current performance report and would require manual collation of data.</p> <p><u>4/2/17 i Service Performance Dashboard (Low PDR in LDS) refers</u> Mr Easthope reported the query in relation to the Learning Disabilities Service PDR rate had been attributed to a recording error. A number of the wards use paper systems with the centrally held records requiring updating. At the focal point window LDS had been 90% compliant, their current rate was 97%.</p> <p><u>4/2/17 iii Benchmarking of Mental Health Services 2016 refers</u> Mr Clarke reported dates were being explored to deliver a Board session on benchmarking.</p> <p><u>7/2/17 Uplift to Living Wage refers</u> Mr Wilson reported the amendment in relation to consolidation had been made to the Agreement for Application to Living Wage.</p> <p><u>8/2/17 Chair Update refers</u> The Vice Chair reported she was awaiting an update from the Chair on a date for a board to board session with South Yorkshire Housing Association. Mr Clarke responded, dates would be confirmed shortly.</p> <p><u>10/2/17 Chief Executive's Verbal update (NHSI) refers</u> Mr Clarke confirmed the letter from NHS Improvement following the quarterly review had been circulated to the Board.</p>	<p>CC</p> <p>CC</p>

	<p><u>10/2/17 Chief Executive's Verbal update (Sleep in) refers</u> Mr Easthope reported the Trust would monitor the legal challenges against HM Revenue and Customs (HMRC) relating to payment of the minimum wage for "sleep in" shifts. Liaison was underway with Payroll to ascertain the impact for the Trust, the calculation of payments would be complex and based on average hourly rates rather than specific shift rate. As the Trust paid the living wage, this could apply to those on lower pay bands. The Finance and HR Directorates would continue to monitor the situation, and add to the risk register accordingly.</p> <p>Mrs Stanley reported HMRC were focusing on this issue within care sectors and fines could be imposed for any breaches in regulations.</p> <p>The Vice Chair suggested Workforce and Organisation Development Committee receive regular updates and to note on the WODC risk register.</p> <p><u>Action Log</u> Members reviewed and updated the action log accordingly.</p>	PE/DW
Strategy		
5/3/17	<p>Service User Engagement Strategy Implementation Plan</p> <p>Members received the Service User Engagement Strategy Implementation Plan.</p> <p>Dr Hunter reported the Service User Engagement Strategy was agreed by the Board in July 2016. The implementation plan to support the strategy had been developed by the Service User Engagement Group (SUSEG), chaired by Drs Brendan Stone and Helen Crimlisk and presented to both Executive Directors Group (EDG) and Quality Assurance Committee (QAC).</p> <p>Dr Hunter gave some examples of the main themes for the plan.</p> <p><u>Culture change</u> - SUSEG would meet monthly alternating between formal meetings and a forum of engagement with frontline staff and service users using coaching style sessions.</p> <p><u>Service User Monitoring Unit (SUEMU) as an agent for change</u> – operational changes with a new appointment made to link with the quality improvement team and focus on service user experience.</p> <p><u>Participation, work and leadership</u> – the Trust continue to support Recovery Enterprises, an independent organisation which focuses on alternative mental health and well being therapies. Sheffield Flourish, a digital hub had been established by the organisation which had proved successful. An Engagement Manager, with lived experience had been appointed, a task for this post was to seek service user feedback.</p> <p><u>Partnership working</u> - collaboration with the University of Sheffield in preparing proposals for service user led research grants.</p> <p>Mr Mills supported the Trust's involvement with Recovery Enterprises and believed a number of innovative ideas to engage with service users were</p>	

being utilised.

A visit by the Non Executive Directors to Recovery Enterprises to gain further insight was suggested. Further clarity regarding the consultancy hub was requested.. Dr Hunter responded, the hub was established as a non profit making entity and allowed service users to work collaboratively with the Trust and other organisations.

Mr Wilson mindful of the current Carers Strategy asked if carer needs had been considered. Dr Hunter responded, carer engagement captured independently across Service User Engagement Strategy.

Mr Thomas reported Quality Assurance Committee had received the Service User Engagement Strategy and noted the Committee had agreed to a phased implementation plan. The process had been protracted which was acknowledged by Mr Taylor. New appointments had now been made and CQC feedback had been positive on Trust values and service user engagement.

Ms Lightbown reported she believed the inclusion of service users on CQC mock inspections had been omitted following discussions at Quality Assurance Committee in relation to service user engagement on visits.

Mrs Stanley, requested clarity regarding engagement with Governors. Dr Hunter responded, the implementation plan would be shared with the Council of Governors, as part of the governance arrangements, mindful there were also Governors with lived experiences.

Clarity was also sought in relation to a reference in the plan to service user led board items with Dr Hunter responding exemplars and case studies would support Board items.

Performance Management

6/3/17

Service Performance

i Service Performance Dashboard for the period 1st April to 31st January 2017

Members received the Service Performance Dashboard for the period ending 31st January 2017 as assurance the Trust was delivering and monitoring to the required standards.

Mr Easthope noted the format and dashboards in the report had been revised and would welcome feedback on the presentation.

Mr Thomas noted the rise in bed occupancy from October 2016 up to, and over 100% and sought clarification regarding safety concerns. Dr Hunter responded, the high occupancy is attributed to the use of “leave” beds. The national picture would indicate over occupancy plus the use of out of town beds, which does not apply to the Trust. Mr Easthope added budgets are managed by the Trust and 5% of the 95% target would be utilised to ensure no out of town placements.

Mr Clarke reported wards had an escalation plan to assess risk to ward safety, with a matrix system utilised for releasing bed capacity, Dr Hunter

as Medical Director and himself, in his capacity as Director of Operations would continue to monitor.

Mr Wilson requested further clarity added to the report in relation to the RAG rating against the in-month targets.

PE

Ms Lightbown reported there were bed occupancy pressures, the benefits and impact of an intensive city wide home treatment service providing alternatives to hospital admission was, at this stage unknown. A city wide team would streamline standards and practices. It was also reported there were no serious untoward incidents attributed to bed occupancy.

Mrs Stanley requested an update regarding continuing red ratings the first relating to failure to meet referral target regarding the new alcohol contract and the second in relation to a reduction in Care Planning Approach (CPA) . Mr Clarke reported the Board would receive a report in relation to the performance of the alcohol contract. Mr Easthope added the KPI data would require evaluation as part of the review. In relation to CPA, Mr Easthope reported a revised training programme would be delivered from January to March 2017 to improve care planning, the year to date position of 97% was above target. Ms Lightbown reported the RAG rating linked to a seven day follow up target, attempts to contact the two individuals within seven days were unsuccessful however this was achieved on the eighth day.

Mr Mills noted the significant rise in deaths reported during 2016/17. Dr Hunter responded, the Trust now reported all deaths as part of the national morality review. Members were assured deaths were reviewed by the Mortality Review Group to identify trends and evaluate mortality ratios across the city. The rise in deaths was attributed to those that did not require an inquest or were from natural causes.

ii Staffing Capacity & Capability Report to 31st January 2017

Members received the Staffing Capacity and Capability (Nursing) Report for the period to 31st January 2017 as assurance the Trust was publishing staffing data in line with National Quality Board requirements.

Ms Lightbown reported January 2017 in-patient wards fill rates for registered nurses. Burbage, Endcliffe, Forest Lodge Rehabilitation and Firshill Rise reported under plan during day shifts with Forest Close – Bungalow 2, Forest Lodge Rehabilitation and Maple under plan on night shifts. Shortfalls were attributed to vacancies, planned leave, mandatory training attendance and sickness absence. The E-rostering system was unable to record the time in-patient directorate senior nurses, not in the establishment, spent working on the wards, which required addressing.

Ms Lightbown noted there had been staffing challenges during January 2017. She reported Rehabilitation ward at Forest Lodge and the Forensic ward had, on occasions both recorded only one nurse in charge on night shift, Ms Lightbown gave assurance the shifts had been managed safely and acknowledged the situation would be unsustainable. The senior nurse team had redeployed staff across the in-patient wards to support the position.

Ms Lightbown confirmed the Learning Disabilities ward data concerns had been rectified, baseline data is two registered nurses per shift, coverage of 50% or more represented at least one registered nurse per shift.

Ms Lightbown reported challenges in relation to recruitment and retention of mental health nurses particularly in Learning Disabilities , Forensic and Rehabilitation. Ms Sangha, Deputy Chief Nurses and Ms Parry, Deputy HR Director had undertaken a project to review trust wide nursing recruitment. A six month secondment opportunity had been advertised for a senior nurse in the Trust to lead on a nursing workforce development project.

Mr Thomas noted the report was public and asked if Commissioners or regulatory bodies had contacted the Trust with concerns relating to nursing or safety. Ms Lightbown responded no concerns had been raised and the CQC review reports prior to inspections. It was reported staffing had also been discussed by the NHS England North, Directors of Nursing and Chief Operating Officers network group.

Mrs Stanley raised concerns in relation to the rise in the number of incidents with Forest Lodge as an example of a ward with a steady increase, additional narrative. Ms Lightbown confirmed an increased awareness of accountability and reporting, with the forensic contract commissioned directly with NHS England against a defined value and establishment.

Mr Mills acknowledged roles could be stressful and challenging, which had been identified in staff surveys and was there connectivity with the number of high incidents in these areas. Ms Lightbown responded, this would be an element of the review, with Non Executive Director gaining insight from ward visits.

LL

Assurance: Risk Management & Internal Control

7/3/17

Board Risk Profile

Members received the Board Risk Profile for assurance.

Ms Saunders reported that Risk 3327 in relation to clinical audit had been updated and de-escalated to directorate level. The remaining risks with the exception of Risk 2196 had updated actions and target dates.

Mrs Stanley queried the report on the Quality Impact Assessment, she referenced a moderate risk in relation to staffing shortages and sought assurance of the connectivity to the Board Risk Profile. Ms Lightbown responded the risk, would follow the escalation process via Executive Director Group in the first instance.

Cllr Bramall, noted the on-going risk in relation to Section 75 and asked for clarity on the delays. Mr Clarke reported, a new arrangement was required from 1st April 2017, with a joint budget managed by the Trust and NHS Sheffield Clinical Commissioning Group (NHSSCCG).

	<p>Issues in relation to governance had been raised on a number of occasions. Mr Taylor noted he had escalated concerns to Mr Mothersole, Chief Executive, Sheffield City Council.</p> <p>Mr Mills sought confirmation the Joint Executive Board (Clover) had taken place on 6th March 2017 and when members would receive the findings of the review referenced . The narrative on risk and mitigation, was expanded following concerns in relation to access and safety and to include the findings from the CQC inspection. Mr Easthope responded the meeting had taken place and a report would be prepared for May, subject to timing and publication would include reference to CQC inspection.</p>	PE
Governance		
8/3/17	<p>New Governance Arrangements - Sheffield Hospitals Charity</p> <p>Members received a report on the new governance arrangements for Sheffield Hospitals Charity.</p> <p>Mr Easthope reported members had received the report in line with the Trust's governance processes, it had been presented and agreed by Finance and Investment Committee (FIC). The changes were for legal reasons and would not affect the management of the funds.</p> <p>Mr Mills, Chair of FIC, noted FIC had noted the changes and were assured. The Vice Chair gave the Board's formal approval.</p>	
9/3/17	<p>Declaration of Compliance - Eliminating Mixed Sex Accommodation (EMSA)</p> <p>Members received the Trust's annual declaration of compliance with EMSA.</p> <p>Ms Lightbown reported that Executive Directors' Group (EDG) and Quality Assurance Committee (QAC) had received and recommended the Board approve the report noting the Trust were minimally compliant for the twelve wards, six single sex and six mixed sex. Burgage, Stanage and Dovedale prove the most challenging of the mixed sex wards. The report outlines the key arrangements used to monitor compliance.</p> <p>Ms Lightbown added the In-Patient Clinical and Service Directors had been tasked with identifying improvements to ensure full compliance of EMSA on the mixed sex wards.</p> <p>Mr Thomas, Chair of Quality Assurance Committee (QAC) noted the committee had discussed the level of compliance in detail and endorsed the report. Ms Harriman, Deputy Chief Nurse, NHSSCCG and in attendance at QAC had reported Commissioners considered the Trust minimally compliant. Mr Taylor added the Care Quality Commission (CQC) had raised concerns with the level of compliance, The Trust had reported minimal compliance and it is envisaged the acute care reconfiguration would address compliancy levels.</p>	

Board Stakeholder Relations & Partnerships	
10/3/17	<p>Chair's Update</p> <p>The Vice Chair reported the Chair confirmed the awards ceremony held on 9th February 2017 had been a positive event.</p> <p>The Chair had also been a guest speak at the February meeting for a Sheffield University group, Supporting Women in Medicine (SWIM).</p>
11/3/17	<p>Governor's & Membership Matters</p> <p>The Vice Chair noted membership was 12,591 following a data cleanse. Seven new members had been recruited following a research event held at Northern General Hospital.</p> <p>The Governor elections were underway with vacancies in the majority of areas. The closing date for nominations would be 5th April 2017.</p> <p>Governors had asked two questions, the first in relation to Sheffield Out Reach Team (SORT) and its future in the Community Mental Health Team reconfiguration, the second in relation to the decisions on the Sheffield Psychiatric Decisions Unit. She noted they would be answered accordingly.</p>
Executive Management Updates	
12/3/17	<p>Chief Executive's Verbal Update</p> <p>Jeremy Hunt, Secretary State for Health had made a "low profile" visit Sheffield to meet the Homeless Assessment and Support Team (HAST). Mr Taylor wished to record thanks to the team who were very enthused and shared their experiences of frontline services. Ms Saunders noted thanks to the Estates team who provided transportation.</p> <p>Cllr Bramall requested feedback from the visit. Mr Taylor responded staff had raised issues with him, he gave examples of benefit assessments and disability testing. Staff had also shared their experiences of working for the Trust</p> <p>The Trust as a key provider of mental health services had signed a letter jointly with NHSSCCG in relation to their mental health commissioning budget. The letter was a declaration of the level of investment in the Five Year Forward View and funding the Trust would expect to receive. The overall investment included expenditure on the Continuing Health Care (CHC) budget. The letter noted there would be no disinvestment in the Trust's budget or Child and Adolescent Mental Health Series (CAMHS). NHSSCCG also indicated an intention to enter into dialogue in relation to apportioning the CHC budget for local initiatives. Mr Thomas queried if other CCG's had mental health expenditure against CHC, and this was positively confirmed.</p> <p>Mr Mills clarified the CHC definition, noting individuals would be included if in receipt CHC with a primary mental health or dementia diagnosis. Mr Easthope commented there were no national standards to clarify the situation.</p>

	<p>A Mutually Agreeable Resignation Scheme (MARS) round had resulted in sixty four applications, EDG would review and agree the final decision.</p> <p>The Trust's factual accuracy report had been submitted to Care Quality Commission (CQC). The Quality Summit was scheduled for 6th April 2017.</p> <p>The CQC had inspected Woodland View, informal feedback was positive.</p> <p>Hurlfield View would close on 31st March 2017. Staff transition had been undertaken satisfactory and the Trust had been assured of service user provision. The media coverage had been balanced. Cllr Bramall reported, on advice he had left the room when Hurlfield View had been discussed at a full council meeting. Me Taylor noted there was an event at Hurlfield View on 24th March 2017 to mark the closure. The Vice Chair on behalf of the Board wished to thank the team at Hurlfield View for their continued support during the closure.</p> <p>There had been national media interest into the use of prone restraint. Mr Taylor assured members this method was not used in the Trust.</p> <p>Ms Lightbown reported notification had been received from CQC. The Trust had been selected for an appreciative inquiry in relation to use of Mental Health Act and the Approved Mental Health Professional (AMPH) service, which statutory sits with local authority, rather than two inspections the CQC had elected to hold a joint inspection. Ms Lightbown had shared with members the CQC's letter of intent. The Care Standards Team would co-ordinate the inspection with team managers and clinicians notified.</p>	
Papers for Information and Assurance		
13/2/17	<p>Safeguarding Quarter 3 Reports</p> <p>Members received the Safeguarding Children's and Adults Quarter 3 reports for information.</p> <p>Ms Lightbown reported Quality Assurance Committee had received and were assured by both reports, improvement in training compliance for both children and adults was highlighted.</p>	
14/3/17	<p>Infection Prevention and Control – Quarter 3 Report</p> <p>Members received the Infection, Prevention and Control Quarter 3 report for information.</p> <p>Ms Lightbown reported Quality Assurance Committee had received and were assured by the report. An increase in hand hygiene compliance was highlighted.</p> <p>The Vice Chair asked if data collection had improved, Ms Lightbown responded there had been continued improvement and new initiatives would be developed for data collection of frontline staff.</p>	

15/3/17	<p>Quality Impact Assessment Quarter 3 Report</p> <p>Members received the Quality Impact Assessment Quarter 3 report for information.</p> <p>Ms Lightbown reported Quality Assurance Committee had received and were assured by the report. She highlighted the risk rating for the staffing concerns in the CMHT. The risk had been reassessed to moderate (12) score and would be escalated to EDG for discussion on entry onto the Corporate Risk Register.</p> <p>Mr Thomas, Chair of QAC, noted Committee had considered the full QIA report .</p>	
16/3/17	<p>Board Committees – Significant Issues Reports:</p> <p>a) Quality Assurance Committee</p> <p>Members received the Quality Assurance Committee minutes from the meeting held on 23rd January 2017 and the Significant Issues Report from the meeting held on 27th February 2017.</p> <p>Mr Thomas, Chair of Quality Assurance Committee noted the Committee had commissioned a service review at Porterbrook Clinical following concerns raised, they had received a thorough report, evidencing significant improvement.</p>	
17/3/17	<p>Any Other Urgent Business</p> <p>No other urgent business was noted.</p>	
18/3/17	<p>Chief Executive’s Announcement of Confidential Business</p> <p><i>The Chief Executive announced the commencement of confidential business in accordance with the published agenda</i></p>	
19/3/17	<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 102nd Open Board of Directors meeting
Wednesday 12th April 2017 at 10am,
Tudor Boardroom, SHSC, Fulwood Conference & Training Centre,
Old Fulwood Road, Sheffield, S10 3TG
 Margaret Saunders, Director of Corporate Governance (Board Secretary)
Margaret.saunders@shsc.nhs.uk Tel: 3050727
 Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk Tel: 2716370