

# Board of Directors (Open)

**Minutes of the 104<sup>th</sup> Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 14 June 2017, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG**

**Present:**

1. Ms. Jayne Brown, Chair
2. Mrs. Sue Rogers, Non-Executive Director/Vice Chair, Chair of Workforce & Organisation Development Committee
3. Mr. Kevan Taylor, Chief Executive
4. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
5. Mr. Richard Mills, Non-Executive Director, Chair of Finance and Investment Committee
6. Mr. Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Committee
7. Mr. 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, Executive Medical Director

**In Attendance:**

12. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
13. Mr. Dean Wilson, Director of Human Resources (HR)
14. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
15. Ms Giz Sangha, Deputy Chief Nurse (item 5iii)
16. Ms Caroline Parry, Deputy HR Director (Item5iii)

**Public Gallery:**

Billie Critchlow, Carer Governor  
 Jules Jones, Public and Lead Governor

Time	Item	Action
1/6/17	<b>Welcome &amp; Apologies:</b> The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. No apologies were received and the meeting was quorate.	
2/6/17	<b>Declarations of Interest:</b> No new declarations were made.	
3/6/17	<b>Minutes of the Board of Directors Meeting Held on 10 May 2017</b> Following two points of accuracy, the minutes of the Open Board of Directors' meeting held on 10 May 2017 were agreed as an accurate record and would be signed off by the Chair.	

4/6/17	<p><b>Matters Arising &amp; Action Log</b></p> <p><u>9/5/17 Mortality Review refers</u> It was confirmed the data contained in the Mazar's report had been obtained from the national dataset. Mr Thomas was confirmed as the Trust's Non Executive lead for mortality.</p> <p><u>13/5/17 Chair's Update</u> The external facilitators from the Trust's Compassion Conference are leading an event for NHS Chairs and Chief Executives on 23 June 2017. The Chair and, in Mr Taylor's absence, Mr Clarke will attend and evaluate their suitability for leading a Board development session.</p> <p><u>Action Log</u> Members reviewed and updated the action log accordingly.</p>	
<b>Performance Management</b>		
5/6/17	<p><b>Service Performance</b></p> <p>i <u>Service Performance Dashboard for the period ending 30 April 2017</u></p> <p>Members received the Service Performance Report for information and assurance. To note, as previously agreed a month one finance report was unavailable.</p> <p>Key issues continue to be monitored and include; bed occupancy, which had improved during April, length of stay and Care Planning Approach (CPA) which will continue to be monitored in Quarter as a result of slippage in 2016/17 Quarters 3/4.</p> <p>Staff turnover had raised to 13.77%, Mrs Rogers queries whether a review was required by Workforce and Organisation Development Committee (WODC). Mr Easthope responded the increase was attributed to supporting the facilitation of the Mutually Agreed Redundancy Scheme (MARS), staff redeployment, management of Cost Improvement Plans (CIP) and disinvestment of services.</p> <p>A decrease in the number of people accessing Improving Access to Psychological Therapies (IAPT) service was noted.</p> <p>The higher control limit for missing persons was queried, and clarity sought regarding the formula. Dr Hunter responded the control limits were derived from an estimate of variability. As the report was a public document it was suggested narrative could be added to provide an explanation.</p> <p>The caseload for Early Intervention Psychosis (EIS) had risen significantly above target. Mr Clarke responded discussions with NHS England and NHS Sheffield Clinical Commissioning Group (NHSSCCG) were on-going in relation to funding and performance. At the invitation of NHSSCCG the Executive Directors' Group (EDG) had supported a business case via Business Planning Group for additional resources. Mr Bramall sought clarification regarding the potential evaluation of additional costs for over activity. Mr Clarke confirmed costings and savings had been reviewed in the business case.</p>	MH/PE

	<p>Bed over occupancy was raised as a concern, Mr Thomas queries whether a review of bed numbers was required. Dr Hunter responded, there had been a decrease in activity on in-patient wards had with occupancy rates stabilised during May. This was attributed this to robust clinical and operational bed management systems with stability in the system being key to supporting the Community Mental Health Team reconfiguration.</p> <p>It was noted the Opiates target was challenging and narrative supported this, feedback on progress would be welcomed. Mrs Stanley noted the narrative against alcohol target, also challenging, appeared to relate to 2016/17.</p> <p>The Board received the report for assurance.</p>	
	<p>ii <u>Safer Staffing Report for period ending 30 April 2017</u></p> <p>Members received Safer Staffing report for information and assurance.</p> <p>Staffing challenges continue during April 2017 with improvements noted across directorates and an increase in both day and night shift fill rates for registered nurses. There was significant improvement on the Rehabilitation Unit with two senior nurses deployed to manage the Forensic Unit and Burbage ward.</p> <p>Health Roster had been implemented across all twelve wards, with staff had trained to implement the Safe Care module and the roll out programme was on target.</p> <p>The Terms of Reference for the Effective Staffing Group been agreed by EDG. Ms. Liz Lightbown, Executive Director of Nursing, Professions &amp; Care Standards and Mr Wilson, Mr. Dean Wilson, Director of Human Resources (HR) would jointly lead the Committee, the Committee will oversee delivery of the workforce strategy.</p> <p>The Chair asked if reported improvements were sustainable. Ms Lightbown believed the implementation of the Trust's initiatives aligned with a strategic approach would deliver sustainability.</p> <p>It was noted staffing pressures are reported to the Deputy Chief Nurse, Mrs Rogers asked for clarity regarding the action this individual could take. The Deputy Chief Nurse would have oversight of all in-patient areas and could authorise the deployment of nurses ensuring safe staffing levels.</p> <p>An aim of E-Rostering was to ensure equality when requesting shifts. Mrs Rogers asked if this had been achieved. It was confirmed the system was designed to ensure fairness.</p> <p>Clarity on agency nurse procurement was sought. It was confirmed that wards had been instructed to use the SHSC bank in the first instance, and only agencies on the NHS approved supplier list.</p> <p>The addition of a dashboard was seen as an improvement to the report, further clarity was sought regarding the peaks within the graphs. These related to changes in clinical activity and E-rostering roll out.</p>	

	<p>The Chair asked if the Board would receive a combined nursing and medical staffing report from July 2017. It was confirmed a report would be presented in July, and as medical staffing was currently unavailable via e-roster, Dr Hunter would provide the narrative relating to medical staffing. Data on Allied Health Professions would follow once nursing e-rostering was embedded.</p>	LL/MH
	<p>iii <u>Workforce: Effective Staffing; Recruitment &amp; Retention Report and Presentation.</u> (<i>Ms Giz Sangha and Ms Caroline Parry in attendance</i>)</p> <p>The workforce strategy, will be presented to Workforce and Organisational Development Committee in July 2017, with the aim will be to ensure the Trust has robust plans to deliver effective staffing, alongside a recruitment and retention programme, work is due for completion September 2017.</p> <p>Members received a presentation outlining delivery of the strategy. This included; ambitions and delivery of the plan, an overview of the national context and workforce challenges, specifically in relation to the nursing profession, retention challenges and next steps.</p> <p>A workforce needs assessment would be undertaken and used as a baseline. It was noted challenges in nursing recruitment and retention are national issues. The Trust needs to be innovative in the recruitment and retention of staff and offer attractive long term flexible career pathways, whilst being supportive and maintaining the health and wellbeing of the workforce.</p> <p>Connectivity with the Employment &amp; Employability workstream of Sheffield's Accountable Care Partnership Board will enable the Trust to develop a workforce for the future and become "best in class". This had recently be exemplified with the Integrated IAPT service securing substantial funding to support long term conditions on ten care pathways, providing an additional opportunity to recruit a diverse workforce.</p> <p>Nationally, Trusts had reported challenges with nurse recruitment and retention. Feedback from SHSC candidates suggested a number had been in receipt of multiple offers of employment. Concerns had also been raised in relation to the UK's withdrawal from the European Union with a notable decrease in the number of applications nationally from overseas.</p> <p>Members also received a report and demographics from the NHS Confederation, Mental Health Network, as an overview of the national nursing picture. Examples of a number of surveys were given, the first, focused on the reduction in senior nursing roles, indicating a contributing factor had been cost improvement and efficiency programmes, impacting on career progression, the second had focused on use of agency staff. It was noted the Trust's nursing agency/bank usage is reported monthly to NHS Improvement.</p> <p>The Royal College of Nurses (RCN) had surveyed its members in relation to pay, specifically the offer of a 1% increase. Results were 75% of the 90% respondents would be prepared to strike. The Trust in preparation for any period of industrial action, will be identifying the number of RCN members in the Trust. The RCN are also pursuing the safer staffing legislation.</p>	

The Department of Health have announced the creation of 10,000 health professional training placements to support strategic workforce planning.

The demographics of the Trust are currently 550 whole time equivalent (WTE) nurses with an average turnover of 10.8% at 2016/17 Quarter 4. Nursing vacancies as of 2 May 2017 were the equivalent of 15 WTE at Band 6 and 35 WTE at Band 5.

A succession planning programme is to be implemented as the majority of senior nurses in the Trust will reach the age of 55 within a few years and are eligible to retire with Mental Health Officer status. A nurse mentoring programme had been developed to support career progression.

A number of initiatives are being developed in the Trust and including; the microsystem coaching approach to improvement, workforce data profiling and analysis, multi directorate rolling recruitment programmes, making offer of employment to second year students and the development of apprentices and work experience. The Trust will continue to work with Sheffield Universities in developing assistant practitioners and occupational therapists. The Trust will be represented on a new workforce forum established by the Directors of Nursing and Chief Operating Officers for the Yorkshire, Humber and North East region, it is expected representation from Human Resources will be included in due course.

The Chair noted the Workforce Strategy would be received by the Board, and asked if the strategy would seek to address the issues raised in the presentation. It was acknowledged the issues identified would be included.

Mr Thomas recognised the potential limitations in career progression, and queried if there would be any financial impact in delivering a number of the initiatives in the strategy. Ms Lightbown responded career progression and senior roles will be reviewed and leadership opportunities created for both managerial and clinical roles. The restructure of the Clinical Directorates include two director level nurse posts.

Mr Wilson responded further discussion would be required for initiatives with financial implications with A number of Trusts implementing fast track pay progression and golden hello payments. Mr Taylor noted, the STP work stream had also discussed inflationary pay pressures.

Mr Easthope assured members, redundancy/MARS for nurses would only apply to nursing staff in exceptional circumstances, noting the directorate restructure could result in a small number of senior nurses with no redeployment options. A fully costed plan would be presented to Board if this option was to be considered.

Mr Mills provided feedback from an NHS Providers event, noting national workforce challenges and reduction of the training bursary had been the main focus for discussion. The Trust's initiative to scope local opportunities was supported and how as a Non- Executive Director and member of the Board this could be supported and shared with other Trusts. The Chair asked if the strategy would include reference to the support provided from the Board.

DW

	<p>Dr Hunter noted the change programme and strategic direction, using IAPT as an example. The stepped integration of mental and physical healthcare through neighbourhoods enabled the development a diverse workforce for the future and supported the experiential growth of infrastructure.</p> <p>Mrs Stanley asked whether age profile demographics, succession planning and flexible retirement and return to work options would be reviewed. Mr Wilson responded these areas would be considered.</p> <p>Mrs Rogers noted the removal of nursing bursaries, and queried the impact this may have. Ms Lightbown responded the impact of removal of bursaries for nurses, occupational therapists and allied health professions is unknown as this stage.</p> <p>Mr Bramall welcomed the initiatives for developing deprived communities and youth employment, he suggested a campaign to recruit male nurses, using male role models. He also believed the city “Sheffield” should be promoted as a place to work and live. He asked if any recruitment drive had been considered within the EU. It was reported the Trust are considering an offer from South West Yorkshire Partnership for a joint recruitment campaign in Poland.</p> <p>The Chair welcomed the report and presentation, noting the value of time on the agenda for strategic discussion and requested time is allocated in the autumn for discussion of the workforce strategy.</p> <p>The Chair considered the Council of Governors (CoG) would benefit from the personation in due course, to provide updates in relation to strategic issues.</p>	<p>DW/LL (B/F Oct)</p> <p>DW/LL</p>
<b>Risk Management &amp; Internal Control</b>		
6/6/17	<p><b>Board Risk Profile</b></p> <p>Members received the Board Risk Profile for approval.</p> <p>Risk 2163 relating to mandatory training had been de-escalated and the significant progress had been made in this area was acknowledged. An additional risk relating to Eliminating Mixed Sex Accommodation (EMSA) had been escalated by EDG and added to the register. The remaining risks continue to be monitored and updated.</p> <p>The Board reviewed and approved the report.</p>	
<b>Governance</b>		
7/6/17	<p><b>Trust Strategy and Strategic Planning Framework Update</b></p> <p>Members received an updated Trust Strategy and Strategic Planning Framework for approval.</p> <p>The strategy had developed following a Board development session the focussed on reviewing the Board Assurance Framework (BAF). Three changes were noted to the strategic objectives and a number of alterations to the lead executive.</p>	

	<p>An omission of the word compassion had been identified on the “People” aim and would be inserted. The Chair requested the CoG had sight of the strategy.</p> <p>The Board formally accepted the strategy.</p>	CC
8/6/17	<p><b>Board Assurance Framework 2017/18 : Next Steps</b></p> <p>Members received the Board Assurance Framework (BAF) next steps and timetable.</p> <p>The BAF had been developed following the workshop in May 2017 and was currently being populated. It had been agreed at the workshop to produce a simplified, succinct version. The levels of assurance relating to the identified gaps required further exploration and the suggestion to align with Internal Audit’s levels of assurance was welcomed.</p> <p>The BAF would be circulated to all Board members, with feedback provided to Ms Saunders, Director of Corporate Governance (Board Secretary). A revised iteration would be shared with Board in July 2017. The Chair asked for assurance that the final version would be fit for purpose whilst meeting the requirements of Internal Audit.</p> <p>The Board received and accepted the amended version.</p>	MS (B/F July)
9/6/17	<p><b>Quality Improvement and Assurance Strategy – Safety Plan 2017-18</b></p> <p>Members received the Quality Improvement and Assurance Strategy Safety Plan for approval.</p> <p>Dr Hunter, executive lead for the safety reported the Trust is challenged with improving safety following the Care Quality Commission (CQC) inspection rating 80% of services in this domain as requiring improvement. The aim of the plan would be to improve CQC rating to outstanding.</p> <p>In collaboration with operational directorate clinicians, eight key priorities had been identified and will form the work programme for the next 12 months to include: reduction in restrictive practice; eliminating mixed sex accommodation (EMSA); reduction in assaults; improving accessibility and consistency of care; safeguarding adults and children; physical health; reducing suicide/self- harm and medicines safety with the identification of latent conditions key. Leading measures (real time monitoring) will be introduced for safety reporting and shared via Quality Assurance Committee (QAC), Board and directorates. A culture of personal safety and openness would be promoted alongside the development of a safety policy.</p> <p>A number of elements are in place including clinical audit, quality improvement and microsystems. A quality improvement day has been scheduled for 5 July 2017 and members were welcome to attend. The Trust is participating in the Royal College of Psychiatrists’ audit of serious incident assessments aimed to improve quality and consistency. The Trust is also engaging with the Care Opinion Organisation supporting improving feedback to service users and carers.</p>	

	<p>A new campaign will be launched “Not Safe, Not Sure” alongside a safety webpage with a dedicated email address, promoting safety in the Trust. A number of safety champions will also be located in directorates and new ways of working will be developed for daily ward inspections.</p> <p>A question was raised in relation to the Trust’s strategy for restrictive practice. The position was described as stable with the implementation of safe wards to support continuous improvement. EDG now receive monthly monitoring reports containing restrictive practice data in detail, with an additional measure in place for all incidents to be escalated to the Clinical Director.</p> <p>Following feedback from a national expert on an NHS training safety course, who had shared the practice of other Trusts, Mr Bramall asked whether a review of Non-Executive Director visits was timely. Dr Hunter supported this initiative and reiterated the need for safety management processes to be embedded in healthcare environments.</p> <p>It was noted the appendices highlighting good practice, Mr Bramall asked if poor practice should also be noted. Dr Hunter responded, any forum for identifying poor practice would need to be framed appropriately to enable honesty and openness, whilst maintaining accountability and eradicating any blame culture. If serious concerns were identified the Trust’s whistleblowing process are available.</p> <p>Clarity was sought regarding the use of lower control limits and the mean average. It was noted any alternation in the limits would suggest a planned or unplanned change and would necessitate further investigation. It was acknowledged the mean average data formula may require adjustment.</p> <p>The aim is to achieve a CQC rating of good across the safety domain, Mr Mills asked where the Trust would rate nationally if this was achieved. Two mental health providers in the region had achieved good in the safety domain.</p> <p>A question was asked whether complaints had been considered. Dr Hunter responded QAC would focus on complaints.</p> <p>The Board welcomed the report and the plan. The Chair asked whether Board could receive periodic updates from each executive lead on their specific CQC domain.</p>	(KT/PE/LL/DW)
<b>Board Stakeholder Relations &amp; Partnerships</b>		
10/6/17	<p><b>Chair’s Update</b></p> <p>The Chair noted Mr Bramall was attending his last Board meeting as a Non-Executive Director, he was thanked for his contribution and members wished him well in his future ventures.</p> <p>A date for a Board to Board with South Yorkshire Housing Association was arranged for mid- September.</p> <p>A date for a Board to Board with Primary Care Sheffield (PCS) would be pursued.</p>	

	The dates for two Board development sessions had been circulated, (7 July and 9 August 2017). A facilitator had been identified for both sessions.	
11/6/17	<p><b>Governor's &amp; Membership Matters</b></p> <p>Membership reported at 12,579, no membership activities had taken place during May 2017. New Governor questions to the Board had totalled five during May, one remained unanswered.</p>	
<b>Executive Management Updates</b>		
12/6/17	<p><b>Chief Executive's Verbal Update</b></p> <p><u>Clover</u> Mr Taylor updated members on Clover, noting additional management capacity had been sought and a review of the structure would be undertaken. The challenge remains in the recruitment of GP's which is a national concern. A meeting had been arranged with John Boyington, Chair and Dr Andy Hilton, Chief Executive from Primary Care Sheffield, the Chair and Mr Taylor.</p> <p><u>Integrated Increasing Access to Psychological Therapies (IAPT)</u> IAPT had been successful in securing funding of £2.2m, the new service is scheduled for mobilisation early July 2017. Members would be updated on IAPT through Board development sessions and feedback from the Accountable Care Partnership Board's, Employment &amp; Employability workstreams, Kevan noted significant sustainable investment had been identified for Sheffield.</p> <p><u>Clinical Directorate restructure</u> Tier 1 of the restructure had concluded, in line with the Trust's organisational change policy. Dr Peter Bowie had been appointed as Clinical Director and Ms Michelle Fearon appointed as Director of Operations and Transformation.</p> <p><u>Building Security</u> A review of access and egress into the Trust's communal areas, in light of the recent Manchester event will be undertaken, and additional security measures applied as appropriate.</p> <p><u>Emergency Planning Group</u> A planned fire evacuation exercise on a ward had not taken place following the clinical advice. A table top exercise had been conducted, the group had been assured of the ward's plan. It was noted fire evacuation plans had successfully been tested recently on Burbage ward.</p> <p><u>Accountable Care Partnership Board</u> Membership of the board had been agreed and dates confirmed for the inaugural meeting. The Board would be chaired jointly by Dr Tim Moorhead , Chair of NHS Sheffield Clinical Commissioning Group (NHSSCCG) and Cllr Cate McDonald, Cabinet member for Health and Social Care. Each of the six Sheffield Chief Executives will lead a workstream.</p> <p><u>Healthcare People Management Associate (HPMA) Awards</u> The Trust had been nominated in two categories, for diversity work, and the Gulu partnership.</p>	CC/KT

	<p><u>Move More Campaign</u> Over eighty organisations had signed up for Move More, The Trust have a number of teams. Sheffield Chief Executives had also formed their own team.</p> <p><u>Board Session in August</u> To note there will be no formal Board of Directors meeting in August, a confidential development session would be held in its place.</p>	
<b>Papers for Information and Assurance</b>		
13/6/17	<p><b>Quarter 4 Reports</b></p> <ul style="list-style-type: none"> <li>i. Mental Health Act Committee</li> <li>ii. Quality Impact Assessment</li> <li>iii. Safeguarding Adults</li> <li>iv. Safeguarding Children</li> <li>v. Infection, Prevention and Control</li> </ul> <p>The above reports had been received and discussed at Quality Assurance Committee, they were received by the Board for assurance.</p>	
14/6/17	<p><b>Board Committees – Significant Issues Reports</b></p> <p><b>i Audit Committee (AC)</b> Members received the minutes of the Audit Committee held on 18 and 24 April 2017 and the Annual Report.</p> <p>Ms Stanley, Chair of AC noted Board receive the annual report for information. She noted Internal Audit had feedback their appreciation of the level of engagement they receive when in the Trust, levels of assurance and connectivity with the Board and the committees was noted, specifically significant issue reporting. The Chair noted the Board's receipt of the Annual report and expressed thanks to those who had contributed.</p> <p><b>ii Quality Assurance Committee (QAC)</b> Members received the minutes of the Quality Assurance Committee held 24 April 2017 and the Significant Issues Report from the meeting held on 22 May 2017.</p> <p>It was noted from the minutes there had been a focus on complaints and response times from the In-patient directorate and if this would be applied to Community directorate. Mr Thomas, Chair of QAC responded the Committee had reviewed all response rates, noting improvements had been made. Mr Taylor added there had been a rise in complaints and attributed a number of them to the Community Mental Health (CMHT) Reconfiguration.</p>	
15/6/17	<p><b>Any Other Urgent Business</b> No other urgent business noted.</p>	
16/6/17	<p><b>Chief Executive's Announcement of Confidential Business</b> <i>The Chief Executive announced the commencement of confidential business in accordance with the published agenda.</i></p>	

17/6/17

**Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting**

*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.*

**Date and time of the next Board of Directors meeting, Wednesday 13 September 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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