Council of Governors: Summary Sheet

Title of Paper:	Governor Questions to Board

Presented By:	Jayne Brown OBE, Chair

Action Required:

For Information	x	For Ratification		For a decision	
For Feedback		Vote required		For Receipt	

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	x
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the Trust's auditor	
Approving or not the appointment of the Trust's chief executive	
Receiving the annual report and accounts and Auditor's report	
Representing the interests of members and the public	x
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not significant transactions including acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the Trust's constitution with the Board	
Expressing a view on the Trust's operational (forward) plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution	x
Monitoring the Trust's performance against its targets and strategic aims	x

How does this item support the functioning of the Council of Governors?

Putting questions to the Board allows governors an additional measure to hold the Trust to account for its performance and to ensure that the views of governors and members are heard and responded to at the highest level.

Author of Report:	Governors

Designation:	

Date:	July 2019

Question from Sue Roe, Carer Governor

In view of articles in the press can the Board reassure governors that they are doing all they can to stamp out the bullying culture that appears to be happening in the health sector as retaining and supporting staff is essential to enable them to give the care they are trained to do.

Response from Jayne Brown OBE, Trust Chair

Thank you for your question. I understand governors' concerns and want to reassure you that we take any allegations of bullying or harassment very seriously.   All staff with concerns are encouraged to formally raise them and they we ensure they are listened to and acted on. Also, very importantly, we have very clear expectations of our all our staff and what we consider to be appropriate behaviour.

The national annual staff survey showed 12.4% of staff having experienced bullying or harassment which is in line with the average for Mental Health and Learning Disability Trusts at 12.5%. Staff reporting that they had experienced bullying or harassment from a work colleague was 14.9% which was below the average of 17%.
Where staff have said that they have experienced bullying or harassment from a manager work colleague, service user or member of the public, 60.8% said they had reported this. Although this is low it is above the average for Mental Health and Learning Disability Trusts which is 57.8%.

A major area of concern in the organisation is staff who say they have experienced bullying or harassment from service users or members of the public, 34% of staff said that they had in the 2018 staff survey, whereas the average was 31.7%. We also know that the experience of staff from Black Asian and Minority Ethnic Groups is worse than this and have agreed an action plan with three other trusts in the region to look at focused action on this area.

Of course, any instance of bullying or harassment is one too many and there are numerous mechanisms to address this and to support staff.   We are reviewing our Bullying and Harassment policy using a microsystems approach, the Trust's Freedom to Speak Up Guardian provides regular reports to the Deputy Chief Executive and we have ensured that training is available to teams on tackling Bullying and Harassment and on promoting values and behaviours.

As you know staff wellbeing has been raised at Council of Governor meetings and we have stressed their importance and the need to support their health and wellbeing. We're working together with them to develop a culture where everyone feels respected, engaged, heard and valued.

In support of this, we have brought in a programme to the Trust called Listening into Action (LiA). LiA is clinically led from the frontline and is an evidence-based, simple way to

empower staff and teams to take local actions which make a real difference for them, service users and carers. As part of this we launched something called a Pulse Check. This gave staff an opportunity to tell us how they felt about working here and to identify three things they think would improve their experience and our services. Over 1200 staff responded and the results will be known shortly, but it will give us real time, local information which we can break down into speciality and staff group as well as a baseline on which to measure improvement. We will be able to see how much impact LiA has over time on staff wellbeing.

The Workforce and Organisation Development Committee has oversight of all staff-related issues, but these matters are also scrutinised by the Executive Directors Group and Board. The matter has been and remains a priority to the Trust and this is borne out by inclusion of risks on the Corporate Risk Register and Board Assurance Framework.

April 2019

None received

May 2019

Jules Jones, Public/Lead Governor

Regarding equal access to Clover GP services - do our primary care practices refuse to treat people, or demand payment from those whose residence permit for the UK includes the condition that they have no recourse to public funds?

Response from Nicola Simpson, Group Manager Primary Care Sheffield, assured by Trust Chair

Primary care is free to all unlike secondary care. We are not required to request ID or proof of immigration status. So we do not refuse to treat patients or demand payment from those who are not UK residents.

This link supports our protocol. https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide#free-for-all

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June 2019

Adam Butcher, Service User Governor

In the light of the recent BBC Panorama programme, what is the Trust doing to make sure people with a learning disability or mental health issues are not restrained for long periods of time and how are the NEDs receiving assurance that this is so?

Response from Dr Mike Hunter, Executive Medical Director, assured by Jayne Brown, Trust Chair

The Trust has always recorded the length of time that any of our service users have been held in restraint a part of our reporting requirements and this is submitted to the Mental Health Standard Data Set (MHSDS). All Trusts are required to do this, and the data is benchmarked nationally. Particular attention is given to the use of prone restraint. Prone restraint involves holding the person whilst they are lying on their front and has been

identified as potentially the most dangerous type of hold which can lead to breathing difficulties. We are very proud to be one of the lowest users of prone restraint in the country. New requirements came into force on 1st April 2019 that require us to consider and record restraints in even more detail than before. Each individual element of a restraint is now separately identified and recorded. This requires significant changes to our clinical systems and we are working to ensure that we can do this effectively. The Restrictive Interventions Group, led by one of our Clinical Directors will look in detail at the new information we have about restraint on a monthly basis.

Any concerns about Restrictive Practices can be escalated to the Quality Assurance Committee (QAC), a sub committee of the Board directly from clinical services, or via the Service User Safety Group (SUSG) which considers all aspects of patient safety within the Trust. QAC receives quarterly assurance reports from SUSG and there have been no exceptions or specific concerns raised to QAC on this subject.

Question from Antony Sharp, Staff Governor

I have been noticing a larger than usual number of flexi shift requests across a range of wards. I would therefore like to ask the following questions:

- Is there a higher demand for cover than usual?
- If this is the case, is the Trust aware of the reasons?
- Is the Trust assessing the impact of this on service users and staff?
- What, if any plans are there to try and meet these needs going forward from permanent substantive staff?

Response provided by Maxine Statham, Deputy Associate Director, assured by Clive Clarke, Executive Director of Operations and Jayne Brown OBE, Trust Chair

The two graphs below indicate a fairly steady use of bank and agency from Jan 19-June 19. There is a rise in use in March 19 for registered nurse shifts across the Trust and this often reflects the year end annual leave period staff.

There is a small rise in the health care support worker shifts requested over May-June 19; this is probably reflective of the increase in the minimum staffing across the wards agreed commencing April 19. These posts are in the process of being recruited to, so bank and agency use may increase until these permanent staff are in post.

Bank and Agency Usage Jan - June 19

Registered Nursing shifts - all inpatients units and care homes covered by bank or agency per month
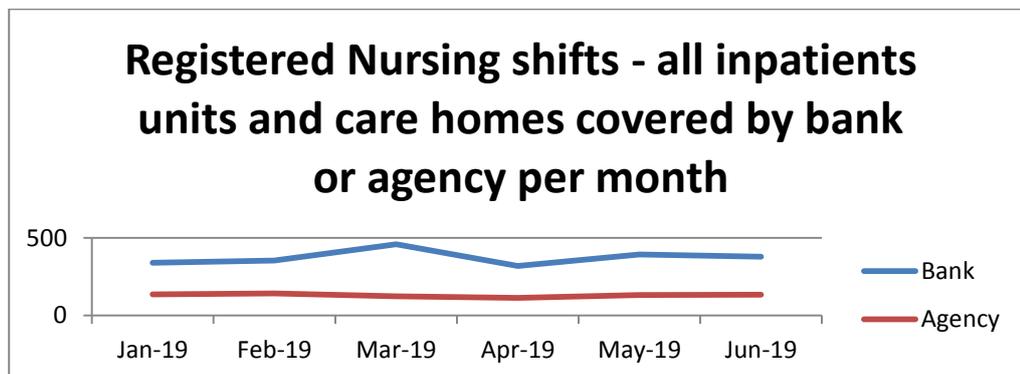
Support Workers shifts - all inpatients units and care homes covered by bank or agency per month
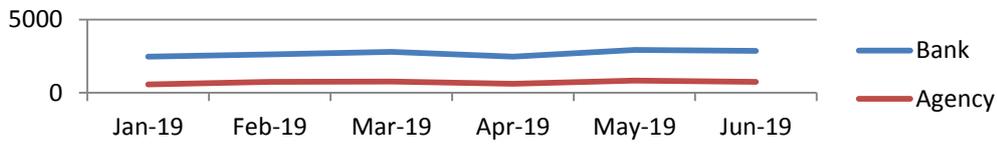
Safe staffing report monthly

On a monthly basis data is captured to establish staffing levels predominantly nursing and support worker shifts across all in patient areas. This data looks at agreed funded establishments and planned staffing hours and the fill rate of these hours for registered nurses and Health care support workers. It highlights any variance from planned fill rates, either above or below plan. It includes sickness percentages and vacancy percentages per ward area.

The report also indicates the reason for variance and actions taken to address issues by the relevant management teams and key leaders responsible for analysing and monitoring this data.

The Chief Nurse is responsible for compiling the report and this is shared with Trust Board on a monthly basis in the form of the Safer Staffing Report. This is also shared with all Senior Managers and Ward Managers/Team Leaders.

The report is discussed and shared at the monthly Check and Confirm meeting, chaired by the Deputy Chief Nurse with relevant Senior Managers and all Ward Managers/ Team Leaders. This meeting offers assurance as to how Ward Managers are effectively managing the e-rostering rota system in the clinical areas and steps taken to address any deficits in required staffing fill rates.

I have attached April 2019 Safer Staffing Report as an example for your information and assurance.

05a Open BoD July 19 - Safer Staffing Report

E-Rostering bank and agency monthly meeting

A meeting is held monthly to share and examine the data on bank and agency usage across all Trust ward and teams, including registered nurses and support workers. Key Senior Operational Managers from the Crisis and Emergency Care Network, along with Deputy Director attend this meeting. Trends are analysed and identified with any relevant actions agreed. This information is also shared with all Ward Managers/ Team Leaders.

The Trust operates an E- Rostering Policy to ensure safe, fair, efficient and effective rota management across all in patient areas.

There is a commitment nationwide to reduce agency costs, so a comparison of bank v agency is also captured as a ratio.

Bank and Agency
Usage per Unit From

SHSC Bank System
SHSC operates an internal bank of staffing to support clinical operations. All permanent members of staff who wish to work additional hours over their contracted hours have to join/ register with this system. They are not allowed to work extra hours otherwise.

The Bank system also operates a Bank only contract for staff, these staff are employed following a competitive interview process and work to the Trust standards, values and policies and procedures.

All unfilled shifts across all clinical areas have to be put out via the e-rostering system to bank staff first. If these shifts can not be filled via the SHSC bank system, they can then go out to the agreed agencies that are on the Trust Framework for quality and assurance re agency staffing.
Fill rates of shifts requested are also analysed via the E- Rostering bank meeting.

Recruitment and retention report
There is an ongoing rolling recruitment of registered nurses. This involves close links with key staff within the organisation in key nursing leadership roles and with Training and Development staff with Sheffield Hallam University. A system is in place to proactively in reach and recruit nursing graduates as early as possible and offer a supportive preceptorship package.

Recruitment has been streamlined and HR and Media support clinical operations staff to aid effective recruitment.

I have attached the latest Nurse Recruitment and Retention Board Report July 19 for your more detailed information, as to how SHSC are addressing concerns that are a national issue also.

06 Open BoD July
2019 - Nurse Recruitr

Additional funding and staffing agreed 19/20 £1.4 million across acute wards.
The Associate Director, for Crisis and Emergency Care Network, undertook a robust review of staffing across the acute in patient areas at the end of 2018. This report highlighted continued use of bank and agency staffing for a variety of clinical reasons, including, increased bed occupancy, increase in clinical acuity, increase in service users detained under the Mental Health Act and challenges to care pathway systems.

Following this review a business case was developed to support an increase in the minimum funded establishment across all five acute ward areas, Dovedale, Burbage, Stanage, Maple and Endcliffe. The business case agreed to increase minimum staffing per shift across all areas. This was supported by EDG and from April 2019 a further financial investment of *£1.4 million* was attributed recurrently to the acute ward areas as above. The staffing increase per shift allows for further recruitment of registered nurses in some

areas and increased permanent support workers and Trainee Nurse Associates across all wards. The aim is to recruit permanent staff to increase quality and safety and reduce the need for bank and agency spending

Inpatient Ward Managers Meeting
This meeting is held 2/52 and is chaired by the Deputy Associate Director of Clinical and Emergency Care Network. Staffing is a standard agenda item for discussion and review at each meeting. Any areas of concern are raised and actions agreed by relevant staff re staffing issues across ward areas. Minutes of the meeting are available if required.

Monthly Governance Meetings
All wards hold a monthly governance meeting, using the agreed SHSC Trust Template, safe staffing is a core component of this and standard agenda item.

Quarterly Performance Reviews
The Crisis and Emergency Care Network operates Quarterly Performance Reviews with all teams. The relevant Senior Managers/ Team Leaders attend these with local leadership representatives. These meetings are chaired by the Associate Service Director or Deputy. Again a standard template is used as agreed, the reviews serve to show visible leadership, engage with leadership teams on key areas and monitor performance.

The agenda follows a CQC format and Safe staffing is a standard agenda item for discussion and review.

Clinical Quadrant Meeting
Held monthly with Deputy Associate Director and all Senior Operational Managers and Nurse Consultants for in patient areas, as above, safe staffing is discussed and relevant actions agreed to maintain and support safety.