

## Board of Directors - Open

Minutes of the 123<sup>rd</sup> Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 10 July 2019, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Open BoD 11.09.19 Item 02
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### Present:

1. Ms. Jayne Brown, Chair
2. Mr. Kevan Taylor, Chief Executive
3. Mr. Richard Mills, Non-Executive Director, Chair of Finance, Information and Performance Committee
4. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
5. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
6. Prof. Laura Serrant, Non- Executive Director, Chair of Workforce & Organisation Development Committee
7. Cllr Olivia Blake, Non-Executive Director
8. Prof. Brendan Stone, Associate Non-Executive Director
9. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
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
14. Ms. Brenda Rhule, Deputy Chief Nurse
15. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
16. Mr. Tony Bainbridge, Deputy Chief Nurse - Operations (Item 6)
17. Ms. Caroline Parry, Deputy HR Director (Item 6)
18. Dr. Sobhi Girgis, Consultant Psychiatrist
19. Mr. Billy Wright, Data Analyst, Medical Workforce
20. Mr. Abiola Allinson, Chief Pharmacist

### Apologies:

21. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

### Public:

Jonathan Hall, Governor  
Adrian Mayes, BAT  
Holly Cubbitt, Head of Communications

	Item	Action
	<p><b>Welcome &amp; Apologies:</b> The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies were noted and the meeting was quorate.</p>	

1/7/2019	<p><b>Declarations of Interest:</b> Cllr. Blake declared an interest in issues relating to the Trust's Partnership Agreement with the Local Authority, she also noted a new interest as a member of the Local Authority Finance Procurement Board, which will be added to the register. Prof Stone noted he was a Director on the Board of Sheffield Flourish, a mental health charity. It was determined the items were non pecuniary and would not require Cllr. Blake or Prof. Stone to leave the meeting.</p> <p>No further declarations were made.</p>	
2/7/19	<p><b>Minutes of the Board of Directors meeting held on 8 May 2019</b> The minutes of the meeting held on 8 May 2019, were agreed as an accurate record.</p>	
3/7/19	<p><b>Matters Arising &amp; Action Log</b></p> <p>Mrs. Stanley noted the action relating to short term absence was not complete; the graph line had not been included. Mr. Easthope responded the percentage of short term absence had been included in the narrative and would ensure the graph was added.</p> <p>Mrs. Stanley believed Board were to receive an update on the Dementia Strategy Implementation Plan and asked for clarity on timeline.</p> <p>Mr. Mills referenced action 5/3/19 Service Performance - Clover Group. The narrative suggests an update in October 2019 and clarity regarding this date. Mr. Easthope responded Primary Care Sheffield (PCS) is currently in an iterative process regarding performance data and associated significant changes which the Trust is aware of via the Joint Executive Board (JEB). The Chair queried if there would be an update regarding the financial position of Clover Group. Mr. Easthope responded an update would be provided in the Confidential Finance Report.</p>	<p>PE/DW</p> <p>CC</p>
<b>Performance Management</b>		
4/7/19	<p><b>Service Performance Dashboard for the period ending 31 May 2019</b> Members received the Performance Dashboard for period ending 31 May 2019 for information and assurance.</p> <p>Mr. Easthope reported the position in quarter one is similar to the end of quarter four with a number of significant red areas. An update regarding out of area placements has been included providing reasoning and assurance to Board. A key area of development over quarter two will be Care Programme Approach (CPA), which is underperforming against target. EDG has requested clarity regarding the areas of under-performance between the Early Intervention Service (EIS) and Recovery.</p> <p>The performance dashboard highlighted a number of positive trends, and a small number of breaches in upper and lower control limits which require investigation and close monitoring, e.g. falls, assaults on service users and non-physical abuse to staff.</p> <p>Dr. Hunter responded to the areas breaching control limits. A breach of a control limit would generate a trigger and require closer inspection than for a usual occurrence. Falls has triggered the upper limit which had been attributed to an increase in falls in two separate nursing homes. On one site an individual sustained a number of falls due to physical health problems. The second site</p>	

experienced a number of falls by a number of people all suffering from upper respiratory tract infection (severe cough/cold).

The Chair sought assurance there had been risk assessments particularly for the individual who suffered multiple falls. Dr. Hunter responded the risk assessment considers the management of the seriousness of the fall without confining individuals to bed. The principle is one of balancing the excessive restrictions of being unnecessarily bed bound and the associated health risks with maintaining mobility but not if falls occur regularly. To note the nursing home staff training record for falls and risk assessment is 99%.

The lower control limits triggered on two areas which are connected and relate to service user assaults and non-physical abuse to staff. The Quality Assurance Committee (QAC) had raised concerns and believed the increase may be attributed to a change in reporting. Clinical Operations was asked to investigate with feedback suggesting fewer instances of a single or small number of service users involved in repeated episodes directed at each other or verbally aggressive behaviour directed at staff.

Prof. Stone referenced section 2.1.1 relating to high bed occupancy levels, and the narrative of two additional beds on adult wards, with robust gatekeeping to look at alternatives to in-patient admission as the narrative suggests if bed occupancy is high, the threshold changes. Clarity was sought regarding the reference to rigorous gate keeping. Dr. Hunter believed it was a mistake to link bed occupancy with rigorous gate keeping. If people required a bed, one would be provided. Prof. Stone queried if there were no insufficient beds and would the individual be placed out of city. Mr. Clarke responded the bed stock is set with the addition of flexibility in the system. Out of City placements are avoided unless absolutely necessary e.g. to retain confidentiality if a member of staff or their immediate family required an admission. In all other instances a bed would be made available.

Prof. Stone, on behalf of the Board sought assurance of this position. Dr. Hunter responded the rates of detention under the Mental Health Act in Sheffield are high with the majority of patients detained. NHS England would generally regard this as a helpful indicator of severity with bed resources for the most unwell. The rate of detention in Sheffield is comparable to the national average. Prof. Stone suggested the narrative of rigorous gate keeping was therefore incorrect. The Chair believed it was timely for Board to receive a deep dive regarding bed occupancy, the flexible system and an understanding of the terminology of over occupancy.

Cllr. Blake sought clarity regarding the Friends and Family Test results for Clover Group noting a figure of 45% and queried at what point this moves to amber or red. Additionally, Highgate Surgery had both a high locum use and high "Did Not Attend" (DNA) rates and if there was any action to be taken. Mr. Easthope responded any areas of concern would be highlighted in discussions with PCS and reported back.

Mr. Mills referenced section 2.1.2 relating to out of areas, he sought clarity regarding the reference to "Picked Up" Dr. Hunter responded this terminology is used in instances where a service user becomes unwell outside of their home boundaries and visits a local GP as an emergency assessment and in some instances treatment.

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	<p>Mrs. Stanley referenced the opiate and alcohol section noting the dashboard was consistently red area for alcohol and in particularly triage were the target had repeated been unattained. It was noted there was a new tendering process underway and queried if the Drug and Alcohol Action Team (DAAT) were retaining the role as Commissioner and would the targets in the new specification be reduced and therefore achievable. Dr Hunter confirmed the DAAT is the Commissioner. In relation to the DNA rate to assessment the team operates inclusively to maximise the opportunity of ensuring service users who require appointments are seen which while positive can potentially increase the risk of missed appointments. Mr. Easthope advised the queries would be raised with the Task and Finish Group working on the tender and report into Business Planning Group (BPG).</p> <p>Cllr. Blake noted Cabinet received a document recently outlining a proposal to merge a number of services following concerns with access.</p> <p>Mrs. Stanley referenced the triage target of 2,400 noting the Trust continues to work towards achieving this. The Chair queried if there was a drive to achieve this. Dr. Hunter responded Commissioners and the Care Quality Commission (CQC) are content with the performance of the service. There is a question in relation to the extent of reporting against a target that has been agreed at a point in time. The Chair noted the Board will continue to pose the question each month mindful of the re-commissioning of the service.</p> <p>Mrs. Stanley referenced Tier 4 treatment for alcohol clients (residential rehabilitation); mindful the Trust is trying to place service users into suitable accommodation. It was noted there had been no completions and would be interested to know of the connection between the Trust and these services. Mr. Clarke agreed to review the narrative and seek clarity.</p> <p>Prof. Stone noted the significance of the performance dashboard as the data was presented in a number of statistical processes. The data for Sheffield Treatment and Recovery Team (START) is RAG rated and only covers a three month period. It was difficult to assess performance over this short period. It was added that the majority of the data is well and presented understandable however in this instance the RAG rating does is ineffective.</p> <p>Mrs. Keene noted the role of the Board is to be assured of performance and the information received on upper and lower limits is first class albeit there were significant gaps in data, particularly in Community. It was noted a review was in progress and suggested comments are added to the narrative as a continuous improvement paragraph.</p> <p>Dr. Hunter believed it was possible to present information in control charts and at each data point RAG rated against expectations of Commissioners. The detail concerning safety is necessary but insufficient in terms of understanding overall quality. The safety information requires augmentation with timeliness, efficiency, equity and patient centeredness.</p> <p>The Chair requested a progress update regarding the development of integrated performance reporting.</p>	<p>PE</p> <p>CC</p> <p>CC</p> <p>PE</p>
5/7/19	<p><b>Safer Staffing:</b> Members received the Safer Staffing report for period ending 31 May 2019 for information and assurance.</p>	

Ms. Rhule reported bed occupancy continues to remain high due to the number of admissions. The Actual Funded Establishment (AFE) review was undertaken in April 2019, which resulted in further investment of £1.4m for Registered Nurses (RN) and Healthcare Support Workers (HSW). This equates to 3.5 RNs and 25 - 30 HSWs. Recruitment and retention progressing well.

In relation to staffing on Firshill Rise the Trust wishes to increase the number of Registered Nurses (RNs) per shift from one to two with a request for additional funding submitted to the Commissioners. The Chair queried if the identified gap is a safety concern. Ms. Rhule confirmed bank/agency staff were being sourced to cover shifts.

The recently published Optimum Staffing Tool will support the establishment review in determining staffing levels and based on care hours per patient day, acuity and dependency.

Mrs. Keene referenced staffing levels at Assessment and Treatment Service (ATS) mindful of the acuity and queried if there were concerns as the bed stock and occupancy are low with high bank/agency use. Ms. Rhule advised the ATS is located at Firshill Rise. Mr. Clarke noted the Commissioners commenced a review of learning disability services across the city at the beginning of 2019, and whilst in transition a number of staff have left, therefore bank/agency use was necessary. Substantive staffing levels should rise and bank/ agency use decline from September 2019 once new staff are in post.

Dr. Linda Wilkinson, Head of Psychological Services is developing a business case to support the therapeutic wards which will be progressed via governance process and presented to Board in due course.

Prof. Serrant recalled when bank data was analysed it evidenced a number of substantive staff who also undertook bank shifts. The impact on safety, wellbeing and added pressure in working more hours was raised notwithstanding the counterbalance continuity of care etc. and had there been any change. Ms. Rhule responded staffing hours are monitored and there is a cap, which is linked to E-Rostering and monitoring. In relation to staff wellbeing Mr. Clarke added staff have 1:1/supervision which were the above a concern would be the opportunity to raise. The Trust is also signed up to the Working Time Directive.

Prof. Serrant noted she would be more assured if staff wellbeing was an integral element of supervision sessions. Mr. Taylor added currently there is no system for monitoring health and wellbeing and therefore assurance is low however it would be expected there would be monitoring at local level by ward/team managers.

Mrs. Stanley noted one indicator is sickness rates for bank/agency staff, which is high at 11% and 29% respectively. The Chair believed the data, qualitative narrative and cause and affect were required to give assurance. Dr. Hunter added there was evidence available from Listening into Action (LiA) feedback which recorded the nursing profession had the lowest moral. The Chair suggested Board receive an overview of the nursing profession wider than safer staffing alone.

Mrs. Keene referenced high sickness rates at Firshill Rise (16%) and while mindful of the transition queried if there were any concerns and if Board could

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	<p>receive assurance of safety. Ms. Rhule responded there was at least one long term sickness case.</p> <p>Mr. Easthope in providing reassurance and information noted EDG did not have a sense of reassurance or level of understanding in relation to the analysis of the data and the triangulation of not just the additional investment but the on-going increasing capacity and evidence of acuity. The reassurance could not be provided to Board, from the evidence available, that EDG fully understood the position and therefore EDG had commissioned a piece of work to better understand the situation.</p>	BR (LL)
6/7/19	<p><b>Recruitment and Retention (Report &amp; Presentation)</b></p> <p>Members received a presentation on the nursing recruitment and retention programme of the Trust.</p> <p>Ms. Rhule reported the Board was aware the recruitment of nurses is a national challenge, Human Resources, Clinical Operations and Nursing have worked collaboratively on new innovative approaches to recruitment, retention while supporting the current workforce and mindful of the high number of nurses over the age of fifty. Mr. Clarke added this work also builds on the branding and marketing of the Trust.</p> <p>Mr. Taylor noted from an Integrated Care System (ICS) workforce perspective while not a crisis recruitment of nursing staff remains the greatest challenge both locally and nationally. There are 800 vacancies across South Yorkshire and Bassetlaw, with no action this will escalate to over 1,000 in a short space of time. It is also recognised that mental health nursing is more challenging than acute nursing and learning disability nursing even greater. Retention pilots have been rolled out, the universities in Sheffield will increase their intake from September 2019 and local mental health trusts have agreed to additional placements. Further focus needs to be aimed at encouraging younger people into nursing and apprenticeship schemes will be established.</p> <p>Dr. Hunter noted nursing workforce has been becoming problematic since 2009 and to return to that position would take until 2039, therefore new and radical approaches are required to attract people into nursing.</p> <p>Mr. Bainbridge reported the Trust has tried innovative and presented at Recruitment Fairs. The statistics can appear concerning as there are forty thousand registered nurse vacancies in the NHS nationally. Over the last eight years one hundred thousand nurses have left the profession with exit interview feedback suggesting work/life balance has been a contributory factor. It is imperative to encourage a return to the profession if they can be enticed back, the retraining would cost circa £2,000 for a six month course, as opposed to £50,000 to training a new nurse.</p> <p>The age profile of the Trust demonstrates 30% of the registered nurse workforce is over the age of 50 which is comparable nationally. A number of sessions have been held with this age group who have vast knowledge and experience to seek feedback regarding options to enable continued working for the Trust. There were a number of preferences including working in the community as opposed to in-patient settings which require 24/7 shift patterns. Community provision was perceived as less challenging with regard to the service user profile and provided flexible shift patterns to support work/life balance.</p>	

The Trust joined Cohort 2 of the NHS Retention programme in September 2018 working with a number of trusts sharing good practice. Mental health trusts are currently experiencing a 1% decrease in turnover and in support of this the Trust is developing a plan which aims to further reduce turnover and increase return to practice. The Trust has also updated its marketing and branding material with including producing a number of short videos showcasing staff, their career paths and opportunities in the Trust. This initiative in conjunction with a simplified recruitment programme for newly qualified nurses has been designed to mitigate the potential impact of multiple employment offers being made by enhancing the profile of the Trust and Sheffield as an innovative place to live and work.

There are multiple career opportunities from Nurse Associate to Advanced Clinical Practitioner and for nurses in research. The rotation of posts enables a greater understanding and flexibility and transfer options. The Trust is developing the nurse leadership structure and will be offering Band 5/6 nurses further career development, e.g. Mary Seacole programme.

A new intake of thirty-five nurses between September 2018 and March 2019 were recruited via new processes with applications also received from neighbouring trusts. The creation of new Band 6 posts led to a shortfall of Band 5 nurses due to internal promotion and this intake was crucial to maintaining staffing levels. The head count has increased as services have expanded and creation of the Decisions Unit, Liaison Psychiatry operating 24/7 and Single Point of Access (SPA).

There are a number of options to join the Trust at entry level with the apprenticeship scheme via the Open University. The Trust aim is to secure one apprentice for each in-patient ward. Training will be provided with a guaranteed offer at the end of the scheme. Apprentice Support Workers and trainee Nurse Associates are also being appointed. The response to this recruitment has been positive and has generated a waiting list. The Nurse Associates in particular support the physical health agenda of the Trust. These schemes offer training over eighteen months and are a route into nurse training.

This Trust is one of the first mental health trusts to offer Advanced Clinical Practitioner roles, four individuals have been offered places to train via Sheffield University, a further eleven places are available and currently out to advert. The roles align with the leadership team, has a good physical health care module supported by enhanced mental health state examination training. In the longer term these advanced skills support 24/7 services, the pathway from apprentice to this level offers exciting and new opportunities.

The Preceptorship programme offers on the job training for newly qualified nurses, in the form of interactive workshops, the most recent workshop focused on psychosis.

The next steps include a refresh of the Workforce Strategy in conjunction with the recently published NHS Interim People Plan, which has a number of actions in relation to nursing challenges. The recruitment and retention targets will be revised for the whole Trust. The aim is for no Band 5 nurse vacancies by December 2019 which is on target to deliver.

The areas to develop include health and wellbeing workshops to support over 50s who may be balancing multiple carer roles, a assessment of research in

retention resilience, a review of flexible working, an in-patient ward pilot for a new two shift pattern 07.00 to 19:30 and 19.00 to 07:30 as this aligns to the majority of acute trusts, improving leavers exit data, over 50 retention workshops, continued development to market the Trust and engagement with schools and colleges and continued collaborative working relationships.

Mr. Mills believed a stronger message was required across the city highlighting the Trust has invested and recruited to additional nurse vacancies. Clarity was sought regarding the type of apprenticeships noting the report refers to 170 applications. Mr. Bainbridge responded this is the number of applications received for the Support Worker apprenticeship scheme. The initiatives for visiting schools and colleges were strongly supported and as the Trust believed nursing as a profession required promoting. The issues of capacity, resource and time to support this initiative and the payback from investment were raised. Mr. Bainbridge acknowledged there is insufficient capacity to undertake this on a large scale and careful planning was required as the Trust would benefit from a presence in the health and social care colleges. The importance of ensuring a gender balance was highlighted stressing the importance of encouraging young men into nursing. Mr. Mills added teenage and young adult male mental health was discussed at a recent Integrated Care System (ICS) meeting and considered investment in this area to encourage men into a nurse career pathway was a positive step.

Prof. Serrant reported there are currently two national nurse programmes which commenced in 2018, one focusing on recruiting men led by Paul Vaughan, Director of Nursing Transformation, NHS England and the second focused on raising the nursing profile. It was confirmed the Trust is sighted on both these campaigns. In relation engaging with schools and colleges both the universities in Sheffield have a school's programme and engage with practice partnerships.

Mr. Mills referenced high sickness rates on the in-patient wards and at the Assessment and Treatment Service (ATS) noting feedback suggested staff preferred to work in the community, and queried the support offered to in-patient staff. Mr. Bainbridge responded building a substantive workforce as a support network is key. This will reduce bank and agency usage following investment and the new nurse leadership programme will further support team working.

Mr. Wilson noted the Trust has a number of pre-existing elements in place as following the last staff survey results the staff group scoring lowest for moral was nursing. However, turnover of nursing staff is below average and it is hoped this work will improve results and people will wish to work for the Trust. The team leading the initiative are enthusiastic and have set a number of ambitious aims. In relation to engaging with schools and colleges, the Accountable Care Partnership (ACP) has established a number of networks.

Cllr. Blake commended the progress to date and queried if University Technical College (UTC) had been approached. Mr. Wilson responded the Trust has engaged with UTC. Prof. Serrant added there is a national push to raise the profile of nursing starting at primary level.

Mrs. Stanley welcomed the stepped change to recruitment and retention of new starters. It was queried how existing staff reaching retirement age and those returning to practice are being supported and the flexibly available to them in changing work area, reduction of hours etc. and how will this affect the Actual Funded Establishment (AFE). Ms. Parry noted the Trust is building capacity in

	<p>this area and has access to information from the network regarding the work of similar trust managing these areas and would consider the adoption of a number of initiatives.</p> <p>Mr. Mills queried if there were ways Non-Executive Directors (NEDs) can support. This would be considered and shared with NEDs</p>	
<b>Governance</b>		
<b>7/7/19</b>	<p><b>Medical Appraisal and Revalidation Annual Report</b> Members received the annual medical appraisal and revalidation report for information and assurance.</p> <p>Dr. Girgis reported NHS England introduced a new reporting system in 2018 and the statement of compliance is now to be submitted with the report. Appraisals and completion of documentation has taken place within the permissible timescales of the new system with appraisers now remunerated for completion of appraisals. The Medical Director receives routine reports over the year. The Trust is performing well in comparison to other mental health trusts.</p> <p>Mr. Mills referenced Item 2 Systems for monitoring performance and requested clarity regarding the accessibility of information all in one place. Dr. Girgis explained currently only formal complaints concerning a clinician made via the complaints system of the Trust are used in the appraisal. Going forward it is proposed to include all information with access to Human Resource (HR) information ensuring staff complaints and formal investigations are also collated. The Chair queried if there were concerns in accessing all information and confidentiality etc. Dr. Hunter responded the national appraisal system required doctors to declare any complaints with the definition of complaints being formal patient complaints, grievances or HR processes. This has created a gap due to the manner in which it is articulated however this has not been a problem for the Trust as there is a high level of awareness within medical workforce. The process could be more systematic and collate information at source prior to the appraisal.</p> <p>Prof. Serrant queried if the same process is applied to all professions. Dr. Girgis was not aware other professionals followed the same process as medical revalidation is different and arguably more rigorous. Ms. Rhule confirmed all staff are required to have a Personal Development Review (PDR).</p> <p>Mrs. Keene noted the assurance and quality of validation. Clarity was sought regarding who appraises the appraisers and how quality and benchmarking can be assured. Dr. Girgis responded appraisers are trained internally by appraisers with the system quality assured by NHS England (NHSE) with all reports checked independently. Dr. Hunter added there are arrangements in place to avoid conflicts of interest and all consultants holding senior positions are appraised by external assessors.</p> <p>The Board received the report for information and assurance.</p>	
<b>8/7/19</b>	<p><b>Controlled Drugs Accountable Officer Annual Report</b> Members received the annual Controlled Drugs Accountable Officer (CDAO) report for assurance and information. Dr Hunter noted the role of the CDAO is independent, and provides assurance by reporting directly to Board.</p> <p>Mr. Allinson had assumed the role of CDAO in September 2018, a statutory role providing assurance to Board on the safe management of controlled drugs, to report incidents or concerns and review CQC recommendations. Two</p>	

	<p>recommendations were made following the last visit, one to ensure healthcare professionals use personal identification badges and passwords to report losses, and secondly the monitoring of controlled drugs against Schedule 4 and 5. The Trust has historical low grade reporting on these schedules which are being monitored and raised to medium. The Abusable Drugs Investigation Software (ADIoS) system supports this reporting by triggering an early warning. There is triangulation across neighbouring trusts and a bi annual report is shared with South Yorkshire and Bassetlaw.</p> <p>The Report contains more information than is solely required for reporting purposes as Mr. Allison is content to report more widely ensuring transparency and additional assurance.</p> <p>The Chair queried if there are any concerns. Mr. Allinson gave assurance there were no concerns to note. There are a number of processes which need to be strengthened with a task and finish group established to review plans and develop Standing Operating Procedures (SOPs).</p> <p>Dr. Hunter welcomed the transparent reporting noting there is triangulation of incidents and Controlled Drugs Schedule 4 and 5. Benzodiazepines whilst controlled drugs require less stringent control measures. A number of gaps have been identified regarding the management of these drugs which are associated with issues on in-patient wards which were identified by the CQC Inspection in 2018 and an internal audit report. The risks associated with the remedial actions put in place.</p> <p>Mrs. Keene queried the difference the measure will make, the timescale and how will change be identified. Mr. Allison responded, a pilot will run throughout August 2019 and implementation of new process will commence in September 2019. Following the initial work, the task and finish group will evolve into a sub group of the Medicines Optimisation Committee (MOC) and will continue reporting for audit purpose and monitor and review ward practice. In relation to timescales for change, Mr. Allinson was mindful this is a cultural change for the Trust and may take time to embed. Dr. Hunter added there have been a number of appointments in Pharmacy to support change, including Deputy Chief Pharmacist and Medical Safety Officer with the Medical Safety Officer reporting into QAC. Consideration is also to be given to reporting directly into Board.</p> <p>The Board received the report for information and assurance.</p>	
<p><b>9/7/19</b></p>	<p><b>Local Clinical Excellence Awards</b></p> <p>Members received an update regarding the Clinical Excellence Awards (CEA) for information.</p> <p>Dr. Hunter reported a round of CEAs took place early in 2019; the next round is being scheduled for later in the year. CEAs are awarded for achievements up to April of the given year. There are a number of changes to the scheme including ensuring Board are sighted on allocation of CEAs. Twelve awards were available and all were allocated on this occasion, distribution was equitable in relation to characteristics of gender and ethnicity. The Chair queried if there are any unsuccessful applications. Mr. Taylor responded there are unsuccessful submissions and the committee sets a threshold at the start of the process. Dr. Hunter added there is an emerging gender pay gap. An under appreciation of staff working less than full time may be disadvantaging a number of females. The committee held itself to account and made a decision</p>	

	<p>to grant all awards.</p> <p>Mrs. Keene noted twelve individuals applied for CEA out of the thirty eight eligible and asked if this was the best process. Mr. Taylor responded, the committee are asked to consider all those eligible, and have in the past asked individuals to submit an application. Some of those do not apply and have personal reasons for not applying. Dr. Hunter noted the discussion and decision making had followed proper process with individuals potentially delaying an application from one year to the next to ensure greater demonstration of achievements. Dr. Crimlisk is providing support workshops for the under-represented groups.</p>	
10/7/19	<p><b>Eliminating Mixed Sex Accommodation (EMSA) Annual Compliance</b> Members received the annual compliance for Eliminating Mixed Sex Accommodation (EMSA) for assurance and information.</p> <p>Mr. Clarke reported the Executive Directors' Group (EDG) discussed and supported the paper and recommend sign off of the declaration to the Board that the Trust is EMSA compliant. The QAC is sighted on the report and a supporting report concerning sexual safety. The Trust had no reportable EMSA breaches over the last year.</p> <p>Prof. Stone sought confirmation that viability is a key factor affecting change. Mr. Clarke responded the Trust will be physically EMSA compliant following implementation of the Acute Care Modernisation Phase 2 (ACM2). In the interim significant investment would be required to the current estate and therefore contingency measures have been put in place to ensure compliance which has meet the requirements of the CQC. Service users are fully engaged with on admission in relation to environmental safety. Prof. Stone added comfort and psychological safety also need to be considered and asked what assurances can be given that the right approach is to discuss with an individual on admission. It was believed the quality and dignity survey conducted by services users on the wards was good but was mindful capacity was a factor in completing them as the environment is less than ideal at present.</p> <p>The Chair queried if there are different options to explore. Mr. Taylor responded the environment is a core challenge. There are a number of areas which require particular management which has been successfully undertaken over the years with the CQC continuing to rate the Trust compliant in this area. The solution is completion of ACM2 balanced against the commitment of a significant amount of resource to alter the current environment for what could be a short time and potentially detracts from available resource for ACM2. Mr. Taylor added he was assured the Trust has complied and taken advice on the matter. The CQC have been assured the Trust has plans in place to improve the environment. The Chair enquired where a service user to express concerns regarding being on a particular ward e.g. gender transition. Dr. Hunter responded, in line with CQC recommendation, the service user would be offered a placed out of area and in relation to gender, the service user would indicate the gender which they identified with and be accommodated accordingly.</p> <p>Mrs. Keene noted QAC has reviewed the declaration in detail and will continue to monitor. Board received the recommendation and agreed to sign off the declaration and publish the compliance.</p>	
11/7/19	<p><b>2019/20 Board Assurance Framework</b> Members received the Board Assurance Framework (BAF) for information.</p>	

Ms. Saunders reported Board are receiving the first draft of the BAF and the relevant risk will be presented to Board committees during July 2019.

Updates since May 2019 include changes to the appendix, the connectivity of risks and simplification of rating, there has been one closure and a number of additions.

The Chair acknowledged the work in the production of the BAF noting the formatting amendments enhanced accessibility.

Mrs. Stanley noted the BAF continues to become embedded. The summary highlighted key points with a number of assurance ratings reduced and a refined RAG rating. This remains a Trust document mindful it has similarities in presentation to Internal Audit reports.

Mrs Stanley reported focused Board Development sessions had taken place, in relation to current risks, referencing Risk A202 – Development of new roles noting this was a carry forward, with a green rating. The question is should this remain on the BAF as it was believed this could be removed, mindful a Board decision is required. The Chair queried if this risk were removed should it be replaced with a more granular narrative. Mr. Taylor believed it was a general risk and could be removed as there had been development of new roles. Mr. Easthope whilst recognising there has been development considered the risk relates to current and future needs and there remains a degree of uncertainty in development of the new roles. From the perspective of EDG it was acknowledged there was a high level of activity in this development however believed the assurance and oversight required strengthening as this risk was identified as work in progress. The Chair queried if the Audit and Risk Committee (ARC) could review. Mr. Mills believed Board required a metric analysis detailing progress of strategies giving additional assurance. Mrs. Stanley expected the Workforce & Organisation Development Committee (WODC) to discuss this risk.

Mrs. Stanley noted the ‘Risk to community wellbeing strategy due to capacity issues from competing Trust priorities.’ had been removed and stressed the process for removal should be a Board decision, Board has discussed capacity and capability and agreed to review within specific areas where capacity issues are known and therefore queried the removal of the risk. Mr Mills was unclear regarding the narrative of the risk.

Mr. Clarke noted the discussion on community wellbeing had focused on three areas, primary care, employment and a citywide discussion on wellbeing at the time the risk was added to the register when the Trust lacked capacity, Dr. Fiona Goudie is the strategic lead supported by Ms. Jo Hardwick and with this additional capacity and on re-assessment believed to be appropriate to remove. Members queried if there were any however new emerging risks regarding this issue. Dr. Hunter believed a discussion in the confidential session will feed into this item. The Chair requested the risk be re-added to the BAF in order for the Board to make the decision.

Mrs. Stanley noted there is a requirement to review Risk 101iii relating to governance systems which is assigned to Board. Mrs. Stanley referenced the control linked to policies noting this has an amber rating and considered this should be a red rating as there are a number of significant policy issues as identified by CQC. Mr. Easthope recognised the historic position in relation to

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	<p>policies. It was noted there had been and continues to be significant work led by Ms. Saunders which has involved the executives. EDG receives monthly updates and are signed on the policies for which they have executive lead. Assurance is greater than previously in relation to the Trust completing this action and having all policies in date by October 2019 albeit there was still a time period for improvement and therefore full assurance cannot be given to turn the risk to green. Mrs. Keene noted QAC is well sighted on this issue which is included in the CQC action plan and have asked for a full position statement. It was suggested the assurance remains amber and QAC review and rate the risk accordingly and report into Board any concerns. Dr. Hunter was mindful there is a corporate risk relating to the CQC action plan which includes policies and triangulates with the BAF risk.</p> <p>Prof. Stone noted the EDG minutes, shared in the confidential session, made reference to a significant number of policies progressed via the governance process for approval.</p>	
12/7/19	<p><b>2019/20 Corporate Risk Register</b> Members received the Corporate Risk Register (CRR) for assurance and information.</p> <p>Ms. Saunders reported one risk had closed and a number escalated with detail provided in the report. EDG are sighted on the CRR and have been updated on progress.</p> <p>Mr. Mills highlighted a number of risks lacked actions. It was noted the risk in relation to ligature had been reduced to 10 and believed the action narrative should reflect this. The Chair requested executive to review and amend accordingly.</p> <p>Mr. Mills referenced Risk 4079, in relation to withdrawal of support for clinical waste. Mr. Clarke responded local systems are now in place.</p>	MS(Execs)
<b>Board Stakeholder Relations &amp; Partnerships</b>		
13/7/19	<p><b>Chair's Update</b></p> <p><u>Non-Executive Director Recruitment</u> The Chair reported following the interview process a recommendation to appoint to two of the three posts will be presented to Council of Governors (CoG); in relation to the third appointment COG will receive a recommendation for an interim position.</p> <p><u>Chief Executive</u> The Chair noted Mr. Taylor has informed the Board of his intention to take up a secondment with the Integrated Care System (ICS) from October 2019 prior to his intended retirement in October 2020. A communication will be cascaded to staff and will include details of interim arrangements and recruitment.</p> <p><u>Trust Events</u> A number of events have been held including the Quality Improvement Conference co-produced by staff, service users and carers and attended by 150 delegates. There have been a number of focused events recently, all of which are utilising the staff/ service user/ carer voice. Mr. Mills queried if the material from these events is available on line. Mr. Taylor also commented on the positive atmosphere of the event was very welcome albeit difficult to capture via an electronic medium. Dr. Hunter noted a number of staff, some of whom are less confident in conference environments, have produced 'TED</p>	Chair

	<p>Talk' style presentations. Ms. Rhule noted a recent Physical Health and Infection Control event attracted over 150 attendees with frontline staff presenting and promoting the physical health agenda.</p> <p><u>Shadow Board</u> Mrs. Keene reported acquiring the chair of the Shadow Board, a programme for aspiring leaders in the Trust. Three simulated board meetings will be held. The first was well attended with staff engaged and a number of the concerns highlighted by Board. Queries were raised regarding additional information available relating to the safety agenda and agreed to discuss this with Dr. Hunter. In relation to organisational development and Listening into Action (LiA) the shadow board considered focus on the 'we said, you did' element would be beneficial. Mr. Taylor added the ACP and ICS also intending to operate a shadow board. It was suggested there could be a mechanism for a member of the Shadow Board to feed into Board. The Chair, mindful the Shadow Board meet the day before Board, asked if key comments could be circulated to members. Mrs. Keene agreed to liaise with Shadow Board member on this matter.</p>	SK
14/7/19	<p><b>Governor &amp; Membership Matters</b> Members received an update on Governor and Membership matters for information. The Chair noted Toby Morgan has been appointed Lead Governor for a period of six months from 1 July 2019.</p>	
<b>Executive Management Updates</b>		
15/7/19	<p><b>Chief Executive's Verbal Update</b></p> <p><u>Listening into Action (LiA) Event</u> Mr. Taylor reported a recent event attracted 80 people from across the Trust expressing an interested in becoming LiA champions.</p> <p><u>Primary Care and Crisis Care</u> The Trust has submitted funding bids for the above projects.</p> <p><u>Head of Communications</u> Ms. Holly Cubitt commenced in post from June 2019.</p> <p><u>Staff Awards</u> Firshill Rise Team (Learning Disability Service) nominated in the patient safety category. CERT won RCN team of the year, a well-deserved award for the team who have transformed and deliver a new model of care.</p> <p><u>Trust Regulator</u> NHS Improvement (NHSI) quarterly monitoring meetings has ceased, and replaced by a quarterly review with the ICS. The ICS will review PLACE and the first Sheffield review was held recently. Ms. Alison Knowles, Locality Director for NHSE/I is involved.</p> <p>Members received the Accountable Care Partnership (ACP) Programme Director Report (May 2019) and ACP Shaping Sheffield Plan for information. The Chair reported her appointment as Chair of the ACP Board supported by Ms. Kirsten Major as Lead Chief Executive.</p> <p><u>Integrated Care System</u> Mr. Clarke noted he had deputised for Mr. Taylor at the recent meeting with the agenda had covering commissioning and the capital spend the work programme. Mr. Easthope noted trusts are being requested to prioritise their</p>	

capital spend and submit a revised forecast mindful of the element of organisational unitary board responsibility versus system controls. The Trust is responding in the spirit of collaborative working.

Clinical Commissioning Groups Review

The five CCGs of the ICS have been reviewed by NHSE/I, one is rated outstanding and four rated good. NHS Sheffield Clinical Commissioning Group (NHSSCCG) was rated good. Mr. Brian Hughes, Director of Commissioning and Performance, NHSSCCG presented the improvement plan to EDG recently which included opportunities for collaborative working across a number of areas.

Collective Dispute

Mr. Clarke reported members may be aware of the media coverage and gave assurance the Trust was still in discussion with the Unions. A business continuity meeting was convened and an action plan prepared should the Unions ballot and take industrial action. There is a statement prepared for service users/carers with concerns regarding this matter.

Clinical Commissioning Group – Accountable Officer

Mr. Taylor reported Ms. Lesley Smith has been appointed Accountable Officer for Barnsley and Sheffield Clinical Commissioning Groups.

NHS Pension changes

Mr. Mills noted the press have been reporting changes to NHS Pensions and queried any potential impact. Mr. Taylor responded the taxation affects those individuals earning salaries in excess of £150k. There was an awareness medical staff in acute trusts have been requested to undertake additional clinics in order to reduce waiting lists which has been declined due to taxation and pension rules. There have been a number of doctors in the Trust who have applied for their pension and returned to practice. A meeting of Chief Executives with Simon Stevens, Chief Executive NHS, four years ago identified this as a crisis point in the NHS. Dr. Hunter added a workshop was held for medical staff facilitated by the British Medical Council (BME). This issue is not a risk for the Trust as there is no requirement for medical staff to work additional hours to alleviate waiting lists.

**Papers for Information and Assurance**

16/7/19

**Mortality Review – Quarter 4 Report**

Members received the Quarter 4 Mortality Report for information.

Dr. Hunter reported there has been a significant change to the policy in relation to working age adults which now considers any episodes of care within six months. The application of this change in older adult settings, e.g. Memory Service, has proved problematic as there will always be an open episode of Care. The consequence of the change has resulted in the Trust being required to engage with families where the deceased relative may not have had contact with the Trust for a number of years. The policy has therefore been changed to stipulate any contact must have been made within six months of bereavement.

17/7/19

**Board Committees – Significant Issues Reports:**

**a. Audit Committee**

Members received the minutes of the meeting held on 23 April 2019

**b. Quality Assurance Committee (QAC)**

Members received the minutes of the meetings held on 29 April and 28 May 2019 and the Significant Issues Report from the meeting held 24 June 2019.

Mrs. Keene noted QAC concerns in relation to assurance of the Serious Incident specifically linked to health and safety. A significant issue was raised in QAC in relation to the Complaints Annual Report as the Trust was in breach of response timescales. NHSSCCG have escalated this matter and will formally write to the Trust. A Trust action plan to address the issue is being developed and will be shared with NHSSCCG. QAC received a presentation from staff who attended the quality event in Boston, USA and how the learning from this event is being embedded into Clinical Operations. QAC also received the CQC Action plan and noted a number of actions are taking longer to progress and have asked for a revised timeline for completion.

**c) Finance, Information & Performance Committee (FIPC)**

Members received the Significant Issues Report from the meeting held on 24 June 2019

**18/7/19 Any Other Urgent Business**

No other matters were discussed.

**19/7/19 Chief Executive's Announcement of Confidential Business**

*In the interest of probity the Chief Executive announced the commencement of confidential business in accordance with the published agenda*

**20/7/19 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 11 September 2019 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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