

## Council of Governors: Summary Sheet

**Title of Paper:**

**Presented By:**

**Action Required:**

<b>For Information</b>	<input checked="" type="checkbox"/>	<b>For Ratification</b>	<input type="checkbox"/>	<b>For a decision</b>	<input type="checkbox"/>
<b>For Feedback</b>	<input type="checkbox"/>	<b>Vote required</b>	<input type="checkbox"/>	<b>For Receipt</b>	<input type="checkbox"/>

To which duty does this refer:

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

### 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:**

**Designation:**

**Date:**

October 2019

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### **Question from Julian Davis, Staff Governor (Nursing)**

I note from the review and investment update document June 2019 that the Trust is struggling to recruit experienced mental health professionals.

In the minutes of the 123<sup>rd</sup> Board of Directors meeting – Open, page 6 Recruitment and retention (report and presentation) Mr Taylor states “recruitment of nursing staff remains the greatest challenge both locally and nationally”, he continues with “ 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 appears to be Mr Bainbridge then stating that 30% of the registered nurse workforce in the Trust is over the age of 50. He then says that “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”.

I would like Mr Bainbridge to state when these sessions occurred as I am part of that workforce and am only aware of two sessions being ‘put on’ by the Trust approximately two years ago. It would seem pertinent that retention was a regular part of staff communication and the efforts that the directorate are going to in the promotion of retention and re-employment options.

Of note also is Dr Hunters statement in the minutes of the 123<sup>rd</sup> Board of Directors meeting –Open, page 6, third paragraph from the bottom in which he follows on from Mr Taylors comment on recruitment and retention and states the “ nursing workforce has been becoming problematic since 2009 and a return to that position would take until 2039”. (Twenty years).

Following on from Mr Hunters description and time frame it is evident from our organisation’s Annual Report 2009/10 and our Annual Report 2018/19 that the number of FTE registered nurses employed by the trust was 1,268 in 2009/10. This figure is reduced to 498 FTE registered nurses in the trust in 2018/19.

It would be insulting to suggest that a staggering drop of 770 registered nurses has no relationship on the ability of several of the clinical workforces to deliver services.

According to NHS England the current shortage of registered mental health nurses in the UK is 6000, when considering that there are 60 Mental Health FT’s in the UK SHSCFT accounts for a disproportionate figure of 12.8% of these losses.

Considering a recent conversation I had with Mr Wilson in the Performance Overview Group meeting on the 2<sup>nd</sup> of October, who suggested to me that the FTE nursing figures were approximately 550, given the present slow recruitment rate, the figures below relate to approximate further losses in registered nurses

30% of workforce is over 50,  $498 - (30\%)147 = 351$  my calculation  
 $550 - 30\% (165) = 385$  Mr Wilson's numbers.

Yes this will likely increase slightly, however this is clearly inadequate for the organisational demographic which SHSCFT serves.

This number of registered nurses is clearly inadequate to develop SHSCFT in the manner required in order to deliver its strategic aims for a Trust of its size. When compared with 'similar' Trusts over the same time frame Derbyshire Mental Health Services NHS Trust increased its FTE registered nurses from 664 to 876 in the same time frame and South West Yorkshire Partnership NHS Foundation Trust increased its FTE registered nurses from 840 to 1,209.

In recognition of our Trust Values of Respect, Compassion, Partnership, Accountability, Fairness and Ambition, which of the decision makers in the Directorate are prepared to accept responsibility for this devastating reduction in FTE registered nurse numbers with the inevitable outcome of increased stress and demand on the clinical workforce?

**Response from Clive Clarke, Interim Chief Executive & Liz Lightbown, Executive Director of Nursing and Professions, and assured by Jayne Brown, Trust Chair**

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Thank you very much for your comprehensive question which is seen in two parts; firstly nursing figures and secondly recruitment and retention.

**Nursing Figures**

It can be confirmed that nursing establishments have remained relatively static over the past 10 years. The figures you refer to in past annual reports up to 2016/17 have highlighted an error in recording with numbers including unregistered and support staff. The actual WTE stood at 535 on 1/4/18 rising to 563 WTE on 1/4/19, showing a 5% increase.

You refer to other trusts in your question, and particularly Derbyshire Healthcare NHS FT which provides CAMHS services and health visiting hence their numbers will be greater. In addition South West Yorkshire Partnership NHS FT is a much larger organisation with an operating income of £225m compared to our own organisation's income of £138m, so again their staffing figures will be higher.

**Nursing Recruitment and Retention**

You are correct in your reference to the over 50s workforce workshops. Three of these took place in 2017 and, along with a range of other initiatives, is something that the organisation intends to hold again over the coming 12 months. The Trust is looking at a number of ways in which to retain its trained workforce, but also in which to make this organisation a place where people want to come.

We recognise the trust is carrying vacancies and need to ensure there are a variety of roles to encourage people to come to the city and work in our Trust. To address this, a number of initiatives are in place. They include:

1. Active rolling recruitment programme linked to a social media campaign

2. Offering preference interviews at the end of the second year of nurse training with the aim of recruiting 90% of nurse students with placements in SHSC, equating to approximately 40 students a year which was achieved this year.
3. Greater publicity and promotion of the trust and proactively engaging with schools and colleges
4. Trying to attract ex-qualified nurses or those whose registration has lapsed into posts (5 have returned to practice over the past 12 months)
5. Launching a preceptorship support programme in Oct 2018 which is a strong selling point for joining the organisation
6. Nursing apprenticeships – linking apprenticeships to vacancies for band 2 support staff and offering training routes for new starters
7. Nursing associates – the trust has 6 trainee nursing associates enrolled with the University of Sheffield and is recruiting into a further 11. The plan is to have a critical mass of 6 WTE nursing associates for inpatient area.
8. Four trainee Advanced Clinical Practitioner posts were established in January 2019 in acute inpatient teams and SHSC is one of the first mental health trusts to introduce this role, successfully receiving funding from Health Education England to fund a further 11 posts. This will now be extended to community services.
9. Seeking to better understand why people leave the role so areas can be addressed
10. Create a clear development/career pathway for nurses from apprenticeship through to nurse consultant/advanced clinical practitioner.
11. Increase research opportunities
12. Offering nurse rotation

As part of the development of new roles and looking to the future, the trust has received funding to support serious mental illness in the community through primary care. We hope this will attract nurses hoping to work into different settings in a number of new and different roles where an increased level of therapeutic interventions will be provided.

As an organisation and board we have fully grasped the workforce imperative that is not only a local but a national issue. As you will see from the very brief summary above, we have approached the issue in a very robust way. However, this remains and will continue to be a high priority for the trust and as such is the subject of regular discussion at Board and its Committees as well as throughout the organisation at every level.

## November 2019

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### Question from Billie Critchlow, Carer Governor

I would like to remind the NEDs of the recent publication by The Royal College of Psychiatrists “[Exploring mental health inpatient capacity](http://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/exploring-mental-health-inpatient-capacity-report---rcpsych-response-final-(002).pdf?sfvrsn=12df7d14_2)” ([www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/exploring-mental-health-inpatient-capacity-report---rcpsych-response-final-\(002\).pdf?sfvrsn=12df7d14\\_2](http://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/policy/exploring-mental-health-inpatient-capacity-report---rcpsych-response-final-(002).pdf?sfvrsn=12df7d14_2)).

RCPsych recommend an acute mental health ward bed occupancy of 85% and call for those areas “with persistent 95% plus bed occupancy (to) consider investing in additional local psychiatric beds as a part of their transformation plans to deliver the NHS Long Term Plan. “

“[Benchmarking Mental Health services Sheffield Results 2017](#)” shows that Sheffield provides the lowest number of acute mental health beds per 100k population of any mental

health provider in the country. Given these figures, and in the light of increasing demand for mental health support across the country, I would like to seek the NEDs assurance about the following questions:

1. In what way are the NEDs assured that the Trust will be able to provide sufficient acute and PICU beds to cover demand over the next 10 years?
2. Are the NEDs assured that the Board and the S Yorks and Bassetlaw ICS will take the RCPsych recommendations into account in its planning of future bed provision?
3. How have the NEDs sought assurance that the current CMHT model safely and adequately compensates for Sheffield's very low bed provision?"

### **Question from Professor Scott Weich, Appointed Governor**

I would like to submit questions to the Board and specifically the NEDs and not from a member of the Executive or their deputy. The questions are about assurance regarding the treatment and care of inpatients, and relate to a recent report by the the Strategy Unit and the response to this from the Royal College of Psychiatrists, the link for which can be found as follows:

[https://www.strategyunitwm.nhs.uk/sites/default/files/2019-11/Exploring%20Mental%20Health%20Inpatient%20Capacity%20across%20Sustainability%20and%20Transformation%20Partnerships%20in%20England%20-%20191030\\_1.pdf](https://www.strategyunitwm.nhs.uk/sites/default/files/2019-11/Exploring%20Mental%20Health%20Inpatient%20Capacity%20across%20Sustainability%20and%20Transformation%20Partnerships%20in%20England%20-%20191030_1.pdf)

My questions are:

- 1) In the light of recent publicity about the use of out of area mental health inpatient placements, please can the NEDs provide me with detailed information about the numbers, durations and distances from Sheffield involved in out of area placements from this Trust in the past 12 months?
- 2) Given that our SHSC average bed occupancy exceeds 95%, what consideration has been given to providing extra bed capacity? I note the conclusion in the attached report that "*It is vital that the introduction of these additional beds is aligned with local service delivery and mental health workforce planning to ensure they are properly staffed and resourced. Consideration of the physical estate for these new beds is also needed to ensure they provide a safe therapeutic environment*". I am of course fully aware of the plans for the Longley Unit but would ask for a detailed response to this, and particularly evidence of assurance regarding when and how these plans have been scrutinised against the above criteria (in respect of service delivery and workforce) and the responses to question (1).
- 3) Can the NEDs assure me that the Trust is (or will soon be) compliant with the further recommendation in the attached report to undertake and publish a service capacity assessment and improvement programme? I note the recommendation that this should be based on a quality improvement approach to:
  - (i) establish the baseline for demand, identifying peaks and troughs, and introduce processes for continual measurement of demand and capacity;
  - (ii) provide robust data on the number and use of inpatient beds, broken down by type of mental health bed;
  - (iii) introduce interventions designed to reduce demand or increase capacity (e.g. strengthening crisis teams, adding more beds on a temporary or permanent

- basis, auditing whether the care received by patients is concordant with NICE guidelines, improving bed management or reducing delayed discharges);
- (iv) study the result of the individual interventions, ensuring that the adverse effects of any interventions are captured in the measurement system;
  - (v) make adjustments as necessary; and
  - (vi) embed effective interventions into standard work and normal practice.

4) I would further ask that the NEDS provide assurance regarding assumptions about the extent to which future investment in community service provision will offset the need for mental health beds, and evidence of how this assurance has been arrived at.

### **Response to both Billie Critchlow and Scott Weich from Jayne Brown OBE, Trust Chair**

Thank you very much for your questions for board, both of which have a number of commonalities. This is a high priority topic for the board, and as such it has just recently requested a deep dive on the issue which will take place over the coming months with the report being scheduled for the open board in February 2020. This report will include the detail requested in your questions.

Whilst I am more than happy to provide a NED response in the interim, your question was about assurance which I cannot provide at this moment in time until the deep dive has been completed and reported. My proposal there is that you allow us as NEDs to get a full grip on this issue which you can be assured we are doing following which you will be able to hold us to account accordingly.

If any of the points on process become clearer before Christmas, a reply will be expedited. More of the issue will be exposed at the Quality Assurance Committee and Board of Directors in December.

### **Question from Billie Critchlow, Carer Governor**

Are the NEDs assured that reputational damage arising from the long-running staff dispute is not affecting the Trust's ability to recruit staff?

### **Response from Jayne Brown OBE, Trust Chair**

Dear Billie, thank you for your question. The simple answer of yes or no is actually impossible to give to this question without a retrospective test of all responses to vacancies or indeed a prospective future study. The question has been asked by board members both executive and non-executive and we will continue to do so, recognising at this stage that the evidence is anecdotal.

Empirically speaking, our responses to adverts placed continues to be good and as NEDs we have been given assurance that, compared to other trusts, we benchmark well on filled vacancies. However, we are very concerned about nurse recruitment and fill rates and have also requested a specific paper on allied health professional recruitment for the February 2020 board meeting.

The NEDs have tested if there is any specific anecdotal evidence of the ongoing dispute causing a falloff in recruitment, and none has been reported to date. In light of your question though I will ask Heather Smith, Chair of the Workforce and Organisation

Development Committee to test if there is any further evidence of a link between this issue and recruitment, and respond accordingly. If there is sufficient anecdotal evidence to support a prospective study, I will ask the committee to consider it.

In the meantime, recruitment features on all of the board conversations either as a specific item or as part of the safer staffing report, and will continue to do so.

Heather will be updating CoG on the work of the committee on 12 December, so I will also draw your question to her attention.