

Board of Directors – Open

Minutes of the 122nd Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 10 April 2019, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

1. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee (Chair)
2. Mr. Kevan Taylor, Chief Executive
3. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
4. Prof. Laura Serrant, Non- Executive Director, Chair of Workforce & Organisation Development Committee
5. Prof. Brendan Stone, Associate Non-Executive Director
6. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
7. Mr. Phillip Easthope, Executive Director of Finance
8. Dr. Mike Hunter, Executive Medical Director
9. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

In Attendance:

10. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
11. Mr. Dean Wilson, Director of Human Resources
12. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
13. Ms. Pam Stirling, Chair, Sheffield Flourish
14. Ms. Josie Soutar, Managing Director, Sheffield Flourish

Apologies:

15. Ms. Jayne Brown, Chair
16. Mr. Richard Mills, Non-Executive Director, Chair of Finance, Information and Performance Committee
17. Cllr. Olivia Blake, Non-Executive Director

Public:

Mr. J Buston, Public Governor

Ref	Item	Action
	<p>Sheffield Flourish Presentation</p> <p>Ms. Stirling and Ms. Soutar updated members on the work of Sheffield Flourish, via a report and presentation.</p> <p>Ms. Stirling thanked members for the opportunity to update on the work of Sheffield Flourish. She noted Sheffield Flourish had evolved from a number of social enterprises set up in 2012 as Recovery Enterprises, and included Oasis and CAST was sustained through grants. A review of functions occurred in 2014 and successful lottery funding enabled further development including a digital hub, this in turn rebranded to Sheffield Flourish. It was noted Adelaide Chibanda, Nurse Consultant had recently joined the Board.</p>	

Ms, Soutar presented the aims and work of Sheffield Flourish to members. Key highlights from the presentation included details of:

collaborative working to build innovative digital and community projects, utilising the untapped strength of those with mental health issues

a blended model of digital and real life activities via co-production with experts by experience and community and supported enterprises.

Focus upon four key areas: connecting, guidance and signposting, code signing and enterprising.

Prof. Stone as a Trustee reported Sheffield Flourish was an exciting project to have been involved in as it worked in partnership and harmony with a number of organisations including the Trust. He believed it would be good to measure the impact the Sheffield Flourish has had on reducing pressure on services in the Trust and directing and signposting people to support them through their mental health issues.

Ms. Lightbown noted she was pleased to see the development and use of talent and people helping themselves and others. Ms. Stirling added people's good will is also a contributing factor and used the example of Sheffield Flourish being one of the Mayor's charities, this occurred through a member of staff being in the same political party as the Mayor (Green Party).

Dr. Hunter was pleased the Trust supported Sheffield Flourish and welcomed the detail in the report noting the appendix mapped onto the Trust's strategic intent.

Mrs. Keene along with other members supported the project. She queried the link with the Trust and asked if there were specific examples of feedback given to the Trust on development of services or service user experience. In relation to the demographic spread she asked how wide this was and whether all areas were reached plus the links with older people and those who would not ordinarily seek alternative support services.

Ms. Soutar believed there was more work to be undertaken in all areas. She attends the Service User Support and Engagement Group (SUSEG) and finds it a useful forum to feedback and believes Sheffield Flourish could support the Trust further. In relation to the demographics those service users with more complex needs and following discharge from wards tend to engage more with the enterprises and work continues to support all communities to access the services available. The website images and volunteers are predominantly from a white background and the board has recognised the need to engage further with the black and minority ethnic communities. Ms. Soutar noted the teams will travel and visit groups and advice on access routes through the digital hub. Prof. Stone noted the board do challenge each other and are currently focusing on exclusivity and the wider reach. In relation to reaching the BME communities, they have worked with ADIRA, a support group for black women and an event in May 2019 is being hosted by Unity Gym Project which has a large Somali membership. Ms. Stirling believed more could be done for the Asian community in the Darnall area. Ms Soutar also noted the work undertaken with the Cathedral Archer Project (Homeless and vulnerable people).

	Mr Taylor acknowledged the excellent work of Sheffield Flourish, is a good example of integrated partnership working as the diversity of the groups works well. Mrs. Stanley noted she had looked on the website and found the signposting platform helpful and believed the challenge is to stay focused. Ms Stirling and Ms Soutar were thanked for attending.	
	Welcome & Apologies: Mrs Stanley reported Ms Brown, Chair and Mr. Mills, Vice Chair had given apologies for this meeting, she would assume the role of Chair for this meeting in their absence.	
1/4/19	Declarations of Interest: Prof Stone noted he was a Trustee of the Board of Sheffield Flourish, a mental health charity. It was determined the items were non pecuniary and would not require Prof. Stone to leave the meeting. No further declarations were made.	
2/4/19	Minutes of the Board of Directors meeting held on 13 March 2019 The minutes of the meeting held on 13 March 2019 were agreed as an accurate record with the following amendment. <u>Minutes 13 February 2019 8/219 Healthcare Worker Flu Vaccination Programme refers</u> Correction: the total uptake <u>9/3/19 Governor & Membership Matters refers</u> Correction: Mr. James Munro not Munroe <u>14/3/19 Chief Executives' Announcement of Confidential Business</u> Correction: Should read Deputy Chief Executive..... <u>11/3/19 Board Committees – Quality Assurance Committee refers</u> Mrs Stanley for clarity noted it was one Governor who had raised the issue of high caseloads in Community Mental Health Recovery Teams during the Governors informal meeting. Mrs Keene, as a new Non- Executive Director (NED) asked for clarity on the nature of this informal meeting with Governors prior to a Council of Governors meeting and whether NEDs should be feeding back in an open forum. Mr. Taylor believed a further discussion was required in relation the governance of the meeting. Mrs. Stanley has raised the issue in open Board as she believed it was appropriate to raise it.	
3/4/19	Matters Arising & Action Log <u>3/3/19 Matters Arising 8/2/19 Healthcare Worker Flu Vaccination Programme refers</u> Ms. Lightbown reported the Trust had received confirmation from Mr. Allinson, Chief Pharmacist that peer to peer vaccination will be permissible under the Patient Group Directive (PGD) as an alternative to contracting with Occupation Health, costs are being explored for both options. She noted the Trust will purchase vaccines. <u>5/3/19 Service Performance Dashboard for period ending 31 January 2019 refers</u> Mr Clarke reported sixty staff participated in the security survey and 90% believed the addition of security staff has had a positive impact.	

	<p><u>9/3/19 Governor & Membership Matters refers</u> Dr. Hunter reported Mr. Munro was available to attend Board in May 2019 to share this story.</p> <p><u>Action Log</u> Members reviewed and amended the action log accordingly. A request to ensure dates were included was made.</p>	
Strategy		
4/4/19	<p>Risk Management Strategy Members received the Risk Management Strategy for approval</p> <p>Ms. Saunders reminded members the Strategy was received and discussed at the Board of Directors meeting in March 2019, one further amendment has been made within the section on risk appetite and members are asked to approve the Strategy.</p> <p>The Board supported and approved the Risk Management Strategy.</p>	
5/4/19	<p>Social Media Strategy Members received the Social Media Strategy for approval.</p> <p>Ms. Saunders reported members have received the Strategy for approval and noted this is an area requiring particular focus. An action plan will be developed and implemented following approval of the Strategy.</p> <p>Prof. Stone asked if the Board had previously discussed the Strategy, it was confirmed it had not. He believed the Strategy did not sufficiently acknowledge the risks involved in the use of social media by a mental health organisation. It was suggested the Strategy would benefit from further work to recognise the complexities across different social media platforms to enable the safe delivery of the Strategy. As a user of social media, he did not believe the Strategy in its current form takes into account all potential risks and he was not reassured.</p> <p>Mrs. Keene noted social media was not her specialty but was aware of concerns being raised. She had previously led consultations whilst working for other organisations and was aware of the problems experienced, she was unsure how organisations could mitigate against the risks.</p> <p>Mr. Clarke noted this was not his area of expertise, the Strategy was discussed at EDG and the vision was supported. He believed the concerns Prof. Stone had raised were linked to the implementation of the Strategy and there was significant work to be undertaken to ensure safety which had not been sufficiently articulated.</p> <p>Prof. Stone added he was uncomfortable with the expression 'social media and website is a shop window for the organisation....' He believed the aim should be for the Trust to be recommended but not as a shop window. The messaging needs to correspond to the reality reflecting both the good elements of the Trust and those which require further work. The challenges and pressures within mental health as a whole are known. He would recommend professional advice is sought to address the areas of concern.</p>	

Mrs. Stanley on viewing the Strategy had also considered the risks, and would wish to seek clarity on mitigation and the connectivity with Trust policies. She believed members needed to be sighted on the Social Media Policy for assurance of alignment to the Strategy, she asked members whether they agreed with Prof. Stone's comments and that further work is required in relation to risk, mitigation and training. Members agreed further work was required and for a revised Strategy to be presented to Board in September 2019.

MS (B/F
BOD Sept)

Prof. Serrant as an avid social media user believed it was difficult to look at the Strategy in isolation of the policy, and the potential risk is the gap between the two. She noted the integration between personal and work related use of social media and assumptions cannot be made she believed the Trust policy is key.

Mr. Taylor believed the discussion is helpful, mindful there are a number of areas to refine. Use of social media is increasing and he was assured current practice was safe, which is positive and needed to continue. He believed the Trust policy was fit for purpose, and was clear on usage and confidentiality. He acknowledged Prof. Stone's concerns in relation to risks, and believed there needs to be a balance of risk and use of social media.

Mr. Easthope noted he approached social media from a risk adverse perspective, following personal experience. He was supportive of the vision and the Strategy, whilst being mindful the policies need to be viewed in line with the quickly changing world of social media. The next steps and implementation will require further consideration with Board sighted on the changes both strategic and contextual.

Dr. Hunter building on the current discussion and that of the earlier Executive Directors Group (EDG) was of the opinion the Strategy could be recommended as 'of its time' as a first Strategy and be accepted with a limited shelf life. Work could then continue regarding the assessment of risks, strategic links to operational implementation and alignment with patient safety.

He continued that if the conversation was moving to a different place requiring further in-depth review, he would frame the vision and risks differently. A more ambitious vision for social media is how it is used to support people to have a sense of connectivity for wellbeing and build a healthy community which links with the work of Sheffield Flourish.

Mrs. Stanley believed the Board agreed the Strategy in principle and work would continue to develop the Strategy further and for EDG to consider capacity and timeframe. Mrs. Keene supported Prof Stone's suggestion to review the shop window reference.

Prof. Serrant was mindful that on occasions activity can be excessive and queried the 24 hour response times quoted and asked if this was realistic. Ms Saunders responded the social media accounts are monitored and responded to within a 24 hour period. Prof. Serrant suggested an amendment to 'we will aim to respond within 24 hours'.

Not ex	Performance Management	
6/4/19	<p>Service Performance Dashboard for period ending 28 February 2019 Members received the Service Performance Dashboard for period ending 28 February 2019 for information.</p> <p>Mr. Easthope reported the key highlights to report remain broadly in line with performance overall in Segment 2 and on-going performance in line with year to date averages. The financial summary is ahead of plan and unchanged from previous reports and constitutes good performance. EDG had a good discussion on performance recognising early signs of concern with data in a number of areas however no specific trends was identified. Acute admissions for home treatment was reported as two data points below standard linking to safer staffing and occupancy, all of which will be monitored. To note EDG also discussed capacity to produce the report and outstanding actions which require addressing.</p> <p>Dr. Hunter referenced the graph entitled 'Racial Abuse Staff' noting this was the first iteration following a request from Quality Assurance Committee (QAC) which wished to be sighted on verbal aggression and intimidation. He added all verbal intimidation will be included in future reporting.</p> <p>Mr. Clarke noted work was continuing to develop the workforce data, including the reintroduction of short term absence and narrative to support the data.</p> <p>Prof. Stone requested clarity regarding an agreed definition of restricted practice and whether it aligned to the national definition. He believed there was not a clear definition or how to record the practice and what systems give assurance. Dr. Hunter responded, the definition of rapid tranquilisation is defined in the National Institute for Health and Care Excellence (NICE) Guidelines for Violence and Aggression (2015), seclusion is not defined but easier to recognise as an individual in a room, restraint is the most problematic and was generally interpreted as the placing on of hands, he did not believe it was defined in the Trust. Ulysses is the information system used in the Trust with a recent deep dive undertaken in relation to correlation of Board and ward level reporting. There had been minor discrepancies in the past and noted the system had improved. From 1 April 2019, additional specific mental health reporting is required he will be liaising with IMST and Pharmacy to ensure the Trust fulfils this requirement.</p> <p>Ms. Lightbown believed the query in relation to definitions was a good question as the Mental Health Act Code of Practice distinguishes between seclusion and segregation. It was also confirmed a national network had been established to review this area.</p> <p>Mrs. Keene referenced the Care Planning Approach (CPA) follow up and noted the improvement.</p> <p>Mr. Taylor referenced the Integrated Care System (ICS) narrative in relation to achieving 50% and believed this could be clarified. He noted here were indicators monitored by the ICS which are not included in this report and would ensure in the future the ICS information is integrated as there were a number relating to learning disability and transfers of care.</p> <p>Mrs. Stanley noted she had raised this query previously in relation to the recording of assaults in relation to number and victims. Dr. Hunter responded</p>	<p>PE/KT</p> <p>PE</p>

	<p>the grey columns relate to assaults not victims. Mrs. Stanley as a point of clarity requested an amendment to the narrative. She noted assaults on staff appeared to be increasing. Dr. Hunter referenced the data points and believed the trend was in the opposite direction.</p>	
<p>7/4/19</p>	<p>Safer Staffing Report for period to 28 February 2019 Members received the Safer Staffing report for the period ending 28 February 2019 for information.</p> <p>Ms. Lightbown reported overall acute admission had decreased to 98.61%, mindful Burbage averaged just over 100% for the period. There was a slight deterioration of fill rates for registered nurses on Stanage and Dovedale wards, attributed to sickness, the overall sickness rate has reduced to 6.5% just under the Trust average of 6.7%. Improvements in vacancy rates reducing from 12% to 9.7%. Bank and agency usage across all wards did not increase, although there were a number of areas that continue to have high usage including Firshill Rise (Learning Disabilities) and G1 Ward (Dementia). The increase on G1 was attributed to a Norovirus outbreak during February 2019.</p> <p>Data for Healthcare Support Workers has not been included in the report, on scrutiny of data at EDG it was noticed that the formula between demand template (baseline) and actual usage had not reconciled correctly and required a review. This will be undertaken by Ms. Maxine Statham, newly appointed Associate Director for In-Patient wards and the E-Rostering team and forwarded to members retrospectively.</p> <p>In relation to the Actual Funded Establishment (AFE), included in the Financial Plan and previously discussed at the Extra Ordinary (EO) Confidential Board meeting on 3 April 2019 as an indicative figure has not yet been fully concluded it was not included.</p> <p>Prof. Stone referenced the high use of bank and agency usage in Learning Disabilities and queried the factors underpinning this. Ms. Lightbown responded the key factors are the inability to recruit and retain and have been an outlier for a period. Mr. Clarke added there has been a Commissioner led review of bed based learning disability services, which may have impacted. Ms. Lightbown noted the Commissioners had considered a model of community provision and it is now believed it is intended to commission a number of beds across the ICS footprint, as yet undecided if this will include Sheffield.</p> <p>Dr. Hunter noted information was filtering from the Care Quality Commission (CQC) emphasising proactive therapeutic nature of in-patient environments with specifics including psychology input. Nationally, mental health is in a period of change and emerging expectations, which will be reflected in discussions. Ms. Lightbown added, the Board will receive a report on Therapeutic wards, scheduled for May 2019.</p> <p>Ms Lightbown added future reports will include information from the Flow Co-ordinators who manage the 24/7 system flow with EDG receiving a daily bed report.</p> <p>Mrs. Stanley noted members had received the report for information and assurance work is continuing on validating the data and the AFE project. Ms Lightbown added, Board will also receive information in relation to workforce</p>	<p>LL</p> <p>LL (B/F BOD May)</p>

	planning and the requirements for assurance.	
8/4/19	<p>Staff Survey Analysis Members received the Trust’s analysis of the Staff Survey for information</p> <p>Mr. Wilson reported members had received a detailed analysis with work initiated, in a number of areas, in response. He referenced Section 2.2 noting there have been changes in the way the survey is reported, which he had been involved in, through his role within Yorkshire and Humber. The report is user friendly, and continues to include benchmarking data and trend analysis.</p> <p>Mr. Wilson was mindful of the time period the survey was conducted, noting it is a snap shot. The implementation of Listening into Action (LiA) and the nature of the pulse checks will ensure reporting in “real time”.</p> <p>The overall outcome of the survey is a slight improvement, mindful the window the survey was conducted aligned with a number of reconfiguration projects and CQC inspection. The Trust’s scores are detailed on page 4 of the report and benchmarked against other trusts. The next steps are outlined on page 9, and the new Director of Organisation Development will take a lead reporting through Human Resources , EDG and Workforce and Organisation Development Committee (WODC) and LiA.</p> <p>Mr. Taylor acknowledged the results were disappointing and not where EDG wish to be. The Trust is in the lowest banding in a number of domains for quality of appraisals, quality of care and safety culture. A stronger commitment and focus needs to be given to specific areas.</p> <p>It is believed working with LiA is the way forward. Mr Taylor had spoken to Simon Morritt, Chief Executive, Chesterfield Royal NHS Foundation Trust who had used LiA with positive results. The report includes the aggregate detail with above average scores related to support from line managers which has significantly improved, along with respect from colleagues. Some of the concerns being raised in relation to culture, respect and engagement suggest a slightly different picture.</p> <p>Mr. Wilson referenced the rate of appraisal, noting it was one of the highest ratings and work was required to raise the quality of appraisals.</p> <p>Mrs. Stanley noted the quality of appraisals has been of concern for a number of years and queried whether the focus on completion had affected quality. Mr. Easthope responded the quality had improved marginally following implementation of the focal window. He was mindful the focal point window was open for 2019 and there were only a number of weeks to potentially affect a change of the 19/20 Staff Survey. Mrs. Stanley queried the reasons that might impede a manager from giving a quality appraisal. Mr. Wilson believed capacity was a factor and mindful that regular supervision also forms part of the process.</p> <p>Prof. Serrant believed the staff survey reflected the views of clinical staff, and following WODC discussion, the Board would wish to look at their experiences and wellbeing. She considered the Board should be assured on the whole workforce and the distinction clear on the areas covered in the report. Dr Hunter responded LiA focus on engagement at all levels and in</p>	

relation to the quality and quantity of appraisals believed EDG required further discussion, to include the focal point window.

Mrs. Keene was mindful LiA will support the Trust to look at the areas of concern. Board need to be assured any actions taken will have the required impact. Mrs. Stanley added there are two approaches, firstly dive into the detail and dissect straight away or look at the underlying strategies.

The questions relating to safety were of interest to her as she believed they followed a whistleblowing theme. Mr. Taylor believed this to some degree also measures perception, and not necessary the reality which on occasions does not triangulate. Working with LiA will be the central strategy to improvement and strengthening engagement across the Trust on specific areas. LiA have a proven track record and EDG need to assure the Board and focus positive energy to support real change.

Ms. Lightbown believed the data was rich and an opportunity to analyse in detail down to team level. This issue quality of appraisals was a symptom of the bigger picture as each individual needs to understand their role within a team and job descriptions and person specifications should form the basis of an appraisal to reflect on the year and set individual objectives that align to the function of the team and its effectiveness. She had spent time with the older adults community team, whose perception of the recent negative publicity and survey results was not something they recognised and believed team was well managed with good leadership. They had a clear purpose and were supportive of each other as a team and knew the difference they were making to service users, following their assessment, treatment and outcomes. The analysis down to team level gives an opportunity to identify the areas where staff feel less safe, and where perhaps more attention would be beneficial. She reiterated the importance of the link of the individual and their role within the team.

Mrs Stanley noted the improvement in the response from managers was encouraging and demonstrated work has taken place in this area.

Prof. Stone noted the response rates are low, up to 20% lower than other trusts and queries the reasons for this. A minimum target of 50% would be expected, which is still regarded as poor. In the higher education sector the Government would discount any survey response below 50% . Mr. Clarke reported EDG have discussed this on a number of occasions adding this figure aligns to the response rates from the recent LiA Pulsecheck. It was believed that email was the best communication tool, in reaching all staff, however the feedback following the Pulsecheck is there are specific staff groups for example Support Workers, which account for a significant percentage of overall staff who are not accessing email on a regular basis. A review of the Communications Strategy and engagement and across the whole Trust is required. EDG have discussed this and one area to trial will be the reintroduction of monthly team brief. Mr. Taylor added the effectiveness of email communication was under estimated. In relation to the staff survey, there is no choice, the survey is national and conducted via email and he acknowledged time is needed to complete the task, however there remained the question in relation to under-performing against other trusts. Mrs. Keene added there is also something about the motivation of staff wanting to put themselves and the Trust on the front foot and encouraging everyone to be involved to achieve this.

	<p>Mrs. Stanley noted the report was received for information, she was mindful the Board had in the past received updates, she asked that consideration is given to what is reported back through to WODC and Board.</p>	
Governance		
9/4/19	<p>Annual Members Meeting (AMM) 2019 Members received an order to convene the Trust's 2019 Annual Members Meeting (AMM).</p> <p>Ms. Saunders asked members to approve the order to convene the Trust's 2019 AMM to be held on Tuesday 24 September 2019 from 12:30pm to 3:00pm at Sheffield United Football Ground.</p> <p>Members approved the order to convene the 2019 AMM.</p>	
10/4/19	<p>Register of Sealings Members received the Register of Sealings for the period 1 October 2018 to 31 March 2019 information.</p> <p>Ms. Saunders reported the Trust seal had been used on two occasions during the reporting period.</p> <p>Mrs Stanley agreed to duly sign off the use of the seal in the absence of the Chair.</p>	
11/4/19	<p>Statement of Intent (SOI)– Transitions (Sheffield Children's NHS Foundation Trust) Members received the Statement of Intent (SOI) for discussion and approval.</p> <p>Mr, Clarke reported the document had been discussed in confidential session of Board in March 2019, prior to being approved and signed off by both Trusts. Sheffield has a separately commissioned Child and Adolescent Mental Health Service (CAMHS) with Sheffield Children's NHS Foundation Trust (SCNHSFT) the providers. The commissioned service spans birth to aged eighteen with a number of transitional points into adult services. SHSC does however engage with young service users from the age of fourteen through the early intervention service. The Trust also provides a crisis service to young people aged between sixteen and seventeen, who are unknown to SCNHSFT. This is an un-commissioned service and arrived at via an agreement with NHS Sheffield Clinical Commissioning Group (NHSSCCG), SCNHSFT and the Trust. This arrangement has been formalised as an action following the death of a young adult, whereby both trusts received a Regulation 28 from the Coroner.</p> <p>The SOI is a non-legally binding agreement to enable both trusts to work collaboratively at a strategic and operational level to achieve the best outcomes for this group, whilst retaining their own accountability. It is believed the SOI will continue to develop in the absence of a commissioned service.</p> <p>Mrs. Keene welcomed the SOI and hoped it would lead to a properly commissioned service for the age group. Mrs. Stanley added there has been a robust conversation in the March Board confidential session.</p> <p>The Board received and supported the sign off of the SOI.</p>	

Board Stakeholder Relations & Partnerships		
12/4/19	<p>Chair's Update Mrs. Stanley reported she had not received an update from the Chair.</p>	
13/4/19	<p>Governor & Membership Matters Members received an update on Governor and membership matters for information.</p> <p>Ms. Saunders reported a number of questions had been raised and would be responded to within the permitted timeframe.</p>	
Executive Management Updates		
14/4/19	<p>Chief Executive's Verbal Update</p> <p><u>Listening into Action (LiA)</u> The first Pulse Check has concluded, Mr. Taylor believed it had been a positive experience, although the response rate of 51% although disappointing was nevertheless encouraging. He referenced the earlier conversation and the use of emails and added once this issue has been identified, nearing the end of the survey window, paper copies were disseminated which enhanced the response rate. As stated earlier email going forward email will be one method of communicating rather than the method.</p> <p>Dr. Jane Barton, Consultant Psychologist has been appointed as the LiA Clinical Lead. The panel also offered Debbie Creaser, Team Manager for Community Enhancing Recovery Team (CERT), Jo Sims, Ward Manager for G1 ward and Joe Curran, Specialist Psychotherapist one day per week working in support of the LiA process. A staff member with lived experience will join the team and expressions of interest are being sought. Engagement and positive thinking will be key to success. The LiA team will be presenting the Pulse Check results to the Trust Management Group on 17 April 2019.</p> <p>Mr, Clarke reported the Pulse check questionnaire comprised of fifteen questions and a further section which asked for improvement suggestions to enhance working lives. He added that a number of quick win suggestions had already been implemented. He was also mindful there needed to be flexibility in finding solutions. Dr. Hunter also added Debbie Creaser was a member of the team shortlisted for a Royal College of Nursing (RCN) award.</p> <p><u>Annual Plan 2019/20</u> The Trust's 2019/20 Annual Plan was submitted on 4 April 2019.</p> <p><u>Board to Board with South Yorkshire Housing Association (SYHA)</u> The Board to Board with SYHA had taken place. Mr Taylor noted the Health Executive Group of the Integrated Care System (ICS) agreed a programme of work in collaboration with local authorities across South Yorkshire and Bassetlaw which includes loneliness and complex needs. Feedback would be provided to SYHA and to enable integration with the partnership.</p>	
Papers for Information and Assurance		
15/4/19	<p>Board Committees – Significant Issues Reports:</p> <p>a) Quality Assurance Committee (QAC) Members received the Minutes of the meeting held on 25 February 2019</p>	

and the Significant Issues Report from the meeting held on 25 March 2019.

Mrs. Keene referenced the detail in the report in relation to connectivity with the Service User Safety Group (SUSG) and the management of a programme of work across Estate, Finance and Health and Safety. The focus has been on safety of glass, QAC were mindful this may cover other areas. The concerns raised are in relation to evaluation and recommendations to improve safety which are not receiving due attention and timescales for completion which may create additional environmental risks. In relation to SUSG, QAC believed a stronger connection with health and safety was required. Mr. Taylor noted EDG had not fully recognised the need to integrate service user and environmental safety.

Mrs. Keene noted the committee discussed the IMST development projects and their implementation, and would request transparency and openness in relation to the quality and safety aspects, and for QAC to be updated periodically. Mr Easthope responded, from his perspective, the project is clinical driven. Dr. Hunter believed it was welcomed and apparent in QAC that the committee will continue to encompass a broad definition of quality and safety and will be ambitious in stretching those boundaries to ensure it is across the board.

SK/MH/MS

The committee will receive a presentation from the staff who attended the conference in Boston, USA.

There appears to be significant backlog in signing off the incident management reporting which was of concern however the committee were assured it has been reviewed.

The committee acknowledged the progress regarding the clearing of the backlog of complaints and fastracks and was assured.

Prof. Stone queried why the committee did not have service user or carer representation. Dr. Hunter responded the Terms of Reference (ToR) are constituted and have recently undergone a review however saw no reason why the committee could not consider Prof. Stone's request. He confirmed service users and carers have representation on groups which feed into QAC.

Prof. Stone referenced the committee minutes and asked for clarity regarding the item related to CQC Progress Update. Mrs. Keene responded the Care Standards Team have developed a first rate comprehensive monitoring system which includes actions and timescales etc. The completion and recording of the evidence however would benefit from augmentation to include a level of specificity required to give assurance of embedding. Committee discussed the actions and agreed further information was required regarding impact and the difference made which was work in progress. Prof. Stone felt assured the minutes were reflective of the issues raised and provided a clear picture of the committee.

Prof. Stone referenced the Clinical Effectiveness Group noting the results of the audit on Rapid Tranquilisation shows poor practice. Clarity was sought regarding the position. Dr. Hunter responded these are messages from the National Audit noting the Trust is a low user of rapid

tranquillisation, noting other factors impact on its use e.g. restraint and seclusion. When rapid tranquillisation is used, the Trust has not been as effective in carrying out all the required safety monitoring in a timely manner. There are, however, sufficiently low incidents within the Trust that can be overseen at a senior level to ensure the patient care process is followed through to completion and this has now been implemented. This is micro managed and the information needs to be available through the information system and a system developed of support and demand, ensuring measures, checks and balances.

The committee signed off the committee annual report.

b) Finance, Information and Performance Committee (FIPC)

Members received the Significant Issues Report from the meeting held on 25 March 2019

Mrs. Stanley reported a number of items within the report have been superseded. Committee reviewed the Finance Report, noting performance was on track. The Financial plan was discussed and signed off at the EO Board on 3 April 2019. The refreshed Estates Strategy was also presented. A presentation was received regarding the new PAS system. An update regarding the The Digital Transformation Strategy was provided and an update would be presented to FIPC in September 2019.

The committee signed off the committee annual report.

c) Workforce and Organisational Development Committee

Following a meeting of number of committee members on 31 March 2019 the ToRs has been revised to reflect the strategic approach of the committee including it reporting remit and its assurance focus. The revised ToRs had been agreed by WODC virtually and were presented to Board for approval.

Members received and approved the WODC ToRs.

16/4/19

Any Other Urgent Business

Accountable Care System

Prof. Stone, noted the Accountable Care Partnership (ACP) monthly update had been included in papers under the Chief Executive Update for information. He asked for clarity within Section 2.5 in relation to Mental Health and Learning Disabilities group working with three organisations; Challenge Sheffield, Survivors of Depression in Transition (SODIT) and Healthwatch to adopt the 4PI Framework, and if successful would adopt through other workstreams. He noted the 4P1 Framework was the national framework for patient engagement and believed this was excellent. The query concerned the rationale for that particular sub group working with the three organisations in particular, how the decision had been made and whether there were Terms of Reference (ToRs). Mr. Taylor responded clarity would be sought regarding the governance history.

Mr. Taylor added there is an issue with commitment to engagement with issues within the ACP in relation to engagement with third sector and others, which has not made progress at the pace some envisaged. Mental Health and Learning Disability work stream have agreed to progress the matter. Mr. Taylor noted the Chief Executives attended a development

	<p>session recently and one of the key focus items had been engagement with third sector. The outcome was an agreement to review overall engagement with statutory and third sector and recommendations submitted through the ACP. Prof. Stone reported he had raised the question, as he believed the three organisations were not a representative of the wider third sector, particularly as there is no link to learning disabilities, therefore requiring wider engagement.</p>	
17/4/19	<p>Chief Executive’s Announcement of Confidential Business <i>In the interest of probity the Chief Executive announced commencement of confidential business in accordance with the published agenda</i></p>	
18/4/19	<p>Chair’s Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting <i>In accordance with Standing Order 3.1 of the Board of Directors’ Standing Orders, members of the public and press are excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.</i></p>	

Date and time of the next meeting
Wednesday 10 July 2019 at 10am
Tudor Boardroom, SHSC, Fulwood Conference & Training Centre,
Old Fulwood Road, Sheffield, S10 3TG

Margaret Saunders, Director of Corporate Governance (Board Secretary)
Margaret.saunders@shsc.nhs.uk Tel: 3050727
Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk Tel: 2716370