

Board of Directors - Open

Minutes of the 126th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 13 November 2019, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TH

Present:

1. Ms. Jayne Brown, Chair
2. Mr. Richard Mills, Non-Executive Director, Chair of Finance, Information and Performance Committee
3. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
4. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
5. Ms. Heather Smith, Non- Executive Director, Chair of Workforce & Organisation Development Committee
6. Prof. Brendan Stone, Associate Non-Executive Director
7. Mr. Clive Clarke, Interim Chief Executive
8. Mr. Phillip Easthope, Deputy Chief Executive/ Director of Finance
9. Dr. Mike Hunter, Executive Medical Director
10. Ms. Liz Lightbown, Executive Director of Nursing and Professions

In Attendance:

11. Ms. Jill Dentith, Governance Consultant
12. Mr. Dean Wilson, Associate Director of Human Resources
13. Mrs. Sharon Sims, Personal Assistant to Interim Chief Executive (Minutes)
14. Ms. Moira Leahy, Clinical Psychologist and Reducing Harm from Tobacco Trust Work Programme Lead (Item 4)
15. Ms Holly Cubitt, Head of Communications (Item 5a-b)
16. Dr Fiona Goudie, Clinical Director for Strategic Partnerships (Item 6)

Public:

Elly Holmes, NHS Providers

Service User Experience – Sheffield Community Brain Injury Rehabilitation Team (SCBIRT)

The Chair welcomed Graham Moss, a service user , Mark Adams and Lynn Burscough, Team Managers at SCBIRT to Board.

Graham shared his story, he is four years into his recovery, following a fall down stairs, he suffered broken bones and head/brain injury. Following a lengthy stay in hospital he was discharged and eventually referred to SCBIRT. Graham described himself as “a mess”, with increased aggression and low mood .The SCBIRT team have supported him through his journey and have knowledge, compassion and understanding. Graham explained that living alone with no support network, he had experienced challenges with day to day issues eg: advice on benefits and tribunals, access to funds/travel passes , housing etc, he believed an advocate working with SCBIRT would be beneficial.

He has a special bond with the team and has received excellent care, he has speech and can communicate and now volunteers, which allows him to share his journey with other service users, whilst building confidence and transitional skills, his aim is to return to employment.

The Chair asked Graham if there were any areas the Trust could support SCBIRT. Graham responded, the upkeep of the building as a charity had raised funds and decorated, he also suggested an Advocate for social issues, the barriers in Council and Department of Work and Pensions, access to a pass, to stop having to explain his medical history, especially to those without a medical background, a brain injury is invisible.

The Chair and members thanked Graham for sharing his story and will consider some of the points raised.

Ref:	Item	Action
	<p>Welcome & Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. The meeting was quorate.</p>	
1/11/19	<p>Declarations of Interest: Prof Stone noted he is a Director of the board of Sheffield Flourish, a mental health charity. Ms Dentith noted she was a Lay Member of Derby and Derbyshire Clinical Commissioning Group Governing Body. It was determined the items on the agenda were non pecuniary and did not cause a conflict of interest. No further action would be taken in this regard. No further declarations were made.</p>	
2/11/19	<p>Minutes of the Board of Directors meeting held on 9 October 2019 The minutes of the Open Board of Directors' meeting held on 9 October 2019 were agreed as an accurate record.</p>	
3/11/19	<p>Matters Arising & Action Log</p> <p><u>4/10/19 Sheffield Dementia Strategy refers</u> Dr Hunter reported the Dementia Strategy was discussed at the recent Carers Group meeting, a number of Carer Governors attended and will be meeting with the Memory Clinic to discuss a number of key points.</p> <p><u>13/10/19 Interim Chief Executive Update – Forensic Care Model Recruitment refers</u> Dr Hunter reported two key appointments have been made: Christopher Knight as Programme Director, Mr Knight has experience in the both NHS and private sector. Dr Vinaya Bhagat, Forensic Clinical Psychologist, based as Cheswold Park has been appointed as Clinical Director.</p> <p><u>Action Log</u> Members reviewed and amended the action log accordingly</p> <p><u>13/7/19 Chair Update – Shadow Board refers</u> Mrs Keene referenced Action 13/7/19 relating to the Shadow Board's report to Board scheduled for November 2019, Mr Clarke responded, he is meeting with a member of the shadow board and scheduled the item for December's meeting.</p> <p><u>Dementia Strategy Commitments</u> Mrs Stanley asked if the implementation plan can be added to the bring forward. Mr Clarke believed a progress update on the strategy will be available early in 2020.</p>	<p>CC B/F (BoD Dec 2019)</p> <p>CC B/F (BoD Feb/Mar 2020)</p>
Strategy		
4/11/19	<p>Reducing Harm from Tobacco Work Programme Review Members received a presentation and progress report on the work programme.</p> <p>Dr Hunter, reported historically discussions relating to tobacco reduction and smoke free develop into conversations of people seen smoking and what action is being taken to address this. This update includes the Trust's involvement in research and as an emerging leader for the citywide programme.</p> <p>Ms Leahy gave a presentation of key learning and actions. The prevalence for Sheffield is lower than the national average, despite this, there is a high percentage of smokers admitted to in-patient wards, currently at 60%, substance misuse services has the highest percentage.</p> <p>The Tobacco Control Board is chaired by Mr Greg Fell, Director of Public Health. The Sheffield Tobacco Control Strategy has an ambition of smoking prevalence for people with mental health at 5% by 2035. The gap is widening in relation to life expectancy, with smoking as one of the primary cause. Smoking has both physical</p>	

and mental health effects, cessation will shorten the life expectancy gap, there is also evidence to suggest cessation reduces anxiety and depression. Since the inception of smoke free there has been a mind shift within the NHS, tobacco was seen as a risk factor as to why people enter our services, treating tobacco dependency is now pivotal. There is a three pronged approach to supporting this agenda, clinical practitioners should see the smoke free agenda as part of their role, every service user is offered support to stop smoking or restrain from tobacco whilst an in-patient and adherence to the Trust's smoke free policy.

The Trust is aligned to supporting the ambition and culture needs to change which will be challenging. The aim is not to cause unnecessary resistance whilst meeting compliance, the implementation science will support the ambition. There is confusion in relation to the meaning of smoke free, this can be misconstrued as moving the location of where you can smoke away from Trust premises rather than supporting individuals to stop. The Trust has invested in the smoke free agenda from the onset, having resource in place was an advantage to support the Integrated Care System (ICS) QUIT Programme business case and ensuring mental health had an advocate. A new clinical team will support delivery of a five year work programme.

The Trust will implement a "test for change" project during 2020. Any patient admitted to a specialist mental health settings will be offered e-cigarettes during their stay. Ms Leahy added there is a significant increase in negative press for vaping. NHS England routinely published evidence and Public Health England publish updates on a regular basis. She added the United Kingdom (UK) is regulated differently from United States of America (USA) where the incidents have taken place. The Board are asked to support the on-going programme and recognise the Trust is leading in this area across the city and have been supported by Sheffield City Council.

Dr Hunter reported the initial ICS plans did not have a strong link into mental health the Trust, working in collaboration with Public Health, challenged this. In relation to a recent media article on vaping and a death, an email has been cascaded to members with a number of the key facts. Dr Hunter confirmed this message has also been uploaded to social media.

Mr Mill asked if there is a reason why usage is high for mental health services. Ms Leahy responded, culture is a factor across in-patient wards, peer pressure and deprivation can be attributed. Support mechanism in the past have not been robust. Dr Hunter added smoking is a further marker for marginalisation and discrimination, in reality smoking kills 50% of smokers, the business model in the tobacco industry is reliant on recruitment of new smokers.

Mrs Keene, asked If there was evidence to suggest smoking is a relaxant. She was mindful this continues to be a challenge, noting episodes of service users smoking on Stanage and Maple Wards were picked up by the Care Quality Commission (CQC) and asked if this is achievable. Dr Hunter responded, there is no evidence to suggest smoking is relaxing, it causes anxiety and raises the heart rate. In relation to CQC, the narrative through engagement was, the Trust were adopting a smoke free policy. The current position is there is a direction of travel which is a long complex journey. Ms Leahy added all wards are include and engaged, introduction of e-cigarettes has had a positive impact. All staff are receiving training.

Mr Wilson recognised Ms Leahy's passion and tenacity for pursuing this project. The key message to stopping smoking should be the discrepancy of life expectancy which is significant. He asked if there was more Board could do. Ms. Leahy responded, this is everybody's business, hearts and minds were being won and there are a number of events planned.

	<p>Prof Stone was encouraged to see the development of vaping and stopping tobacco smoking. It was noted that the agenda is to shift culture. He welcomed the assertive approach.</p> <p>Ms Lightbown, responded to Mr Mills question in relation to high rates of smokers in mental health services, there are a number of beliefs and myths in relation to the effects of tobacco, linked to relaxation, not dissimilar to use of cannabis, it relates to managing symptoms, the evidence is counter intuitive. Training and understanding is key.</p> <p>Board received and noted the update, the Chair suggested an update in six months.</p>	<p>MH (B/F BoD April 2020)</p>
<p>5/11/19</p>	<p>a. Social Media Approach 2019-2020 Members received a revised proposal of the Trust Social Media approach for approval.</p> <p>Mr Easthope reported the aim is to move away from strategy to align with the values, focusing on a positive narrative and tone. Originally presented to Board in April 2019, there has been significant engagement, and noted Prof Stone's contribution.</p> <p>Ms Cubitt noted the Board had previously raised a number of concerns, including: the acknowledgement of the risks of using social media in a mental health trust; they felt it did not reflect the reality of the Trust or openness of service user experience. In developing this approach all staff have access to social media and encouraged to use it. The Social Media Policy has been revised and a new website is in development. The document is now a guide to how social media is approached. The communications team will use and champion this approach, mindful social media is moving at pace. The Trust is ambitious in its approach to a good quality of care.</p> <p>The Chair noted she has seen a stepped change in media management at the Trust. The advice and guidance from the communications team has been well received.</p> <p>Mr Mills noted the approach is dynamic, he asked if it is being rolled out across the Trust, or whether the communications team is the central hub. Ms Cubitt responded, it will depend on the situation, a pragmatic approach has been taken, she used an example from Listening into Action (LiA) asking senior leaders to share examples of good leadership and show authenticity, they are being encouraged to use their own social media platforms and tag the Trust. Any team/service wishing to explore their own platforms will be directed to the communications team in the first instance, to share the corporate approach. There may be instances where a separate approach is of benefit.</p> <p>Mrs Keene noted she was aware of one mental health Trust who used social media positively for peer networks and asked if this approach was being taken. Ms Cubitt responded, she would welcome individual accounts used for professional networking, she noted her previous trust had used social media to a greater level.</p> <p>Prof Stone believed informally, peer networks exist and can apply a degree of pressure. He thanked Ms Cubitt for the approach that has been taken, the flexibility and dynamism is refreshing.</p> <p>Mr Wilson, welcomed the approach, mindful that until recently the Trust did not have a social media approach, there are now five well established "traditional" media channels, and new initiatives developing at pace. Ms Cubitt noted the team continue to horizon scan, identifying the media used by stakeholders and service users.</p> <p>The Chair recalled a recent issue and asked if there was an approach to</p>	

	<p>responding to something that is clearly untrue, mindful also the impact this has on staff, she asked if there were any guidelines. Ms Cubitt believed responses could on occasions be more assertive, they are assessed on a case by case basis and suggested inclusion of legal advice, if it was deemed necessary. The Chair would hope the Trust would offer supported in these instances.</p> <p>The Board received and approved the approach.</p> <p>b) Trust Visual Identify - Strapline Members received for approval a proposal to adopt a Trust strapline.</p> <p>Mr Easthope reported members will be aware there has been Trust engagement to refresh branding and marketing, 95% of those surveyed believed the Trust should adopt a strapline. The Executive Directors' Group (EDG) received and discussed a number of options and are in support of adopting a strapline. The recommendation to Board is "Proud to care for Sheffield".</p> <p>The Chair asked how many staff responded. Ms Cubitt reported a total of 250 responded to the consultation, and 95% of those are in support of a strapline.</p> <p>Mrs Keene, was in support of a strapline and asked what the options were, she believed "Sheffield" and "care" were important, but has reservations on "to care for" she believed this is paternalistic, and not empowering for a mental health trust. Dr Hunter responded, a small number of specialist services are not primarily focusing on those living in Sheffield and for inclusion "to care in" and "to care for" were considered.</p> <p>Mr Mills reported the strapline had not resonated with him, and asked whether it is trialled in the first instance. Ms Smith noted she was unsure and would like to see the alternatives. Ms Cubitt responded she would circulate the options, noting this was the most popular.</p> <p>The Chair noted members comments and asked if there was a consensus to accept the strapline "Proud to Care in Sheffield" Members were in support of this proposal.</p>	PE/HC
6/11/19	<p>Primary Care Mental Health Update Transformation Programme Presentation Members received an update on the Primary Care Mental Health Transformation Programme.</p> <p>Dr Goudie reported this update is contextualised in relation to the Mental Health Implementation Plan and the Community Mental Health Framework, both published after the submission of the bid in July 2019.</p> <p>The Trust was successful in becoming one of the twelve National implementer sites delivering a new multi disciplinary approach for community and primary care mental health to the networks in Sheffield. The investment of £2.49m is funded through national allocation, in NHS Sheffield Clinical Commissioning Group (NHSSCCG) baseline. The pilot will involve four of the networks.</p> <p>Serious mental illness (SMI) was identified as a gap in the Five Year Forward View. The Long Term Plan includes support for children and young people to access mental health services, Sheffield will recruit a team of forty to delivery directly into education facilities. The Trust will provide community mental health support for people with SMI, delivered using new integrated models. The aim by 2023/4 is for all Integrated Care Systems (ICS) to deliver specialist mental health services in primary care.</p> <p>Key areas for delivery include; physical health checks, screening and intervention. A challenge will be recruitment to posts. The Trust will work with Sheffield University to accelerate new roles eg: Psychologist Associates, a one-year</p>	

apprenticeship programme to Masters level.

The Trust will support assessment and intervention at network level, a new role of Primary Care First Responders will be created, increase in Psychological workforce and Mental Health Pharmacy. One third of the bid will be used to support the third sector working into recovery teams, peer navigation, advocacy and educational support. The model will test effectiveness at both network and Place level.

Mr Clarke noted the programme is a fundamental shift in how services are delivered. The front door to mental health is currently the Single Point of Access (SPA), the aim is to delivery at primary care level, therefore alleviating pressure at SPA. There will also be an opportunity to review the recovery teams, currently in secondary care. The Long-Term Plan will be discussed in the Confidential session of Board.

Mr Mills, noted his confusion in relation to the connectivity of this programme with the Trust's strategic direction for community services, mindful of the on-going issues following Community Mental Health Teams (CMHT) reconfiguration, and the independent review to be undertaken by the School of Health and Related Research (SchARR). He asked if there will be alignment of the streams.

Dr Goudie responded, the bid was submitted as a system wide agreement, NHS England then published a critic of community mental health teams, which have not changed significantly over the last thirty years, services across the country vary greatly. All Trusts will need to work towards the Community Health Framework by 2023/4. Mr Clarke added there will be connectivity, which needs to be articulate.

Mrs Keene asked if the national framework aligns to the Trust structure, or whether a further review of CMHT's is required to meet future best practice, new services need to be sustainable and serious consideration to staff wellbeing. The Chair added, if it is the case that there may be any perception this is not part of the SPA offer, the Board will be concerned, she asked if a further review will need to be undertaken. Dr Goudie responded, a review would be required. The Chair asked Dr Hunter for his medical opinion. He responded, the NHSE guidelines for community care pathways are aligning to evidence based, there is opportunity to take a pathway approach, whilst ensuring stability and maintenance of staff morale and functionality of services, he recognised this will be a challenge. The Chair asked Ms Lightbown for her opinion from a nursing perspective, Ms Lightbown believed changes will be necessary.

Ms Smith would be seeking assurance that staff are engaged in any review, mindful of the on-going collective dispute and high sickness. A very carefully thought out plan will be required. The Chair added the Board also need to be engaged and kept up to date with process. Mr. Clarke responded, the Board received details of the Trust's bid submission for the SMI monies. In relation to the CMHT reconfiguration, the Board supported the proposal for reconfiguration many years ago, he acknowledged there is learning from the way in which operations implemented the plan. He has personally met and discussed this with staff. He added an additional £700k has been invested into community.

The implementation plan will require careful consideration, the Joint Consultative Forum (JCF) will be a platform to open discussion with Staffside. They will be invited to join the working group. Staff within the community teams have also been invited. Nationally demand cannot be managed, therefore radical measures are required. It was felt that mental health has been underfunded by Commissioners for a period. The learning will be taken for this project, specifically in relation to engagement, consultation and implementation.

Mr Mills believed this is opportunity to reframe the agenda, and take a positive approach, the Board supported the reconfiguration, with the best intentions and where led to believe services would be improved, there continue to be issues from

	<p>implementation. The Chair believed a strong and transparent communication to staff is required.</p> <p>Mr Mills asked if the care pathway is a fundamental change to the current model. Dr Hunter responded the difference is between structural and functional characteristics. Planning and articulation will be key to assurance. There is a stepped journey from centralised referral management and assessment function to a more devolved network level of referral management. This is a positive move in relation to service user experience. A personal view is that there has been an over emphasis of operational change aspect and under emphasised development and quality improvement aspect.</p> <p>It was noted that there is a need to see the big picture and to understand the next development. The challenge in the next steps will be to return to fundamentals and work with staff and service user on the next phase.</p> <p>The Chair asked for a session for Board to be fully appraised of the next steps.</p>	CC (B/F Bod Dev Dec 19)
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Performance Management		
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7/11/19	<p>Service Performance Dashboard for the period ending 30 September 2019 Members received the Performance Dashboard for period ending 30 September 2019.</p> <p>Ms Smith referenced Section 2.1.3 Eliminating Mixed Sex Accommodation (EMSA) breaches, and noted there has been a number of breaches during August and September and asked when Board might receive assurance. Mr Easthope responded, EMSA is being risk managed on the in-patient wards, the position is interim, whilst Acute Care Modernisation (ACM) Phase 2 reconfiguration progresses, compliance is reported to Quality Assurance Committee (QAC). Mr. Clarke added on admission services users are asked a number of questions in relation to preferences from a safety perspective, EMSA breaches occur when gender ratio becomes unbalanced. Mrs Keene asked for clarity on the number of breaches, she believed a report to QAC had indicated a higher total. She was mindful a stable position had been reached recently, but breaches are becoming more frequent, she asked this is expected to continue, and whether further options need to be explored.</p> <p>Mrs Stanley raised the wider issue of bed management and the reported breaches of EMSA, use of Detox beds, an increase in use of out of town placements and 136 Suite etc. When reading across a number of reports, there appears to be a lack of capacity to manage the bed stock. Mr Clarke responded by saying that the situation has been challenging over the recent months and demand for services has risen significantly. The crisis service does not operate 24/7, which puts additional pressure on community services, this impacts on in-patients as more people are requiring admission and their length of stay longer, which needs to be managed down. He added Board have been updated on out of town placements and the necessity on occasions to use this facility. The demand on services is exceeding predictions, Liaison has seen a 40% increase. He was also mindful the Acute Care Modernisation (ACM) Phase 2 plans for Longley site are finalised with a fixed number of beds.</p> <p>Dr Hunter reported length of stay determines the overall pressure and expansion in the system, with interconnected elements. The length of stay on acute in-patient wards has risen slightly, the PICU length of stay has reduced significantly. The length of stay has also increased in rehabilitation services, this an exit point for many service users, particularly supporting those with complex needs to step down to more rehabilitative environments, a blockage here has a knock-on effect. There is the complexity of demand, functionality and efficiency of community services. He was mindful of the recent media statement in relation to lack of mental health beds. A focus on bed stock and the contributing factors is required to understand the interfaces and systemic issues. The new performance and quality framework will</p>	
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	<p>include community experience. He proposed an analysis of the assumed interface issues and a “deep dive” to report to the Executive Directors’ Group and Quality Assurance Committee and share with Board of Directors.</p> <p>Mrs Stanley welcomed the addition of community data to inform performance measures. In relation to the ACM2 plans, she would be seeking assurance of the and future proofing and that the bed numbers are sustainable long term. It was noted that the new design being single sex wards has more flexibility, and includes an additional five beds that can be utilised to manage flow at busier times. The data analysis suggests the bed stock is the right capacity. Bed management over the next two to three-year period during the building phase requires careful management and for community to underpin this.</p> <p>Mr Mills asked if a breakdown of postcodes can be included in the analysis for EDG and QAC, to determine whether additional community investment is required in specific areas. Ms Lightbown believed the data is currently analysed anecdotally rather than systematically. Under the new national Mental Health Optimal Staffing Tool (MHOST), trusts will conduct a survey over a 20 day period to gather information on acuity and dependency to inform a patient profile, this will be undertaken bi-annually. A conference is planned with mental health providers to launch the tool and guidance. Internally Ms Sue Walsh, Consultant Clinical Psychologist, Acute Care has been commissioned to look at the shift and demand and presentation prior to implementation of MHOST. There has been a significant rise across the North East in the number of presentations of illicit substance misuse, and the impact on behaviours increasing levels of aggression and violence, the outcome of the review will be fed into clinical services.</p> <p>The Chair wished to commission a consolidated assurance report for December 2019, given the headlines shared, the breaches of EMSA, use of Detox beds, out of area, use of S136, the unprecedented levels of demand etc. The report should highlight assures and risks. Mr Clarke agreed to lead this piece of work.</p> <p>Prof Stone noted the data on Social inclusion (Pg 16) had not configured accurately. Mr Easthope agreed to recirculate the information.</p> <p>Prof Stone noted he understood clustering and asked for further clarity and reference to each cluster. Ms Lightbown agreed to produce a key.</p> <p>Board received and noted the update</p>	<p>MH/CC (timescales tbc)</p> <p>PE</p> <p>CC (B/F BOD Dec 2019)</p> <p>PE</p> <p>LL</p>
<p>8/11/19</p>	<p>Safer Staffing for period ending 30 September 2019 Members received the Safer Staffing Report for the period ending 30 September 2019 for information.</p> <p>The Chair noted how this item linked with other agenda items and she asked Mr Clarke to ensure information is included in the commissioned report for Board.</p> <p>Ms Lightbown advised the Systems and Workforce Information Manager is now in post. The Board were also advised the safer staffing data and narrative will integrate into the performance report. It was noted that the report would be crafted to include assurance and risks.</p> <p>Board received and noted the update.</p>	
<p>9/11/19</p>	<p>Deep Dive – Sickness Absence Members received a sickness absence “Deep Dive” report for information.</p> <p>Mr Wilson reported the Executive Directors’ Group (EDG) and Workforce and Organisation Development Committee (WODC) received the report prior to Board. A comprehensive focused on past and future actions and approaches. Progress has been made in a number of areas, including support offered to staff and line</p>	

managers, the introduction of absence workbooks. The Health and Safety Executive published data for stress related absence is 57%, the Trust are reporting 40%. The Musculoskeletal (MSK) absence, currently 10%, has decreased significantly, this can be attributed to access to Physio Med. The new policy will launch January 2020. Mr Wilson will hold monthly staff meetings to support staff and managers. Multiple data sources will be used to triangulate reports eg: absence, complaints, incidents and grievances.

Mrs Keene noted the level for stress was highlighted, but she could not see any initiatives in the action plan for managing or supporting stress. Mr Wilson advised that a number of existing stress related tools and policies are already in place. From a staff perspective there is access to a stepped care model upto level 4 for complex cases, supported by Workplace Wellbeing Service. The Chair asked if there are any early warning signs to identify stress. Mr Wilson responded, the HR Advisers and Business Partners attend clinical operations meetings.

Prof Stone whilst mindful of Occupational Health, Work Place Wellbeing and Counselling may be available, they may not meet the needs of all staff off work with stress related problems.

Mrs Stanley noted the additional support for managers around the return to work interviews, which could be a forum for the early warning trigger questions and enable managers to ask these questions. The Trust has noted the current status of the return to work interviews, and a review to streamline may be beneficial.

The Chair noted the report was helpful and contained a lot of information. It was suggested there should be a read across and systemic next steps, which are not clear in the paper. Mr Clarke, added a number of initiatives had been introduced, the current Listening into Action (LiA) Crowd fixing, which does have a knock-on effect. The Chair added a number of key points included good management, job satisfaction and workload. Mr Wilson added there are pockets of positivity eg IAPT.

Ms Lightbown noted from her perspective a deep dive would focus on comparisons, between a team with a high rate verses one with a low rate. The Board noted that the Bullying and Harassment Group are identifying themes. There is a requirement to "up skill" whilst moving into further transformation, and new managers in post.

The Board received and noted the report.

Governance

10/11/19

Guardian of Safe Working Report (Quarter 2)

Members received the Guardian of Safe Working (GOSW) Report for Quarter 2 for information and assurance.

Dr Hunter reported the report contained no areas of concern. It was noted that Dr Atter will attend Board to deliver an annual report, and will address concerns raised through the reported quarter. The report does not include the experiential elements, specifically the thinking of how Junior Doctors may be supported during day shifts and over the weekend period. The feedback from trainees is positive and they report they are listened to and supported to ensure work/life balance. To note medical workforce has low sickness.

Mrs Keene noted the report was difficult to read. She asked for clarity on the survey referenced and low uptake and whether she should be concerned. Dr Hunter responded the survey is optional, the returns identify time worked out of hours, and a remuneration formula applied for fairness. The survey will run again in November 2019, and trainees will be encouraged to complete it.

The Chair, mindful the GOSW reports on medical workforce and is a regulatory requirement, asked if nursing workforce was monitored in the same way, and if not

	<p>why. Ms Lightbown responded, additional hours are recorded on E-rostering in line with EU Working Time Directive, she was not aware there is a breakdown of the data. Mr Wilson, noted there are a number of questions in the staff survey relating to contracted and worked hours.</p> <p>The Board received and were assured by the report.</p>	
<p>11/11/19</p>	<p>Senior Information Risk Owner (SIRO) Annual Report Members received the Senior Information Risk Owner (SIRO) Annual Report for assurance and information.</p> <p>Mr Easthope reported from an information governance perspective the report has been on a journey over the last eighteen months, governance is more embedded in the Trust, through structure and information flow through to committee structures.</p> <p>The report gives a broad-spectrum view of information governance, (IG) a number of improvement areas have been identified and work has commenced on the 2019 Internal Audit for Data Security and Protection Toolkit (DSTP), in alignment with the General Data Protection Regulation (GDPR) implementation plan. He noted the training target for IG Training is 95% and compared this with the when compared with clinical safety training target at 80%. The aim to achieve 80% without compromising clinical training.</p> <p>Mrs Stanley, noted the report covers the period 2018/19 and that the committee reporting arrangements had been reviewed. The SIRO report will, in future report into ARC. She believed the ICS could support and assist in the development of this agenda.</p> <p>Mr Mills on reviewing the RAG rating noted GDPR as a weak area and asked for further assurance. Mr Easthope added the standards have seen a stepped change through 2019, and expected to change further into 202/21.</p> <p>The Board received and were assured of the report.</p>	
<p>12/11/19</p>	<p>a) Register of Interests, Hospitality, Sponsorship and Gifts Members received a revised Register of Interests, Hospitality, Sponsorship and Gifts report.</p> <p>Mr Easthope reported ARC received and scrutinised a revised register at its meeting in October 2019. Mrs Stanley confirmed ARC is now assured by the process and in receipt of a complete register. ARC will receive the complete register on an annual basis. Ms Dentith reminded members to ensure their Fit and Proper Persons data held on file is up to date.</p> <p>The Board received and were assured by the report.</p> <p>b) Leave of Absence for Non-Executive Director during Parliamentary Campaign Members received a report in relation to the Leave of Absence for a Non Executive Director during Parliamentary campaign.</p> <p>Mr Easthope reported Cllr Blake informed the Chair she is standing in the forthcoming parliamentary election, this creates a conflict and interest and having sought legal advice, Cllr Blake has taken a leave of absence.</p> <p>Ms Dentith added, this also cross references the Purdah requirements in the period of pre-election.</p> <p>The Board received and noted the report.</p>	

13/11/19	<p>SHSC Corporate Calendar 2020 Members received the Corporate Calendar for 2020 for information and approval.</p> <p>Mr Easthope reported the Board made a decision in 2017, to reduce the number of business meetings to nine, utilising January, June and August dates as protected time for Board Development, to date an extra ordinary meeting has taken place each June, therefore it is proposed to reinstate a business meeting in June 2020, and review prior to 2021.</p> <p>The Chair will discuss with Ms Rita Evans, Director of Organisation Development a programme for Board Development.</p> <p>Mr Mills reported Finance & Performance Committee (FPC) and Quality Assurance Committee (QAC) have traditionally been held on the same day, QAC have altered their meeting dates in June and August to avoid school holidays. Mr Mills agreed to look at the feasibility of aligning FPC to the new QAC dates.</p> <p>The Board received and approved the proposal. <i>Post Meeting Note, the FPC dates remain as per the schedule. (RM)</i></p>	
Board Stakeholder Relations & Partnerships		
14/11/19	<p>Chair's Update The Chair reported she had did not have an update for open session</p>	
15/11/19	<p>Governor & Membership Matters Members received the Governor and Membership Update for information.</p>	
Executive Management Updates		
16/11/19	<p>Interim Chief Executive's Verbal Update</p> <p><u>University Hospital Association</u> Dr Hunter reported the Trust's application has been successful and only the third mental health trust, a well functioning Research and Development portfolio strengthened the application. There will be a joint communication in due course.</p> <p><u>Director of Corporate Governance (Board Secretary)</u> Mr Easthope reported the recruitment is at shortlisting stage, and interviews scheduled for Friday 22 November 2019. The recruitment agency are sourcing perspective candidates to cover the interim position up to 31 March 2020. Ms Dentith attending Board today, is providing Governance Consultant support undertaking a specific project.</p> <p><u>Bailiffs (Enforcement Notice)</u> Mr Easthope reported the case was heard in Court and the Judge ruled in the Trust's favour, the service user has been given 21 days to appeal. Mr Mills asked if the actions and behaviour of the bailiffs has been challenged. Mr Easthope responded, to date, this has not been taken forward.</p> <p><u>Flooding</u> Mr Mills asked if the flooding has been problematic. Mr Easthope responded from an emergency planning and communication perspective there is nothing untoward to report. He believed there are a number of staff personally affected, welfare and support will be offered where appropriate. Mr Mills suggested recording the event on personnel files, noting there is evidence to suggest the effects of trauma may take up to a year emerge.</p>	
Papers for Information and Assurance		
17/11/19	<p>Mortality Report (Quarter 1) Members received the Mortality Report for Quarter 1 for information.</p> <p>Dr Hunter assured members a robust discussion on learning was held in QAC.</p>	

18/11/19	<p>Associate Mental Health Act Managers (AMHAM) Report (Quarter 2) Members received the Quarter 2 Associate Mental Health Act Managers (AMHAM) Report for information and assurance.</p>	
19/11/19	<p>Board Committees – Significant Issues Reports:</p> <p>a. Audit and Risk Committee (ARC) Members received the minutes from the meeting held 16 July 2019 and the Significant Issues Report from the meeting held 15 October 2019.</p> <p>Mrs Stanley reported committee received the Phase 1 report from Internal Audit, there has been a slip in completion rate against audit recommendations. The current return is 65% against a target of 75%. Meeting target is an integral part to their opinion and rating of the Trust.</p> <p>Mrs Stanley reported Emergency Planning (EU Exit) returns at the time of ARC were daily. The Trust are working within the guidance issued by NHS E / I.</p> <p>b. Quality Assurance Committee (QAC) Members received the minutes of the meeting held 23 September 2019 and the Significant Issues Report from the meeting held 21 October 2019.</p> <p>Mrs Keene reported committee continue to have concerns in relation to the “joint” work on the Care Quality Commission (CQC) action, she noted Estates was mentioned on a number of occasions, there was triangulation as Estates was also referenced by the Service User Safety Group, (Glassworks, risk assessment, completion of routine work).</p> <p>Committee have asked for an analysis of the areas in the staff survey specifically linked to quality and safety, there does not appear to be an action plan. The Chair asked who was the lead for the staff survey and whether Board were presented with the results from 2018. Mr Clarke responded the staff survey sits within Human Resources and Mr Wilson is the executive lead. The analysis of the survey can cross a number of directorates and Mr Wilson should be approached in the first instance. Ms Smith added WODC have the oversight of the whole survey results. She is of the understanding that EDG made the decision not to have an action plan, adding the CQC will require a narrative to each of the elements of the survey</p> <p>Mr Easthope reported Board received a report of the key findings from the survey in April 2019.</p> <p>Dr Hunter reported Estates has been disused in two different senses, firstly timely completion of the quality and safety projects and environmental risk assessment linked to Health and Safety at Work. Mr Wilson reported committee will receive an update on Health and Safety at its next meeting. Mr Easthope reported EDG have discussed Estates, he was aware there have been a number of issues in relation to completion of work, an attributed this in parts to procurement processes, which could have been timelier. There has been instances where the completion of estates work cannot progress due to requests for changes in design by clinical operations. There is learning from the business planning process. Mrs Keene would like to be assured the outcomes are evaluated and plans to meet them. Mr Mills added the LiA Champions event he had attended highlighted responsiveness and timely completion of estates was as a concern. Mr Easthope responded Ms Payne, Director of Estates & Facilities is engaged with LiA and working with and prioritising requests. Dr Hunter added this materialises into short comings from both Estates and Clinical Operations, and the need to work collaboratively.</p>	

	<p>c. Finance, Information & Performance Committee (FIPC) Members received the Significant Issues Report from the meeting held 21 October 2019 and the Revised Terms of Reference.</p> <p>Mr Mills reported committee were assured of the financial position. Committee approved the Level 3 business care for the nurse call alarm system, this is an outstanding CQC action. The expenditure is significant and aligns to the systems on current wards. Committee received an update on the Trust Estates Strategy and believed it was right approach for the Trust, there are a number of elements that require careful planning and timing.</p> <p>The Terms of Reference for the committee have been revised, and presented to Board for approval. A minor amendment was noted and would be actioned. With this amendment Board approved the revised FPC Terms of Reference</p> <p>d. Workforce and Organisation Development Committee (WODC) Members received the minutes from the meeting held on 24 July 2019 and the Significant Issues Report from the meeting held 5 November 2019.</p> <p>Ms Smith reported committee received a number of papers that have implications for the Trust Strategy, and were advised key performance indicators are integral. Committee sought assurance the new strategy takes in to account the external strategies and aligns, using common language, collaborative thinking, as well as pace and ambition. Committee will receive the Draft Workforce Strategy in due course. Committee believed a number of papers were not as data rich as expected, lacking progress judgement, and descriptive in relation to process. Committee received and were assured by the Health and Safety Report, and action plan to address significant gaps in the risk assessment process. A progress update on uptake of the survey was shared with committee, and a request from committee to share the next steps with Board.</p>	
20/11/19	<p>Any Other Urgent Business No Other Business was discussed.</p>	
21/11/19	<p>Interim Chief Executive's Announcement of Confidential Business <i>In the interest of probity the Interim Chief Executive announced the commencement of confidential business in accordance with the published agenda</i></p>	
22/11/19	<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 were 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 Board of Directors meeting
Wednesday 11 December 2019 at 10am
Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road,
Sheffield, S10 3TH

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