

# Board of Directors - Open

Minutes of the 125<sup>th</sup> Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 9 October 2019, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

## 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. Cllr Olivia Blake, Non-Executive Director
7. Prof. Brendan Stone, Associate Non-Executive Director
8. Mr. Clive Clarke, Interim Chief Executive
9. Mr. Phillip Easthope, Deputy Chief Executive/ Executive Director of Finance
10. Dr. Mike Hunter, Executive Medical Director

## In Attendance:

11. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
12. Mr. Dean Wilson, Director of Human Resources
13. Mrs. Sharon Sims, Personal Assistant to Interim Chief Executive (Minutes)
14. Dr Jane Barton, Clinical Lead, Listening into Action (Staff Story)
15. Ms. Debbie Creaser, Champion, Listening into Action (Staff Story)
16. Ms. Sue Sibbald, Champion, Listening into Action (Staff Story)
17. Ms. Nicola Shearstone, Senior Responsible Officer, Dementia Strategy, Sheffield City Council (Item 4)
18. Ms. Liz Tooke, Project Manager, Dementia Strategy, Sheffield City Council (Item 4)
19. Ms. Wendy Fowler, Freedom To Speak Up Guardian (Item 14)

## Apologies:

20. Ms. Liz Lightbown, Executive Director of Nursing and Professions

## Public:

Ms Holly Cubitt, Head of Communications  
Ms. Karen Jackson

## Item

### Staff Story - Listening into Action (LiA)

The Chair reminded members LiA is supporting organisation development across the Trust, Mr Clarke added the aims are to improve engagement and responsiveness and quality for service users.

Dr Barton, Ms Creaser and Ms Sibbald presented their experiences of implementing LiA since its introduction in March 2019. Poor results from recent staff surveys was the driver to use the LiA methodology and their tools to engage with and empower staff to create positive healthy environments with the aim of changing culture within teams and across the Trust.

### Key areas from the Presentation

- Pulse Check undertaken in March 2019, feedback on Trust leadership was poor and a number of themes emerged to take forward

- Establishment of the Sponsor Group from May 2019
- Engagement with teams, identify champions to support and deliver change
- A theme from the pulse check related to visibility and engagement of leaders at the frontline. The executive have visited and spent time with clinical teams, quarterly leadership events have been established and once a month the Executive Directors Group weekly meeting will be held away from Trust headquarters, with an open session on the agenda “Meet the Execs”.
- Improving communication networks; monthly team brief delivered by managers, staff only Facebook page and staff access to social media apps.
- Corporate Services; establishment of a HR Helpline, IMST outreach to identify and remedy issues.
- Behaviours and values will be a significant piece of work, the first area of focus has been bullying and harassment, the Trust has signed up to Alliance Against Bullying, a Social Partnership Forum. A number of workshops have been held focused on process and policy.
- “Thank You” campaign, postcards designed to be written and sent.
- Estates and facilities improvement “quick fix and eyesore” campaign
- Training and development programmes, career development for Bands 1 to 4.
- Staff support, wellbeing and therapeutic activity for teams.

The next steps include working on current themes whilst introducing new ones, there is a feeling of positivity and change, teams are requiring more support than initially indicated by LiA team. Challenges, scepticism and negativity and in some areas hostility remain in relation to the concept of LiA and further engagement is required with all teams and specific staff group.

The Sponsor Group is a diverse group and continues to grow and members support each other. Ms Sibbald and Ms Creaser gave personal accounts of their LiA experience.

The Chair thanked the team for their presentation.

Prof Stone asked how, as a team they cope with hearing negativity and challenge. Dr Barton responded, a number of these came from the pulse check feedback, staff did not hold back in their responses. Experiences are shared in the Sponsor Group and skills developing within the team to respond to the negativity and feedback confidently to the source.

Ms Smith asked if LIA was part of a wider change management programme. Dr Barton responded through LiA, teams have identified areas for improvement and they have been signposted to the Quality Improvement Team and Ms Evans, Director of Organisation Development. Mr Clarke added the Executive met with Ms Evans to draft their priorities in relation to organisational change and culture. Dr Hunter believed discussion on quality of care, development of people and the ambition to achieve “good” should support and inform the Trust strategy.

Ms Smith noting the scepticism and cynicism in relation to culture and mindful this will take time, and communication will be a key factor, asked how developed this was. Ms Cubitt responded, the Communications team are members of the sponsor group and spend time with LiA team developing the next steps and exploring the best ways to engage and communicate key messages. Ms Smith asked if the key messages could be shared with the Non- Executive Directors to enable them to promote LiA.

Mrs Keene noting the team are at the forefront of trying to influence change and culture, despite a degree of the challenge and resistance, asked if there are areas that have been challenging and whether they require a different approach. Dr Barton responded there are two areas where engagement has been a challenge, firstly the clinical teams who have recently undergone organisational change, secondly the tier of senior middle management, she added progress is slow and will take time.

Mr Mills believed the Board need to own and be part of LiA, he wished to understand how the LiA process worked, the presentation referenced “Estates fixes”, he was not aware there were any issues with Estates and asked if he could be updated on how have they been resolved and what does that say about Trust process. Dr Barton responded, the results from the pulse check were shared across the Trust for all to see, which was an important part of the process, she believed individuals took accountability and ownership.

Cllr Blake recognised the efforts required to promote LiA, she was interested to learn more about those who felt they are not able to act and whether there were themes emerging; and if the Non-Executive Directors

(NED) could do more. Dr Barton responded the themes are broad, the next champions event is scheduled for the afternoon of Monday 15 October 2019 and they will feedback on the current focus of wellbeing and therapeutic activity in their teams. There is a culture of multiple layers of decision making, teams/services have budgets and budget holders should be taking ownership of their budget eg: if a fan is required or microwave broken, then requisition one.

The Chair asked whether Dr Barton has the resource to undertake the project. Dr Barton responded as projects develops there is a requirement for additional sustainable resources within specific areas, she used the example of the HR Helpline and dedicated resource within the department for this to continue, LIA also take up a lot of the Communications team time. Discussions are being held for recurrent resource.

The Chair asked how NEDS can be engaged; Dr Barton suggested by endorsing and supporting the campaigns, attend events and tweet. Support for the senior middle management group, and their concerns in releasing staff to attend champion events and the impact of this on clinical services. The next campaign will focus on actions for senior leaders, asking them to share one thing they have achieved since LiA started. The original sign up was for one year of the programme, the questions to be asked is what next from April 2020, Dr Barton believed a further year would be beneficial.

Ref	Item	Action
	<p><b>Welcome &amp; Apologies:</b> The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies were noted and the meeting was quorate.</p>	
1/10/19	<p><b>Declarations of Interest:</b> Cllr Blake declared an interest in issues relating to the Trust's Partnership Agreement with the Local Authority and the Joint Commissioning Board. Prof Stone noted he was a Director of the board of Sheffield Flourish, a mental health charity. It was determined the items on the agenda were non pecuniary and would not require Cllr. Blake or Prof. Stone to leave the meeting. No further declarations were made.</p>	
2/10/19	<p><b>Minutes of the Board of Directors meeting held on 11 September 2019</b> The minutes of the Open Board of Directors' meeting held on 11 September 2019 were agreed as an accurate record.</p> <p><u>Clarification of Minute 4/9/19 Shaping Sheffield Plan (P3 para 3)</u> For clarity Dr Hunter believed the networks to support the Health and Well Being Board and the Shaping Sheffield Plan are in an evolving state.....</p> <p><u>Amendment to Minute 20a/9/19 Board Committees Audit &amp; Risk Committee</u> Mrs Stanley reported in relation to the Freedom to Speak Up Biennial Report, the committee received assurance of visibility, however it did not receive assurance regarding reporting, feedback to staff and how the Trust is demonstrating listening.</p>	
3/10/19	<p><b>Matters Arising &amp; Action Log</b> Members reviewed and updated the action log accordingly.</p>	
<b>Strategy</b>		
4/10/19	<p><b>Sheffield Dementia Strategy Commitments</b> Members received a progress update and a report, detailing commitments to support the Dementia Strategy, Board is asked to support the commitments in collaboration with partner organisations.</p> <p>Mr Clarke reported following presentation of the Strategy to Board in February 2019, engagement and consultation events have been held across the city and with partner organisations, to note Dr Peter Bowie, Clinical Director for Operations and Mr Anthony Bainbridge, Deputy Chief Nurse (Operations) are the Trust representatives.</p>	

Ms Shearstone reported progress to date includes conclusion of consultation process which involved staff, service users and carers. Overall there is good support for the strategy, mindful of the size of the strategy, a number of events were held with service users and carers to look at key priorities and specific working groups will be established to progress each commitment. Through this process, work has progressed to develop services which will align with the strategy including post diagnosis engagement, memory clinic, primary care and community services. Working with Mental Health Action Alliance to build dementia friendly communities, and additional training for frontline staff from Age UK. Early Onset Dementia requires review as the Alzheimer Society does not wish to continue working in this area.

The next steps are implementation, the steering group meet monthly and working groups will be established to progress actions, a challenge group will be formed to work alongside the steering group.

Mrs Stanley, believed the strategy has progressed and appears more robust and embellished, she noted her interest in joining the challenge group. In relation to the action log she had a number of comments on three key areas. Firstly in relation to dementia sufferers, the common factor is they are older, meaning carers are often aged, therefore in refining and crafting the strategy the needs of this vulnerable group need to be taken into account.

Secondly in relation to co-ordination of information she noted the need for a system to ensure all organisations contribute, she believed this is currently fragmented and pulling it all together will be challenging.

Thirdly she believed there was a challenge in relation to the communication channels; she asked if all organisations were signed up to the dementia brand. She used the helpline as an example and believed a generic name across all organisations was required as there are currently many variables.

Ms Shearstone responded, from a carers perspective, the Local Authority commission and are leading this agenda, working closely with Sheffield Carers Centre, they are a key priority. In relation to co-ordination and contribution, all organisations are represented on the Implementation Group and working groups. A proactive approach is being taken in relation to communication from early onset and post diagnosis stage, how this is achieved is an action for the working groups. Ms Tooke added the dementia pathway to signpost people to services will be developed in collaboration with carers. Mrs Stanley believed there was a void that could be explored further for the stages following diagnosis and before end of life care.

Ms Smith was more assured by the commitments, and asked if in developing the action plan there is clarity on targets. Ms Shearstone responded, other areas of work have included outcomes, she noted there is a lot of data available and to use this effectively in developing a dashboard. This will also be used to measure wellbeing, carers support, independence and engagement, which is recognised as a challenge.

Mrs Keene believed the strategy feels like a collaboration of a whole system, and is keen to see and know what success will look like and the wider impact will be for the Trust. She asked what the timelines were for the next stages. Ms Shearstone responded, the aim is to complete the commitment action plans with outcome measures by the end of 2019. She believed the wellbeing commitment will be more challenging. Mr Clarke suggested for governance process the action plan is received by Quality Assurance Committee (QAC), early 2020. The Chair agreed for QAC to receive the action plan in the first instance and report to Board through Significant Issues reporting. Ms Shearstone was mindful not all commitments would impact on the Trust.

	<p>Cllr Blake welcomed the engagement with carers, she was also mindful of the impact on carers choosing not to care anymore, which requires consideration in the action plan. She referenced commitments 11 and 12 and asked if these could be expanded to include therapeutic research.</p> <p>Dr Hunter, reported from a clinical perspective the Trust is engaged in diagnostic and end of life stages, there are questions in relation to who is carrying the care in the intervening periods. Within the city one in ten are believed to be a carer, and a high proportion of these have a mental health condition. The Trust is revising the Carers Strategy and will ensure it aligns to the city vision. Mrs Stanley believed support for a dementia carer requires a more assertive approach (age, vulnerability and burden on them), she did not believe this group would engage with support groups. Ms Shearstone responded there is a further commissioning project to review the agencies and support networks offering day care facilities and activities, with the inclusion of carers.</p> <p>The Board agreed to support the commitments.</p>	
<b>Performance Management</b>		
<p><b>5/10/19</b></p>	<p><b>Service Performance Dashboard for the period ending 31 August 2019</b> Members received the Performance Dashboard for period ending 31 August 2019 for information.</p> <p>Mr Easthope reported the Board was made aware of increased activity and requirement for out of area placements during August 2019. On reviewing the report, statistically it does not appear as challenging as the feedback indicated and something to reflect on. The feedback from ward level was the period in question was one of intense pressure and stress, challenges managing capacity and acuity resulted in an increase for out of town placements. Dr Hunter added the same picture emerges when reviewing the integrated data and the qualitative narrative. The out of town situation triangulates with a higher level of staff assaults, sickness and use of bank/agency staff, prior to the influx of substantive staff in September 2019.</p> <p>Mr Easthope reported the sickness data set had not been completed for the dashboard; he reported it is above target and remains a challenge.</p> <p>Mr Clarke added he had attended the Integrated Care System (ICS) Executive meeting in relation to community performance, Early Intervention Psychosis (EIP) and Increased Access to Psychological Therapies (IAPT), in Sheffield are green and achieving targets, he was mindful the current performance dashboard is in-patient focused; the aim is to include in-patient and community in the new framework. Dr Hunter added there is a strategic risk, increasingly funds to run services are from the ICS, and they are dash-boarding mental health as green and mental health is challenged. The Chair added the indicators are extremely limited. Mr Easthope responded, he has fed this back and suggested development of key performance indicators within South Yorkshire and Bassetlaw ICS, rather than referring to the national mandated framework.</p> <p>Ms Smith noted the dashboards included upper and lower indicators to monitor variances and asked if targets were applied. Mr Easthope responded the targets are not indicated in the present format and will be applied in the new framework.</p> <p>Dr Hunter added recording of performance over as period is the best way to manage improvement, not all areas have key performance indicators, therefore RAG rating is not appropriate. There is a possibility to include both when developing the new performance and quality framework, eg: narrative and RAG rating can be applied at each data point against historical performance and external frameworks. He noted there is an external framework for restraints the Trust benchmarks high average, which is a challenge.</p>	

The Chair asked for the position on the new framework and when integrated reporting will be available. Mr Easthope responded this project is a challenge and has been discussed by the Executive, through developing a new framework, there is the realisation that further investment is required in this area, he suggested a presentation on next steps to Board December 2019

PE (B/F BoD  
Dec 2019)

Mrs Keene welcomed the positive transparency, the triangulation of a number of factors including beds, acuity and staffing etc and the overview indicates the same story. Key to this is what next, she was mindful a number of workshops had taken place and asked if there is a sense this is an anomaly or whether the same period last year is similar and has the analysis identified a reason for the upturn. Mr Clarke responded there are leave periods through the year when the level of clinical and managerial leadership is significantly reduced which impacts on services and in some instances he believed decision making. Clinical Operations presented a proposal to EDG to build leadership capacity covering seven days. He used an example of the current system, that if a service user is admitted on a Friday, their intervention would not commence until the following Monday, the aim is to develop a smoother service. The Chair, mindful holiday periods occur every year asked how this cannot be managed.

Dr Hunter reported length of stay has increased slowly over the last year, compressing the system, a multitude of reasons including leadership connectivity between services, having a small acute in-patient system, which may not have the full network to be able to manage the consequences, there is a further question in relation to operational organisational change has not always been accompanied by an organisational development or quality improvement. A further cause and effect on pressures on in-patient services is a national phenomenon and the system has been challenged in an unprecedented way. His personal view in relation to correlation is that there is only a certain amount of austerity that can be experienced in people's lives and services to support them, and these effects are filtering through. In relation to services there has been a five year forward view for mental health with a policy spotlight on Liaison, Perinatal, Early Intervention, all received additional funding and flourished, whereas the majority of trusts have had to find their "value" in mainstream services.

The next long term plan will be welcomed as it puts significant investment back into core community services, the Trust will benefit from primary care mental health offer (£500k). Mr Clarke added increased investment for Out of Hours service (£500k) supports the Home Treatment service which is not operating 24/7. The Chair asked if discussions are required with Commissioners in relation to establishing 24/7 services. Dr Hunter responded, a significant amount of funding is in Clinical Commissioning Group (CCG) baselines, the general narrative is "they are paying for this already", there needs to be a stronger voice from mental health providers. In relation to funding from ICS, the assurance of "mental health is rated green" should not get in the way and the ICS takes a principle approach to allocating funding. He used the example for crisis services, whereby the Trust will only receive one third of what is required to run the service model.

Mr Mills believed the strategic discussions going forward should focus on campaigning and advancing strategies, the Trust has set out the preferred model, but is struggling under austerity to support the people of Sheffield; he believed the Trust should be open and transparent and timely to revisit a benchmark exercise. The Chair added there is opportunity to explore, mindful of the leadership change within NHS Sheffield Clinical Commissioning Group (NHSSCCG), and appointment of a new Chair and Chief Executive.

Mr Easthope believed the Trust has been advocating for funding and has been successful in a number of areas, the challenge remains in the ability to spend, with recruitment a key factor, consideration needs to be given to the implementation of

	<p>service change without weakening in-patient services.</p> <p>The Chair believed the next Board Development session could focus on the “so what” question of how funds are spent. She noted the distinction between statistics and the reality narrative was useful.</p>	
<p><b>6/10/19</b></p>	<p><b>Safer Staffing for period ending 31 August 2019</b></p> <p>Members received the Safer Staffing report for period ending 31 August 2019 for information.</p> <p>Mr Clarke reported the data in the report triangulates with the previous discussion, a number of red ratings eg: high sickness absence and clinical activity. Many staff are off work with physical or stress related illness; and managed through the Absence Policy.</p> <p>During September and October the Trust will see up to thirty newly qualified nurses on the preceptorship programme; this has been a collaborative approach between the Nursing Directorate and Human Resources. A senior nurse has also been recruited to support Learning Disability Services.</p> <p>Business Planning Group received a proposal for £800k investment into psychological intervention, consideration needs to be given to how this is funded, a project group will explore options.</p> <p>Mrs Keene referenced the high sickness rates for Firshill Rise, a 6/7 bedded unit with 56% occupancy, the rates are 25% for nursing and 22% Support Workers, she asked if she should be concerned and whether a review was required. Prof Stone added he would like to be assured of quality of care, mindful of the complexity of this client group. Mr Clarke reminded Board the Absence Deep Dive was scheduled for Board in November 2019. The Chair asked how the Executive can be assured services are safe at Firshill Rise. Mr Clarke responded he has received assurance from Dr Newman, Clinical Director, that the service is safe and staff are supporting each other. The newly appointed Ward Manager has been asked to review the culture on the unit. He suggested Dr Newman presents a report for Quality Assurance Committee. The Chair asked if the Ward Manager could be included. Mrs Keene asked if more evidence was required in the first instance as QAC would not routinely take operational issues, she was mindful the Absence Deep Dive was scheduled for Board in November 2019, she would like to understand why sickness was so high at Firshill Rise, a unit with 3-4 people and the quality of care being delivered for the complex group.</p> <p>Dr Hunter believed Firshill Rise gives an inconsistent picture, other in-patient areas have both high activity and absence, there is no a compelling narrative in relation to absence. He added he is updated regularly on clinical activity, noting Firshill Rise has a good safety record, manage their care plans and have lower rates of restricted practice. He also suggested the Deep Dive on absence is the right forum for discussion.</p> <p>Ms Smith noted it would help her understand team sizes if “numbers” were included alongside percentages. She believed an overall summary would be useful of key areas, actions taken and the impact, as a new NED she would be interested to understand the definition of safety as the assurance in the report relates to numbers for safe practice as opposed to quality of care. Dr Hunter responded the nursing data feeds into performance and does triangulate to support the overall picture.</p> <p>Mr Mills welcomed the openness and transparency and believed setting priorities and focusing on key issues was important. The Chair added the NEDs also want to be supportive.</p>	

	Mr Easthope welcomed the challenge and support from NED's adding the Executive discuss the teams/wards in detail, for him, Ward G1 is a focus area currently. The Chair noted this was not evident in the report.	
<b>Governance</b>		
<b>7/10/19</b>	<p><b>Register of Sealings (1 April to 30 September 2019)</b> Members received the Register of Sealings for the period ending 30 September 2019. Ms Saunders reporting the Trust seal had not been used. The chair duly signed the register.</p>	
<b>8/10/19</b>	<p><b>Appointment of Company Director for 7 Hills Care and Support Limited</b> Members received a recommendation for Ms Lightbown to assume the role of Company Director following the departure from the Trust of Ms Saunders.</p> <p>Mrs Stanley noted the company remained dormant and asked why the Trust is continuing. Mr Easthope responded, there may be a requirement for a company in the future, a dormant company is easier to re-establish as opposed to setting up a new company. Board agreed to recommend Ms Lightbown for the Company Director role.</p>	
<b>Assurance - Risk Management and Internal Controls</b>		
<b>9/10/19</b>	<p><b>Medicines Safety Report (Q1)</b> Members received the first Medicines Safety Report for information.</p> <p>Dr Hunter reported the data is contained in many reporting layers including the monthly safety dashboard, he noted there are significant shortcomings in relation to practice and handling of medicines on in-patient wards and community teams and wished to focus on this area to seek assurance. The report identifies many areas requiring improvement, a historical problem in relation to handling of controlled drugs is being resolved with the introduction of Standing Operating Procedures (SOP), to note radical improvement in areas where this has been applied. A number of areas were under reporting, identified by the Pharmacy Technicians Mr Allison, Chief Pharmacist has established a task and finish group to address these issues. The format of the report is in development and the next quarter will include details on progress.</p> <p>Prof Stone welcomed the report; he referenced the areas of concern and asked if they highlight a particular dysfunctional culture and a deeper issue that the executive should be aware of. Dr Hunter agreed with Prof Stone he added the higher number of incidents are in the larger services. Mr Allinson, has recently appointed a Deputy Chief Pharmacist and a Medicines Safety Officer and they are focused on this agenda. Mr Allison's view is the issues are one of culture and corner cutting based upon a misapprehension to make things more convenient and a better experience of care for service users. The key message to staff continues to be one of medicines safety and adhering to systems and processes. He used an example; feedback from a meeting with staff at Forest Lodge, they explained the introduction of the Controlled Drug SOP has meant staff are more stressed and taking longer to complete their duties at the end of shift, therefore working over. The questions being asked in first instance are is the staffing establishment correct. Mr Allison and Ms Statham, Deputy Director recognised this was a new process and requires behavioural change and suggested there needed to be a period of time to embed.</p> <p>Mrs Keene believed the report was reassuring in relation to its transparency and identified the areas for improvement. She referenced the graphs and asked for clarity on the seriousness of "near misses", as she believed these to be of a serious nature. Dr Hunter responded there is inconsistency in reporting, a near miss can be a wrong drug, by wrong route and should be used in golden learning opportunity, as no adverse effects. There is learning to help staff understand what a near miss is. He would ask Mr Allinson to include narrative of a number of some near misses as examples.</p>	MH

	Dr Hunter reported there is a change in view in relation to storage of drugs in warm environments. There is a consensus the amount of time taken to manage and monitor and disposal detracts from day to day care and consideration being given to ensuring the environment temperature is controlled. Mrs Keene responded a Ward Manager had feedback at Shadow Board and said the introduction of air conditioning unit has paid for itself in both time and costs of disposal of medicines.	
<b>Board Stakeholder Relations &amp; Partnerships</b>		
<b>10/10/19</b>	<b>Sheffield Gulu International Health Partnership Biennial Report 2017/19</b> In the absence of Ms Lightbown, the Chair deferred this item. Mr Mills having read the report noted there is evidence of how Gulu has benefited from the Trust in the partnership and asked if the presentation in November 2019 could make reference to how the Trust has benefited.	LL (B/F BOD Nov 2019)
<b>11/10/19</b>	<b>Chair's Update</b>  <u>Integrated Care System (ICS) Oversight Group</u> The Chair reported she had attended the above meeting along with Dr Goudie, Clinical Director, Strategic Planning and Ms Fearon, Director of Operations and Transformation. The purpose of the meeting was an update on the work within the ICS. She will be seeking to understand how decisions are made, deployment of resources and what good looks like in relation to outcomes. She will be having further discussion with Mr Clarke.  A meeting with a number of trust Chairs within the ICS to discuss alliances and board ownership. A further meeting on 17 January 2020 will include the Chief Executives. Mr Clarke added a Chief Executives pre-meet is planned.  <u>Accountable Care Partnership (ACP)</u> The Chairs within the Sheffield ACP are scheduled to meet to discuss similar issues and how to drive the Sheffield agenda forward. She was mindful of the interim period within the Trust and would take on an ambassadorial role for the Trust. She believed the accountability lines will feed into the ICS.  Mr John Mothersole, Chief Executive, Sheffield City Council will retire at the end of 2019, newly appointed Ms Kirsten Major, Chief Executive, Sheffield Teaching Hospitals NHS FT, and the Trust's imminent appointment of a Chief Executive, are key changes for leadership across the city.  <u>Chief Executive Recruitment</u> The Chair reported she has spoken to a number of potential candidates; the planning for the interview process is on schedule.	
<b>12/10/19</b>	<b>Governor &amp; Membership Matters</b> Members received the Governor and Member update for information.	
<b>Executive Management Updates</b>		
<b>13/10/19</b>	<b>Interim Chief Executive's Update</b>  <u>Care Quality Commission(CQC) – Well Led Inspection</u> The Trust submitted the Provider Information Request (PIR) to the CQC. Board will receive an update on progress at the next development session.  <u>Fast Follower Programme Gateway</u> NHS Digital reported they are pleased with the Trust's progress at this gateway, resources are now available to support delivery of the new Patient Administration System.	CC

	<p><u>ICS Executive Meeting</u> Mr Clarke reported he had attended the above meeting, he will explore options to feed feedback to the Board.</p> <p><u>ACP Leads</u> Mr Clarke reported he has taken over as executive lead for the Mental Health and Learning Disability Delivery Board, Sheffield Children’s NHS FT will join the board in November, ensuring all age range is covered and the lead for the Digital Programme Board.</p> <p><u>The Big Conversation - Sheffield</u> Dr Hunter and Mr Clarke attended the event, led by Paul Blomfield, MP. A community event to listen to the concerns of citizens in Sheffield. The key areas for the Trust included Children and Adolescent Mental Health Services, (CAMHS), Transition from CAMHS to adult services and Community Mental Health Teams.</p> <p><u>Policy Announcement</u> The Trust in partnership has secured national funding for Community (£2.5m) and Home Treatment Services (£500k). A meeting of all partners will be convened to discuss how all involved can achieve a good outcome.</p> <p><u>Forensic Care Model Recruitment</u> Dr Hunter reported recruitment is underway for Forensic Director and Clinical Director. There will be groups working on the care model to report into the ICS, once governance structures are agreed.</p>	
<b>Papers for Information and Assurance</b>		
<p><b>14/10/19</b></p>	<p><b>Freedom to Speak Up (FTSU) Bi-Annual Report (Quarter 3/4)</b> Members received the Freedom To Speak Up Bi-annual report for the period ending 31 March 2019.</p> <p>The Chair reported she had received feedback from the NEDS, they noted the report for period ending 31 March 2019 was delayed in its presentation to Board, Audit and Risk Committee (ARC) received the report in July 2019 and had not been fully assured. Mr Clarke responded, following presentation to ARC he had requested further exploration of themes and an update on the action plan. Mrs Stanley reported for clarity, ARC was not criticising the work to date, they wished to understand what was lacking and what was bridging the gap.</p> <p>Ms Fowler reported in terms of seeking assurance, the reported included how the Trust is responding to wider issues of a number of themes. Going forward there needs to be robust responses and the wider Trust work complementing the work. The Task and Finish Group have updated the FTSU self assessment and meeting six weekly to progress the action plan.</p> <p>Mr Mills mindful this was a specific report asked if the actions taken are impacting across the Trust and if there is triangulation with other projects etc across the Trust. He noted information given at exit interviews does not appear to be held centrally by HR and saw this as a gap in learning. Ms Fowler responded, exit interviews are undertaken by and retained by the line manager, there is a meeting convened to discuss a central data point.</p> <p>Mrs Keene raised concerns in relation to the willingness to address issues is poor and the speed of response, key to addressing cultures etc. Ms Fowler responded there are a number across the Trust still not fully engaging with FTSU. The guardian’s office has published new guidelines, which includes training provision and recommends a FTSU mandatory session. This is being explored in the Trust. Mrs Keene asked if there was training and development for managers in this area, ideally, they should be managing concerns in the first instance and staff have confidence to approach them. Mr Clarke believed this links with the Listening into</p>	

	<p>Action feedback and the way managers often perceive feedback from LiA and FTSU as criticism and in some instances, concerns of safety and poor care. The message back has been that the Trust is keen to learn from LiA and FTSU.</p> <p>Prof Stone referenced the section on the level of racial behaviour, adding this is totally unacceptable. He noted within the action plan is a section on empowering BME staff and connectivity with Bank/Agency staff. All these areas a challenging and he would see some as priority. Mr Mills noted he had attended the Compassion Conference and within a group discussion staff reported staff experienced racial abuse from service users on a daily basis. The Chair expressed concerns in relation to staff on staff incidents. Dr Hunter added these comments are often linked to questions of religion and beliefs.</p> <p>Mrs Stanley suggested a way to strengthen assurance would be to have an "agreement" with staff raising a concern on the process and timelines. ARC believed reporting has reduced. She referenced the safety questionnaire, noting 33% of staff did not feel raising concerns made a difference. The feedback is crucial, she asked for clarity on the governance of investigations and who was hearing them, staff scepticism is a key indicator, in LiA and FTSU. Mr Clarke responded any concern raised is not a complaint and follows a process. The system works by escalation to the FTSU Guardian in the first instance, to discuss with team managers. He acknowledged a timely response was important. There is also the part of the role to ensure visibility, resolving concerns and sharing learning as well as protecting the individuals concerned.</p> <p>Mr Easthope added there were a number of challenging comments from the Leadership Forum event in relation to outcome of investigations and transparency. The executive were able to respond and answer specific questions in an appropriate forum.</p> <p>The Chair suggested a conversation with Ms Fowler, Mrs Keene and herself in relation to guidance, she used an example of an individual sharing a concern but wishes it to remain confidential.</p>	CC (WF)
15/10/19	<p><b>Board Committees – Significant Issues Reports</b></p> <p><b>a) Quality Assurance Committee (QAC)</b></p> <p>Members received the Significant Issues Report from the meeting held 23 September 2019 for information.</p>	
16/10/19	<p><b>Any Other Urgent Business</b></p> <p>The Chair noted Ms Saunders final Board of Directors and thanked her for her contribution to the Trust and wished her well for the future. She added this has been the first meeting for Mr Clarke and Mr Easthope in their interim positions.</p>	
17/10/19	<p><b>Interim Chief Executive’s Announcement of Confidential Business</b></p> <p><i>In the interest of probity the Interim Chief Executive announced commencement of confidential business in accordance with the published agenda</i></p>	
18/10/19	<p><b>Chair’s Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b></p> <p><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 13 November 2019 at 10am**  
**Tudor Boardroom, SHSC, Fulwood Conference & Training Centre,**  
**Old Fulwood Road, Sheffield, S10 3TG**

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