Board of Directors - Open

Minutes of the 124th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 11 September 2019, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

1. Mr. Richard Mills, Non-Executive Director, Acting Chair, Chair of Finance, Information and Performance Committee
2. Mr. Kevan Taylor, Chief Executive
3. Mr. Richard Mills, Non-Executive Director, Chair of Finance, Information and Performance Committee
4. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
5. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
6. Ms. Heather Smith, Non- Executive Director, Chair of Workforce & Organisation Development Committee
7. Cllr Olivia Blake, Non-Executive Director
8. Mr. Clive Clarke, Deputy Chief Executive/Director of Operations
9. Mr. Phillip Easthope, Executive Director of Finance
10. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
11. Dr. Mike Hunter, Executive Medical Director

In Attendance:

12. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
13. Mr. Dean Wilson, Director of Human Resources
14. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
15. Dr. Fiona Goudie, Clinical Director of Strategic Partnerships (Item 5)
16. Ms. Jo Yardley, Senior Employment Specialist (Item 5)
17. Mr. Terry Geraghty, Emergency Planning Officer (Item 14)

Apologies:

18. Ms. Jayne Brown, Chair
19. Prof. Brendan Stone, Associate Non-Executive Director

Public:

Adam Butcher, Service User Governor
Billie Critchlow, Carer Governor
Sam Stoddart, Deputy Board Secretary
Holly Cubitt, Head of Communications

	Item	Action
	Welcome & Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Ms. Smith was welcomed to her first meeting as a Non-Executive Director (NED) of the Trust. Apologies were noted and the meeting was quorate.	

1/9/2019	**Declarations of Interest:** Cllr Blake declared an interest in issues relating to the Trust's Partnership Agreement with the Local Authority and the Joint Commissioning Board. No further declarations were made.	
2/9/19	**Minutes of the Board of Directors meeting held on** The minutes of the meeting held on 11 July 2019 were agreed as an accurate record.	
3/9/19	**Matters Arising and Action Log** Members reviewed and updated the action log accordingly	
	Strategy	
4/9/19	**Shaping Sheffield Plan** Members received and were formally asked to endorse the draft Shaping Sheffield Plan. The Chair reported Board are sighted on the plan and discussions had taken place at a recent development session. Mr. Rowlands reported the Trust is one of seven partners within the Accountable Care Partnership (ACP) with trust boards being asked to formally receive and endorse the plan to transform healthcare and address the inequalities across the city. The city wide priorities align to a number of the key priorities for the Trust. The plan is shaped by the Health and Wellbeing Strategy and has been supported through extensive engagement with key stakeholders. The ACP Boards and Executive have engaged with the process with the Trust represented at all levels. The Executive Directors' Group (EDG) scrutinised connectivity and alignment to the Trust priorities and the Trust's contribution overall. To date no initial financial outlay has been requested however as individual plans develop the financial commitment will realised. There are a number of enabling agendas and governing strategies across the city to support delivery. Mrs. Keene, welcomed the plan having recently attended a 'think tank' event, which focused on joint working partnerships. There was a perception that frontline staff were confused by the values and had difficulty linking them to collaboration. There was a belief the behavioural aspect could be strengthened and suggested this is fed back. The decision making processes were questioned which was linked to the complexity of the governance structure. Mr. Taylor welcomed the helpful comment and acknowledged behavioural values were more reflective of care givers. This strategy is aligned to the Trust and a significant improvement on previous strategies and includes mental health prevention and integration. Mrs. Keene added there were a number of negative comments in relation to empowerment and/or engagement however a team from the Older Adults service spoke positively of their experiences of engagement and shaping this agenda. Mrs. Stanley reported from the development session that discussion had focused on partnership working and how this could be enriched with third sector	

	partners. An enhanced structured way of understanding at Board and Committee level of the connectivity with the plan would be welcomed. A feedback process for any misalignment and risk sharing, continuing concerns in relation to capacity to support a further large scale project would also be beneficial. Mr. Rowlands responded that within the mental health programme there is a good understanding of risk sharing. Other parts of the system are being asked to review this model and pathway. Mr. Easthope believed from an NHS provider perspective the risk share will evidence leadership in this area to influence wider across the system with the Trust already having a good relationship with Sheffield City Council (SCC) and NHS Sheffield Clinical Commissioning Group (NHSSCCG). Elements of risk share will increase with the requisite openness required mindful the Trust is the smallest organisation in the system. This should not change the financial culture and the partnership approach of the Trust which will continue to maintain a robust financial position and resist any over stretching. The 'what and the why' cannot be argued as learning from the past is then distilled into the Trust operational plan and demonstrate the benefits to service users and staff. The feedback from staff suggests this element is missing. Mr. Clarke added the plan would benefit from enhanced accessibility and believed Communications could support this agenda. Dr. Hunter believed it was important to work on a key issue as there have been a number of recent changes, including the NHS Long Term plan, which has impacted on primary care networks. Mr. Mills added feedback had been received from a colleague in London who had expressed concerns the networks appear to have a lack of learning disability provision which was not reflective of the Sheffield position. Dr. Hunter responded in Sheffield there is the Health and Wellbeing Board strategy and the ACP Shaping Sheffield Plan with connectivity which is not reflected in the networks as they are not universally governed and do not have a single voice. Ms. Smith referenced a sentence from the report in relation to no challenge or risk as the briefing suggested there are a number of challenges and queried if Board will see a report of the proposed changes or the resource implications. Mr. Rowlands responded Board has discussed Shaping Sheffield as part of the longer term plan. The refresh of the Trust's strategy will address a number of the points raised adding signposting and integration will also feature to enhance the alignment of the Trust's own plans. Ms. Lightbown believed there was a requirement for a communications plan, both in the Trust and wider across the city. The key will be the translation into a meaningful delivery plan with engagement from Board to Ward to ensure there is an understanding of service provision, delivery and commissioning and to identify the key priorities and timescales. Mr. Clarke reported there is a scheduled for the coming months to feedback and refresh the strategy. There will be a number of forums to share updates with Board. The Chair requested a short summary of the next steps as there may be change due to the political environment. The Chair referenced the demographics noting the contrast in life expectancy across the city. It was suggested that part of the communication strategy could be to engage staff, many of whom will be Sheffield residents in choosing a	

	healthy lifestyle. Dr. Hunter responded, the Research and Development agenda within Sheffield Hallam University considers advanced wellbeing with one area dedicated to generating initiative to create a healthy workforce. There is further challenge to review the Trust estate and how a physical health agenda can be brought into communities to create wellbeing centres. The Chair supported this agenda. Follow review Board endorsed the plan noting the key areas for supporting connectivity and engagement. Mr. Rowlands responded the comments would be feedback in relation to the values and behaviours with the Trust to consider a communication plan to support delivery.	
5/9/19	**Individual Placement and Support - IPS for Alcohol and Drugs (IPS-AD)** Members received a progress update on the project for information. Mr. Clarke reported a number of areas were identified in the Wellbeing Strategy where it was felt the Trust could lead. The Trust had joined the national pilot for IPS with Dr Goudie reporting IPS is an element of the Trust recovery offer. The Trust is working in collaboration with South Yorkshire Housing Association (SYHA) and has secured funding for a three year period to deliver IPS to the Recovery and Intervention Psychosis teams. Ten employment support specialists are being recruited. There is evidence to suggest IPS works in this area. This pilot will work with service users accessing Drug and Alcohol services. A recent inspection by the centre for mental health rated the service as good with feedback acknowledging the level of executive support and routine reporting up to Board level. Ms. Yardley reported the Trust is one of seven in the pilot, the Trust is performing well. Referrals and self referrals have been received from all areas of Drug and Alcohol services and 221 enrolments have occurred. Enrolment has been lower than estimated across all seven sites with feedback being a degree of fear of the unknown in a number of cases, concerns with the impact on benefits, housing, absence etc. the uptake has been lower in non-opiates as this is the category where there are most service users already in employment and functioning day to day. The criteria stipulate an individual must be unemployed for a period if six months. Thirty four individuals have been supported into work across a wide spectrum with a number undertaking voluntary work as a stepping stone to paid employment. The Trust continues to be assessed on a number of areas which requires further focus related to employee support and disclosure of treatment for substance misuse to employers. There are a number of participants who do not wish to disclose any information however those who have disclosed have negotiated hours to accommodate appointments etc. Ms. Yardley shared number of case studies of individuals who have been successful in securing and staying in employment and how the positive impact on live and improved outlook. Dr. Hunter supported and acknowledged the work, as lead for Research and Development (R&D) in the Trust if this was a health based NHS trial the question to be asking is how to support the recruitment rate to exceed 60%. Ms.	

	Yardley responded the team has experience recruiting to challenging client groups and confirmed the window closes on 30 September 2019. There has been an extensive programme of recruitment and Ms Horspool from R&D has been engaged. Dr. Hunter asked if the demographics of those who have been successful in securing employment, e.g. age, gender, ethnicity etc. could be shared with Board. Mr. Taylor reported the city is ahead of the game in relation to employment support and recognised the work Dr. Goudie and Ms. Yardley have been involved in. Looking back over a decade it was believed there has been a fundamental shift in approach which has become an integral part of recovery plans. Ms. Lightbown acknowledged the importance of the work and queried if the Trust and other public sector organisations were offering opportunities. Ms. Yardley responded to date nobody has taken up employment in the Trust, one individual is working for the Department of Work and Pensions. Mr. Taylor added the Trust does employ people with lived experience. Mr. Clarke added a new network has been established for this staff group. Cllr. Blake noted there had been a large number of referrals and would be interested in comparing enrolment with job starts. Ms Yardley agreed to circulate this information.	CC (FG) CC (FG/JY)
	Performance Management	
6/9/19	**Service Performance Dashboard for the period ending 31 July 2019** Members received the report for information. Mr. Easthope reported the definition for bed occupancy has been amended to reflect an individual occupying a bed at a given point in time ensuring this is reported as 100% or less; this no longer includes service users on leave. The aim is to show the fluctuation in bed numbers to manage the system. The Executive Directors' Group (EDG) on reviewing the dashboard noted two challenging areas during August 2019 and the average length of stay appears to be rising which will be monitored. EDG also discussed Key Performance Indicators (KPIs) including sickness absence, the increase in out of area beds, and Care Programme Approach (CPA) continues to be a challenge. Work continues to develop the new framework. Dr. Hunter wished to assure Board from a safety perspective. The data on restraints, seclusions and restricted interventions on the Safety Dashboard and reported the rationale for restricted intervention is complex and believes a reduction would be beneficial with Maple Ward and Endcliffe Ward have joined a national reduction programme. Following completion of annual Respect training update at Level 2 (standing and escorting) Dr. Hunter had spoken to staff emphasising the essential nurture of the annual update. However staff reported not always feeling confident in utilising the techniques with Dr. Hunter agreeing to undertake Level 3 training (restrain on the floor) to enhance understanding of the position. There is a view with additional Respect trained staff there could be an increased differentiation of roles and become restricted intervention reduction specialists to work at ward level and have an enhanced presence. This will be explored further via option presented to Business Planning Group (BPG) and	

EDG. Mrs. Keene welcomed this suggestion as a way of addressing a concern that was raised.

Dr. Hunter referenced the graph relating to assaults on service users, and advised it was not pictorially correct. It was reported there was a prior baseline undertaken between August 2017 and February 2018 with an upward shift recorded from March 2018 to October 2018 with a downward shift evident from November 2018 to date. The Board has discussed this and the interventions including a security presence on the in-patient wards and use of body cameras.

Cllr. Blake requested clarity regarding the infection control data as it suggests an increase and storage of medicines which appears to spike annually with the narrative indicating a correlation with room temperature. Dr. Hunter responded in relation to the storage of medicines, the shelf life of medicines is reduced if stored in high temperatures. This issue is managed by Pharmacy and the loss is very low. Temperature controls are being considered as part of future plans.

On associated medicines issues Dr. Hunter reported he attended a Health Watch Consultation as a member of the ACP Pharmacy group. Medicines price increases and changes to refunding Community Pharmacy dispensing of FP10 prescriptions may prove problematic for pharmacies which may result in the withdrawal of free deliveries with the consequential impact on more vulnerable service users. Building local resilience at ACP level is crucial.

Mr. Easthope reported the Care Quality Commission (CQC) had identified storage of medicines as an issue with options reviewed and consideration given to investment from capital. This was deemed proportionate as a short term measures during the development of the Acute Care Modernisation Phase 2. Dr. Hunter responded the Chief Pharmacist has provided assurance the Trust wastage is low and would raise concerns if this increased significantly.

Ms. Lightbown in relation to infection control reported an overall reduction in Quarter 1 with an increase in voluntary surveillance and reporting overall. The brown category includes: chest infections, urinary tract infections, diarrhoea and vomiting.

Mr. Clarke referenced the substance misuse position and reported the Trust is currently in the tender process and wished to ensure the targets set are meaningful. It was noted the previous residential rehabilitation placements stated zero which is incorrect, data would be available next month to confirm the position.

Mrs. Keene requested clarity regarding bed occupancy and use of out of area beds to understand if this is a fluctuation. Mr. Clarke reported this report relates to July when bed occupancy had been at 100% during August necessitating the use of out of area beds for acute and intensive care (PICU). The level of acuity had impacted on staff and the Safer Staffing report reflects this. All out of area cases have been reviewed and are actively managed by Clinical Operations reporting into EDG. Six of the out of area placement are for acute service users, four are appropriate referrals, e.g. service users from Sheffield who have become unwell out with Sheffield or are staff. Dr. Hunter added acute admissions had stabilised and repatriation is taking place. PICU has its complexities being a smaller ward and caring for the most unwell patients.

	It was acknowledged there was an element linked to operational issues and flow however the majority of the out of area referrals are related to safety. The acute wards are undertaking an increased level of restricted interventions and to ensure the patient is safe referrals are made to secure units when the PICU is at capacity. This links to be earlier discussion of reduction in restrictive interventions. The Chair queried if this impacts on future long term modelling of beds. Dr. Hunter responded bed stock was discussed at a recent meeting of the executive with clinical operations and with the support of data it was concluded overall the Trust bed stock is sufficient. It was acknowledged there have been spikes in activity which have been attributed to underlying issues in relation to practice, recruitment to substantive posts and over reliance of bank and agency. Quality, safety, good care and a positive patient experience are key in determining care pathways and strategic modelling. Ms. Lightbown believed a further contributing factor is a Crisis Resolution and Home Treatment service is not yet fully established as an alternative to hospital admission. The increase in violence and aggression, which is being seen nationally, is also impacting and the necessity to refer to admission which has in some instances generated an increase in beds above the commissioned number. The regional network is reviewing violence and substance misuse to ascertain if a pattern is emerging. There has overall been an increased demand for mental health services which impacts on associated areas of the public sector e.g. police where there is an increase in the numbers of admission on a Section 136. The executive receive daily flow reports and concerns are escalated via the directorate. Mr. Clarke added the Trust is awaiting the decision on funding for the crisis element with NHSSCCG having indicated the Trust will receive £600k for 2019/20, mindful of also any national announcements. The longer term plans include provision for 24/7 crisis service. From a quality and safety perspective Mr. Easthope noted an increase in length of stay. Alternatives to admission has been considered and assurance received the future bed stock and modelling for Acute Care Modernisation Phase 2 (ACM2), which contains an additional five beds, remains consistently within the current climate. Mrs. Keene queried if the Decisions Unit (DU) has a role to play in admissions and triage. Ms. Lightbown responded the DU see people in crisis and can provide a service for 24 hours. It is a key element to accessing services with pathways to admission or home treatment. As the unit is not yet fully established the full benefits are not yet realised. Currently people present into the Accident and Emergency Liaison Service with the longer term aim to establish an emergency mental health unit. Mr. Clarke noted the service has been in operation for a number of months and an initial review is due. Dr. Hunter stated the DU explores all the potential options for treatment rather the solely detaining an individual while seeking an out of area bed. It was acknowledged additional funding would enhance the delivery of crisis and home treatment. Board received and scrutinised the report. The Chair noted members have been assured on a number of areas. Continued discussion regarding financial aspects and risk in the provision of crisis care would take place in confidential session.	

7/9/19	**Safer Staffing Report for the period ending 31 July 2019** Members received the Safer Staffing Report for the period ending 31 July 2019 for information. Ms. Lightbown reported June 2019 had been a stable position with high occupancy through July 2019. A number of wards have been below their fill rates for both day and night shift. All wards were above plan when combining the establishment of registered nurses and healthcare support workers (HSW). Trainee advanced clinical practitioners and the nurse consultants are supernumerary however are able to support. These disciplines will be included in the report once the Trust moves to Care Hours Per Patient Day. Sickness absence data has been divided to demonstrate registered nurses on Health Roster and the HSWs. A number of wards evidenced improved attendance through July. Endcliffe, Maple and G1 wards and Learning Disabilities services have all experienced a significant increase in sickness with a number of long term absences of senior staff. The Clinical Directorate has moved a number of senior staff to ensure senior cover and leadership is maintained across all wards. Reasons for absences include a wide spectrum of planned surgery and work related issues including both physical injuries and mental stress. Sickness absence workbooks, which is a new initiative from Human Resources (HR), has been rolled out to all managers and holds information of the last 12 months down to team level. Staff are being proactively managed through the sickness process in line with policy. A deep dive regarding sickness absence would be presenting to Board in October 2019 by the Associate Director of Human Resources. Mr. Wilson reported the workbooks hold extensive data, and will allow managers to better understand reasons for absence. Review of one wards data revealed of twenty one episodes nine were attributed to gastric reasons which could suggest an outbreak. Mrs. Keene queried if the workbooks were electronic and held live data. Mr Wilson responded the workbooks are in paper form and will be updated monthly. Mrs. Keene also sough clarification regarding the impact of body cameras on behaviours. Concerns was also expressed that as the scrutiny of community services differentiates from that of in-patient wards however where possible parity of information would be welcomed notwithstanding the pressures on the teams. Ms. Lightbown reported the new Workforce Information and Systems Manager commences in post in October 2019 which will assist in reporting. The national standards for e-rostering require trusts to ensure 90% of staff rostered. Currently in-patient wards have nurses and support workers rostered which equates to 27%. There is a significant piece of work to be undertaken in community teams to ensure the Trust reaches attainment level 5, the national benchmark, this includes rostering across all professions. It is anticipated an outline plan will be available by mid November 2019 which should include priorities for delivery. A national Webex is being presented focusing on the Optimal Staffing Tool, a ward based tool. In the interim correct reporting of data from the Actual Funded Establishment (AFE) is key to progressing this work and reporting to Board.	LL

	In relation to the nursing establishment there was an increase in nurse vacancy rates during July 2019. There has been internal promotion across a number of areas and new appointments including 40 precepetorship nurses with the majority located on in-patient wards, advanced practitioners and a modern matron for Learning Disabilities. Bank and agency usage has remained stable at 5%. The next establishment reviews are scheduled for G1 Ward, Rehabilitation and Forensic service. A business case for an increase in Psychological Practitioners and Allied Health Professions will be presented to Business Planning Group during September and October 2019.	
	Governance	
8/9/19	**2019/20 Board Assurance Framework Q1** Members received the Board Assurance Framework (BAF) for information and assurance. Ms. Saunders presented the BAF for Quarter 1, she referenced section 2.4.1 Closed Risks noting risks A301 and A302 are recommended for closure. Risk A301 – *"There is a risk to implementation of the Community Wellbeing Strategy due to capacity issues within the Trust and from competing Trust priorities".* The risks have been mitigated, the Board own the risk and are asked to support the recommendation for closure. Risk A302 – *"Insufficient capacity to maintain quality in recovery services".* Recommendation for this risk to be discussed at Quality Assurance Committee (QAC) and closed. Ms. Saunders referenced Section 2.4 Assurances noting limited changes in assurances, the BAF was discussed at the EDG and work continues and assurances provided. Mrs. Keene sought clarity regarding Risk A302 and queried how a Board risk could be closed prior to discussion by QAC. Referral to QAC without a recommendation was supported. Mr. Clarke reporting Risk A301, relates to the Community Wellbeing Strategy, with a recommendation to close the risk. There are three elements, employment, Increased Access to Psychological Therapies (IAPT) and development across the city. Progress had been made in all three. Board has received an update regarding employment with the Trust supporting additional investment for talking therapies and in discussion with NHSSCCG and SCC in relation to a shared strategy. The risk references capacity which it is considered no longer applies. Mrs. Stanley was in support of the closure of this risk however does consider the strategy requires embellishment. Mrs. Stanley noted a number of red areas in relation to quality referencing A101 CQC Action Plan which indicated a number of timescale extensions. Clarity was sought regarding the rate of progress mindful of the timescales for completion prior to next inspection. Confirmation was requested regarding the indicative timescale for the next inspection and the improvements made to progress to achieve a good rating.	

	Dr. Hunter noted the red rating in relation to the risks for the CQC Action Plan are as a result of the Trust overall rating of 'requires improvement', particularly in the safety domain. The executive remain concerned at the rate of completion, and noted the risk relates to completion of all areas which is generic and managed by Clinical Operations. Monitoring is undertaken EDG and the Quality Assurance Committee (QAC) via significant issues reporting. QAC have formed the view the staff supporting progression of the actions required to mitigate this risk and the associated oversight are achieving transparency. A deadline for completion is 31 October 2019 which relates primarily to the clinical and operational actions with a number of corporate actions being more challenging. Mrs. Stanley noted there has been progression of the CQC action plan and suggested a change in narrative to reflect the outstanding areas which, it was acknowledged may not link to quality. Dr. Hunter agreed to review the risk and the narrative.	MH
9/9/19	**2019/20 Corporate Risk Register (Quarter 1)** Members received the Quarter 1 Corporate Risk Register for information. Ms. Saunders reported two risks have been closed, one escalated in relation to health and safety infrastructure and a new risk in relation to contractual requirement for complaints. EDG discussed and were assured by the report. Mrs. Stanley referenced Risk 391 in relation to call volumes at Single Point of Access (SPA) and START which would appear to be misaligned with the BAF and queried the rationale for the improved risk rating. Mr. Clarke referenced the mitigation to address the risk with evidence of current response rates currently operating at 83%. Mrs. Keene added there is a reputational risk, mindful of the importance of SPA, and believed it was premature to close at this point until evidence was available of further improvement. The chair supported this position and believed evidence of good performance was required over a sustained period. Dr. Hunter added there has been quantitative improvement specifically in call handling with the concerns in relation to START less significant at this stage. Board agreed to retain the risk on the CRR at the current rating. Mr. Easthope, following conversation at EDG, believed the risk was being retained from a reputational perspective and suggested a review of tolerance/reputational risk when the Risk Management Safety is refreshed. Mrs. Keene added in assessing the risk safety and any unsafe practice requires assessment. Dr. Hunter suggested this area be returned to when assessing the risk appetite and potential delineate the risk with one element linked to innovative and the second to safety and quality. The Chair referenced Risk 4140 and requested members consider this when discussing item 14 Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2019/20.	
10/9/19	**Workforce Disability Equality Standard (WDES) 2019** Members received the report for information. Mr. Wilson reported the WDES has been presented to the EDG and Workforce and Organisation Development Committee (WODC). This is the first report of this standard and there no trend analysis is available. The data has highlighted a number of areas which will provide the basis for the action plan.	

	Mrs. Keene reported the contents were disappointing and queried she if there is assurance that serious consideration is being given to the findings and believed the action plan required further work. The Chair referenced the WRES report and action plan noting it was clearer with outcome measures and was of the belief the action plan would benefit from revision. Mrs .Stanley reported WODC was presented with the WDES mindful this is the first report and agreed to monitor progress of the action plan acknowledging considerable work was required to the action plan. Mr. Clarke added there is a long history with the WRES and the dedicated resource would be utilised to progress the action plan of the WDES. Board were not assured by the WDES action plan.	
11/9/19	**Workforce Race Equality Standard (WRES) 2019** Members received the report for information. Mr. Wilson reported the WRES has been presented to EDG and Workforce and Organisation Development Committee (WODC).	
12/9/19	**Declarations of Interest (Annual Report)** Members received the Declarations of Interest (DOI) Annual Report for information. Ms. Saunders reported the DOI was presented to Audit and Risk Committee (ARC) in July 2019 providing assurance the Trust is compliant with the Managing Conflicts of Interest Policy and declarations are recorded appropriately. Mrs. Stanley referenced the summary and noted ARC was not fully assured the Trust was complaint with the policy adding a letter from the Chair of ARC to all staff ceased one year ago. ARC received the report and an assurance from Ms. Saunders the register has been completed albeit the committee did not have sight of the 2018/19 register. Mrs. Stanley had requested EDG review the policy with the request for an enhanced report for ARC for 2019/20 Mr. Taylor suggested a further report it presented to ARC and back to Board for sign off in November 2019.	MS (B/F BOD Nov)
13/9/19	**Guardian of Safe Working Report (GOSW) Quarter 1 Report** Members received the Quarter 1 GOSW report for information. Dr. Hunter reported the Dr Mike Atter, the GOSW is an independent Consultant Psychiatrist ensuring Junior Doctors are working in line with their contracts. The doctors use exception reporting for recording additional hours which for the quarter demonstrate an increase with the majority relating to out of hours working. Dr. Hunter confirmed it was normal practice for junior doctors to work 50% or more of their contracted time out of hours. Records are made when exceeding the 50% however are not counterbalanced when working under the 50%. Morale with junior doctors is good and the Trust will continue to	

	undertake out of hours monitoring as there is no contractual obligation to continue this practice. A further exercise will be undertaken and junior doctors will be asked to respond as the Trust wishes to monitor and remunerate fairly for the work undertake. The Board received the report for information and were assurance.	
14/9/19	**Emergency Preparedness, Resilience and Response (EPRR) Core Standards 2019/20** Members received the Trust's annual Emergency Preparedness, Resilience and Response (EPRR) Core Standards declaration for 2019/20 for approval. The Chair reported he was the NED lead for EPRR and there had been progress on a number of areas. Mr. Geraghty reported the Trust was not compliant in 2018 however completion of the action plan has resulted in the Trust being substantially complaint for 2019. This benchmarks well against local trusts adding no trust is reporting full compliance due, in part, to an annual change of criteria proving difficult to achieve full compliance. The workforce for 2019/20 includes approval of a Lock Down policy during September 2019 with in-patient wards developing plans. An evacuation plan is nearing completion and negotiation continues with Sheffield Teaching Hospitals (STHNHSFT) to utilise a STHNHSFT building should an emergency situation arise at the Longley Centre on the Northern General Hospital site. The data security tool kit is a new standard for 2019 with IMST required to complete work by the end of March 2020 to comply with this standard. The Chair noted the narrative for this section had not transposed accurately. Mr. Geraghty responded this relates to assurance of cyber-attacks and tested plans work and work will continue with IMST to achieve this standard. IMST has liaised with NHS Digital and been assured there is an action plan in place to complete by March 2020. The Trust purchased a number of face masks last year with clarity being sought from NHS England in relation to the new definition of face fit masks. There is a deep dive every year with the focus for 2019 being climate change and sustainability. The pattern followed suggests there will be a standard introduced on this topic for 2020. The Chair noted good progress. Mr. Clarke added there is regular engagement with clinical operations to develop plans and ownership from ward level for business continuity. Ms. Lightbown queried if lockdown applied to all sites. Mr. Geraghty responded it will be a phased programme across all areas with the priority in-patients facilities. The wards have a lock down methodology which requires articulating and formalising to meet audit requirements. Ms. Lightbown referred to the evaluation plan and queried if conversations have been had with other neighbouring trusts. Mr. Geraghty responded there are regional evacuation plans for patients detailed via sections. All mental health trusts have been asked to look at options to support colleagues. The use of any space at STHNHSFT would be to cover any short term incident.	

	Ms. Lightbown suggested the IMST requirements are channelled through the Data and Information Governance Group (DIGG) for sign off. Mr. Geraghty responded Nick Gillott, Deputy Director of IMST was leading on this standard. Mrs. Stanley reported the gaps in assurance have been monitored via ARC on a quarterly basis and suggested this is scheduled bi-annually as compliance has been achieved. The Board were assured of progress and Trust compliance. The Chair queried if there was any update on the EU Exit and daily reporting to NHS England may recommence and mindful of Corporate Risk 4140 relating to medicines. Mr. Geraghty reported attendance at an EU Exit Strategy Meeting facilitated by NHS England. Updates were provided on a number of areas including medicines and medical consumables reporting a number of shortages, citing demand as the reason rather than EU Exit. NHS England will be stockpiling six weeks of medicines with the messages to trusts, GP's and pharmacists not to stockpile. All pharmacies are working collaboratively and a Memorandum of Understanding (MOU) has been developed to share medicines. NHS England is relaxing the licences for transferring medicines between pharmacies. Mr. Taylor reported the health executive group of the Accountable Care System (ACS) discussed these issues and reported green in all areas. In relation to preparedness trusts area thoroughly prepared. Dr. Hunter reported the Chief Medical Officer has commented on this area via a social media following a discussion with a neurologist and an MP in which a letter was published in support of doctors in their profession referencing medicines and the supply chain. The Accountable Care Partnership (ACP) has a well-functioning Pharmacy Group, chaired by Dr. Hunter with a number of local agreements for hospital pharmacies to support each other and operate a 'swap' formulary whereby if medication is unavailable an alternative can be dispensed . Mr. Geraghty reported a 'Gold' Group has been established for the city which meets fortnightly and reviews all issues and has developed an early warning system. Dr. Hunter would recommend a Chief Pharmacist join the group.	
	Board Stakeholder Relations & Partnerships	
15/9/19	**Chair's Update** Mr Mills noted the Chair has been involved in the preliminary stages of Chief Executive recruitment. The advert is out and interviews scheduled for 14 and 15 November 2019.	
16/9/19	**Governor & Membership Matters** Members received the Governor and Member update for information. The Chair noted a number of events had taken place and reported attendance at the NHS Providers event which was beneficial.	
	Executive Management Updates	
17/9/19	**Chief Executive's Verbal Update** Mr. Taylor updated on a number of areas:	

	Stock Take on Beds Mr. Taylor reported the executive at its development session reviewed the Acute Care Pathway and undertook a stocktake of beds. Further work is required as it was important to continually take stock albeit not wishing to slow progress of ACM2. Lived Experience Staff Network This new network has been established which is an important group and one for the future to engage with when developing services. Mr. Clarke and he had attended. LIA Update Mr. Clake reported Dr. Jane Barton would be invited to Board to update on Listening into Action (LiA). Mr. Easthope had been involved in the Bullying and Harassment agenda and a number of workshops organised. The Communications team had worked on promoting LiA including increasing visibility and engagement. The next campaigns will be Eyesores and Thank You cards. Organisational Development (OD) Ms. Rita Evans has shared initial thoughts with the executive and will develop an Organisational Development (OD) plan for the Trust. Mr. Clarke suggested this is shared with members.	
	Papers for Information and Assurance	
18/9/19	**Infection, Prevention and Control Annual Report and Work Programme** Members received the annual Infection, Prevention and Control report and work programme for information and assurance Ms. Lightbown reported QAC received the report and were not fully assured of the content. The report has subsequently been updated to reflect the comments at QAC and forwarded to Mrs. Keene in her capacity as Chair of QAC. The report was approved.	
19/9/19	**Associate Mental Health Act Managers (AMHAM) Report Q1** Members received the Quarter 1 Associate Mental Health Act Managers (AMHAM) Report for information and assurance. Ms. Lightbown reported the Board have delegated authority and receive the report for assurance. Ms. Lightbown added as an attendee at the quarterly meetings can assure members the AMHAMs are fulfilling their duties in line with the Mental Health Act Code of Practice. A quarterly peer support group is functioning well and engagement with the Mental Health Legislation team is good. Peer reviews have taken place and additional training being offered where appropriate. The outcome of a remuneration review was an increase in mileage rates. The Chair as met with AMHAM representatives and will be writing to the AMHAMs. Mrs. Keene sought confirmation the AMHAMs were content with the increase, Ms. Lightbown responded, the offer was well received by the majority with concerns were raised by one individual which will be addressed by the Chair.	

20/9/19	**Board Committees – Significant Issues Reports:** **a) Audit and Risk Committee** Members received the minutes of the meeting held on 23 May 2019 and the Significant Issues Report from the meeting held on 24 July 2019. Mrs. Stanley reported ARC received a number of reports including the Freedom To Speak Up Annual Report with committee receiving assurance regarding visibility, reporting and staff feedback and how the Trust can demonstrate it is listening. The EPPR report was received and discussed early today. ARC acknowledge there was work to conclude on data security and information. The ARC chair will liaise with Mr. Easthope to agree the reporting processes. Members were reminded of the opportunity to review risk appetites on the BAF. **b) Quality Assurance Committee (QAC)** Members received the minutes of the meeting held 24 June 2019 and the Significant Issues Report from the meeting held 29 July 2019. Mrs. Keene reported QAC received a number of reports. It was noted Ms. Lightbown had raised an issue at EDG in relation to the Regulation Dashboard. For clarity QAC are aware there are issues in relation to safety and quality that also straddle health and safety e.g. CQC Report and Staff Survey Report which reports to WODC. The request of QAC is to receive a tailored version of the actions from Health and Safety Executive report which relates to quality and similarly with the action plan for the Staff Survey. This would be presented on a bi annual basis identifying areas of quality which may fall under the remit of other committees and be assured from the safety perspective. Ms. Lightbown reported EDG received a paper on 1 August 2019 with the actions from QAC and had met with named executive leads. It was suggested the reporting to QAC is April and September. Committee received the Infection, Prevention and Control Report. The flu vaccination targets have increased and IPC will no longer run the campaign. QAC will monitor progress for 2019 noting the Trust target for 2018 was unmet. Committee received positive news regarding the Structured Judgement Review process which will assist the Trust, as a learning organisation, to examine events which may have benefitted from an alternative approach. Concerns in relation to accuracy of the CQUiNS report particularly in relation to IMST issues would be addressed in future reporting. Committee continue to monitor litigation and complaints for assurance of compliance. QAC were partly assured.	

	c) Finance, Information & Performance Committee (FIPC) Members received the Significant Issues Report from the meeting held on 29 July 2019. **d) Workforce & Organisation Development Committee (WODC)** Members received the minutes of the Workforce and Organisation Development Committee held on 30 April 2019 and the Significant Issues Report from the meeting held 24 July 2019 Cllr. Blake reported a number of items had been deferred. Mrs. Stanley added WODC received an update from the Health and Safety Executive Visit with committee requesting additional reports at the next meeting. Clarity would be welcomed regarding Committee ToRs to ensure business coverage across all Committees.	
21/9/19	**Any Other Urgent Business** The Chair formally noted Mr. Taylor was attending his last Board meeting in his capacity as Chief Executive. He acknowledged his contribution over the last eighteen years at executive level and wished to acknowledge the growth of the Trust as a value based organisation during this time. On behalf of the Board he wished Mr. Taylor well in his new role in the ACS. In response Mr. Taylor noted his overall time in the Trust was twenty five years. He believed the current members form a strong Board with qualities of balance, skills, experience and challenge. Members showed their appreciation by round of applause.	
22/9/19 **23/9/19**	**Chief Executive's Announcement of Confidential Business** *In the interest of probity the Chief Executive announced commencement of confidential business in accordance with the published agenda* **Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting** *In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.*	

Date and time of the next Board of Directors meeting
Wednesday 9 October 2019 at 10am Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road, Sheffield, S10 3TG

Margaret Saunders, Director of Corporate Governance (Board Secretary)
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