

Board of Directors - Open

Minutes of the 123rd Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 8 May 2019, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

1. Ms. Jayne Brown, Chair
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. Cllr Olivia Blake, Non-Executive Director
6. Prof. Brendan Stone, Associate Non-Executive Director
7. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
8. Mr. Phillip Easthope, Executive Director of Finance
9. Dr. Mike Hunter, Executive Medical Director
10. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

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 Deputy Chief Executive (Minutes)
14. Dr. Linda Wilkinson, Director of Psychology Services (Item 4)
15. Mrs. Julie Edwards, Director of Allied Health Professions (Item 4)

Apologies:

16. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
17. Prof. Laura Serrant, Non- Executive Director, Chair of Workforce & Organisation Development Committee

Public:

- Mr. T Morgan, Service User Governor
Ms. M Young, Staff Governor
Dr. L Carthy, Staff Governor

	Item	Action
	<p>Care Opinion - James Munro, Chief Executive The Chair welcomed Mr. James Munro, Chief Executive of Care Opinion, an organisation which shares users experience feedback with healthcare providers.</p> <p>Dr. Hunter thanked Mr. Munro for attending. He reported the draft Quality Accounts will be discussed in the Confidential section and asked members to</p>	

be mindful of the challenge presented in understanding experiences of care.

Mr. Munro provided a presentation outlining the work of Care Opinion explaining feedback is obtained via a number of sources with the key question being, "Is it making a difference?" Research suggests culture is a contributory factor when obtaining feedback from adult acute mental health settings as the pre-existing belief of not being listened to when raising concerns becomes a challenge.

Care Opinion has worked with a number of trusts with the presentation highlighting a number of key points.

Nottinghamshire Healthcare NHS FT and Nottingham University Hospitals NHS Trust are the only trusts which tweet their negative comments which suggests culture is evolving. This change in approach to one of openness and transparency using feedback to engage staff aims to improve care.

Examples of other trusts include feedback on display screens in out-patient department and a pictorial journey displayed along corridors. Data is important however stories and the sharing of them have a stronger message and impact. Care Opinion has a small pilot group of physicians testing the model through medical evaluation.

Mr. Munro noted Care Opinion has started to work with the Trust which to date been a little tentative. However there are a number of frontline staff very passionate about the initiative and feel proud to work for the Trust and wish to share the work being undertaken. A clear steer from the leadership team would be welcomed with the aim to get to a reach a point where the voices of users and those of care providers are viewed as equal.

Mr. Mills referenced the slide with details of Trusts and asked if experiences of healthcare in Scotland were different in relation to cultures etc. and the impact on Trusts which have experienced problems and received negative press. Mr. Munro responded Care Opinion has worked in Scotland for five years and the response has not been any less receptive with the overall concept of sharing experience the same across the UK. The Scottish Healthcare leaders were engaged and have been supportive. In relation to trusts which have had problems, Care Opinion has worked with a number of these including trusts placed in special measures by the Care Quality Commission (CQC) which has been beneficial.

Prof. Stone noted a key reflection to Board is how a number of trusts have taken a significant step in tweeting negative feedback in a public way. This linked to a previous Board discussion in April 2019 regarding the Trust Social Media Strategy which outlined the one of the strategic aims of the Trust in enabling less positive experiences to be recorded and appropriately acknowledged via social media platforms.

Mr. Taylor was in support of this approach and believed Listening into Action (LiA) has a similar approach of openness and transparency believing the response to negative feedback is key and how it is then utilised for service improvement. He asked how Mr. Munro believed the profile of Care Opinion could be raised in the Trust.

	<p>Mr. Clarke believed references to change and culture are instinctively related to frontline staff. He was mindful a powerful message of “not getting it right” requires sharing in a safe space. He noted feedback was on-line and asked if there were demographics available particularly in relation to hard to reach groups or those who are not IT literate. Mr. Munro responded demographic data was an option and only approximately 15% completed this with a higher ration of females providing this information. He added there is support to enable those less IT literate to give feedback and with developments being made to capture information via verbal recording.</p> <p>Cllr. Blake, reflected on the strong message and approach by Nottinghamshire Healthcare NHS FT and asked how the Board could raise the profile of the work of Care Opinion in the Trust, the Chair asked Mr. Munro to elaborate. Mr. Munro responded, a number of individuals are most enthused, share trust values and have tried to engage with others. This has been met with a mixed reaction in relation to a pressured work environment with a perception of a number of staff that Care Opinion is a process for service user complaints rather than an opportunity for the Trust to acknowledge and potentially remedy issues and implement learning via making changes.</p> <p>The next steps could be to consider how other trusts have operated Care Opinion and endeavour to identify champions who share the values of openness and transparency and build on their experiences.</p> <p>Mr. Taylor believed as with LiA, the commitment message should be the endorsed by the Board. He also added from LiA feedback, staff need to feel safe and a strategic review of feedback was timely.</p> <p>Dr. Hunter believed this was a crucial indicator of the development of the Trust as an executive and a Board in holding ourselves and each other to account. The Quality Assurance Committee (QAC) is sighted on the initiative and a service user experience report is in development which will incorporate data from complaints, fastracks and Care Opinion.</p> <p>The Chair noted there is an important message which aligns to Trust values and service users also need to feel confident to use Care Opinion. The Chair agreed to liaise with the Chair in the Lincolnshire Trust for their perspective and would also like Mr. Munro to present to Council of Governors (CoG) again.</p>	Chair/MS
	<p>Welcome & Apologies: 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>	
1/6/19	<p>Declarations of Interest: Cllr Blake declared an interest in issues relating to the Trust’s Partnership Agreement with the Local Authority, she also noted a new interest as a member of the Local Authority Finance Procurement Board, which will be added to the register. Prof Stone noted he was a Director on the Board of Sheffield Flourish, a mental health charity. It was determined the items were non pecuniary and would not require Cllr. Blake or Prof. Stone to leave the meeting.</p> <p>No further declarations were made.</p>	OB/MS

2/6/19	<p>Minutes of the Board of Directors meeting held on 10 April 2019 The minutes of the meeting held on 10 April 2019 were agreed with the following amendments.</p> <p><u>6/4/19 Service Performance Dashboard for period ending 28 February 2019 refers</u> Care Planning Approach (CPA) to read Care Programme Approach.</p>	
3/6/19	<p>Matters Arising & Action Log</p> <p><u>8/4/19 Staff Survey Analysis refers</u> Mrs. Stanley reported an update on the Workforce and Organisational Development Strategy was presented to Workforce and Organisational Development Committee (WODC) adding Key Performance Indicators (KPIs) are aligned to staff survey themes.</p> <p><u>11/4/19 Statement of Intent (SOI) Transitions – Sheffield Children’s NHS Foundation Trust (SCNHSFT) refers</u> Mr. Clarke reported the SOI has been signed by the Trust and SCNHSFT. Discussion with NHS Sheffield Clinical Commissioning Group (NHSSCCG) in relation to commissioning an appropriate service for 16 and 17 year olds continues.</p> <p><u>Action Log</u> Members reviewed and amended the action log accordingly.</p>	
Strategy		
4/6/19	<p>Health care Professions Leadership Members received a presentation from Dr Linda Wilkinson, Director of Psychology Services and Julie Edwards, Director of Allied Health Professions, a number of reference documents were received in support.</p> <p>Ms. Lightbown welcomed Dr. Wilkinson and Mrs Edwards. She noted the purpose of the presentation was to update members on the work undertaken by Allied Health Professions (AHP) and Psychological Practitioners within the Trust. This would focus on the wider national agenda, clinical leadership, workforce challenges and the NHS Plan, ensuring healthcare professions fit with the strategic thinking and planning of the Trust.</p> <p>The presentation focussed on two key documents; Clinical Leadership – framework for action in developing professional diversity and the NHS Long Term Plan “fit for the future”.</p> <p><u>Key points from the presentation:</u></p> <ul style="list-style-type: none"> • Complexity of the framework in relation to the diversity of the professions in practice and training, review of barriers and enablers and identifying commonalities. • Diversity of the work of AHPs and Psychological Practitioners both within and outside of the Trust, visibility and contribution • Challenges of undertaking leadership roles and working clinically • Explore new ways of working, modernisation and collaboration across the Trusts in the city. • Demographics of the workforce for both progressions, areas covered and development opportunities 	

	<ul style="list-style-type: none"> • Connectivity with South Yorkshire and Bassetlaw Integrated Care System (SY&BICS) • Build on the framework, multi-professional decision making, broader understanding of healthcare professions and reframing leadership roles. • Participation in the shadow board. <p>Mr. Taylor acknowledged the challenges in relation to seniority and leadership roles noting this is an area SY&B ICS are exploring and would expect diversity on the Shadow Board. Dr. Wilkinson welcomed this approach and a change in perspective. Dr. Hunter questioned whether some of the innovation and partnership working reached marginalised groups in the Trust. It was confirmed the evidence in the presentation suggests it does and in a number of instances via a different approach.</p> <p>Mr. Mills acknowledged the input from both professions and considered the reports raise as many questions as they answer. The Board and sub committees primarily seek assurance and while giving leadership and guidance it is unclear how the suggestions from the presentation could be taken into these debates. He continued it may be of benefit to explore how the Trust conducts business via an organisational development approach given the remit of Board Committees which includes a number of significant projects Mrs. Edwards welcomed additional dialogue and noted there is representation on a number of clinical operational groups however believed this could be enhanced further.</p> <p>The Chair queried how staff are receiving the framework and plan and potential changes in roles and responsibilities and asked if the regulatory bodies will support development. Mrs. Edwards believed the latter would, noting the development of clinical practitioner and approved mental health clinician. Dr. Wilkinson reported the British Psychological Society had encouraged Government to appoint to a senior psychological role at national level and there were also new roles at lower bands being developed. She added however psychology input when planning service models is seen as additional cost.</p> <p>Ms. Lightbown reported the senior leadership structure within clinical operations includes ten positions; six of these are held by clinicians and include Dr. Wilkinson and Mrs. Edwards, psychiatrists and nurses. As an executive it is her role to ensure their voices are heard and assured the Board these professions are engaged with workforce planning. The next steps could be discussion at a future Board Development session.</p> <p>Mr. Taylor reminded members that LiA's approach is to listen to all voices.</p> <p>The Chair believed the CoG would benefit from the presentation and raising the profile of these professions.</p>	Chair/MS
5/6/19	<p>NHS Commercial & Procurement Standards – Procurement Strategy Members received the strategy for approval.</p> <p>Mr. Easthope reported the Strategy has been developed to cover the period 2019 to 2021 in the absence of a current strategy. From a governance perspective the strategy has been presented to and was supported and approved by Audit Committee (AC), Finance, Information and Performance Committee (FIPC) and the Executive Directors' Group (EDG).</p>	

Key considerations added under Section 3.5 included assurance that customer service had a higher profile, reference to social value and development of ethical procurement. Mr. Easthope added he had been invited to join the Local Authority Procurement Forum, which Cllr Blake is leading on, along with senior finance leaders in the system. He would recommend the strategy for approval adding outcomes of the Forum could affect future iterations of the strategy.

Mr. Mills reported the FIPC discussed the strategy in detail. From a personal perspective he was pleased to see local procurement has been included and had welcome the learning from the Local Authority in this regard.

Mrs. Stanley reported the AC had also discussed the strategy and its compliance with the framework. She acknowledged it will evolve and mindful of the size of the procurement team. This also needs to link across the system.

Prof. Stone referenced Section 3.5 noting he was pleased to see this section, building on Trust values referencing his involvement in sustainability within the University and would happily share learning to support the wider procurement strategy. Mr. Easthope added the Procurement Forum has representation from both universities.

Ms. Lightbown fully supported the strategy adding procurement can appear a hidden process and acknowledged the impact on care especially if not undertaken properly.

The Chair noted the key messages to this strategy align with the Trust values and thanked Mr. Easthope's team for developing this.

The Board received and approved the strategy.

Performance Management

6/6/19 Service Performance Dashboard for the period ending 31 March 2019

Members received the report for period ending 31 March 2019 for assurance and information.

Mr. Easthope reported there are a number of amendments to the report, including key reporting into the ICS with the addition of a chart detailing performance against indicators. To note IAPT have improved the recovery rate which has achieved its 50% target. Overall there was stable performance in 2018/19; key areas have been over occupancy, 7 Day Follow Up and the Care Programme Approach (CPA). Additional resource and investment has been made in these areas and the impact will be monitored over the next six month period. Reported incidents have seen a notable variation and will be monitored over the coming few months.

The Chair, sought clarity regarding the Clover Group financial variation noting the position had not improved. Mr. Easthope responded, this is the end of year position and the risk was shared with Clover Group. A meeting with NHSSCCG was held to discuss the challenges the Trust are experiencing in relation to managing the contract within financial resource. A £300k overspend was noted recurrently over a three year period. Clover has undergone a quality improvement review and continued to develop the model and workforce. A joint paper will be developed and shared with joint governance bodies. Dr. Hunter added Clover Group are now fully established with General

Practitioners (GPs).

Mrs. Stanley welcomed the revised report, noting the Trust is performing against the ICS KPIs adding mental health does not appear high on the ICS agenda with few targets and suggested this is explored further. Mr. Easthope responded the key KPI targets had been highlighted and there are others which he had not wished to duplicate with the Trust's dashboard. It was suggested sharing the full ICS report with members for the purposes of transparency.

PE

Dr. Hunter referenced the section on assaults on staff detailed on the Safety Dashboard, noting narrative has been amended to reflect number of assaults. The data in relation to non-physical abuse of staff from July 2017 shows an increase, this reduces to below average over a period of one year. This aligns to a decrease in all incidents with correlation and association reviewed on a weekly basis in the safety meetings. Since July 2018 the nursing fill rate and bed occupancy have stabilised emphasising a contributing factor to a reduction in incidents is a stable workforce.

The Chair believed there was further development and discussions required in relation to integrated reporting and production of one dashboard to incorporate service performance and workforce.

PE/LL/MH/
DW

Mr. Clarke from a service perspective reported acuity remains high with busy periods out of hours on occasions requiring police intervention. The recruitment drive has had a positive impact with the Flow Co-ordinators working across as a team. Staff safety remains a concern with a number of innovations in development including body cameras, CCTV and security. The Chair asked if there were further measures and processes in place to support staff. Mr. Clarke responded a substantive workforce is one area, and following recruitment within in-patients, staff have feedback feeling safe in a team known and trusted. Further developments continue within community services.

Mr. Mills welcomed the update from Mr. Clarke regarding acuity as there has been significant national press of late in relation to austerity and comparisons across the UK and the impact of this. He continued there appears to be a correlation noting the increased demand for IAPT and the demands of real life issues. The Chair suggested a Board Development session could focus on qualitative information.

PE/CC/MS

Dr. Hunter believed positive steps are being taken which will become manifest in the data. There will be the development of therapeutic environments and the Operational Plan has a commitment to service user experiences and outcomes.

Ms. Lightbown welcomed the suggestion of a Board development session, noting the complexity requires focused attention and time.

Cllr. Blake whilst mindful of the references to austerity, noted other factors also impact personal circumstances, e.g. tax credit noting the Local Authority are exploring different ways to access benefit payments.

7/6/19

Safer Staffing Report for period to 31 March 2019

Members received the report for period ending 31 March 2019 for assurance and information.

Ms. Lightbown reported two additional reports had been shared with members for information, a letter from the Head of Mental Health Inspection, Care Quality Commission (CQC), a brief guide to therapeutic wards and a précis of the National Quality Board Improvement Guidance on sustainable workforce.

Ms. Lightbown noted the report now includes limited data on AHPs and psychological practitioners within in-patient settings. In relation to performance, the three adult in-patient wards had seen continued reduction with occupancy nearer to 100%. Registered nursing fill rate is stable at 98%.

The inaccuracies for data recording of Support Workers has been investigated and corrected. There remains high usage of Support Workers due to the number of clinical observations required when caring for very unwell patients, e.g. nursing to patient ratio in a number of instances has been 3:1. A number of these service users have also been physically unwell and require support as in-patients at Sheffield Teaching Hospitals NHS Foundation Trust (STHNHSFT).

Whilst there is no change in regulations, the CQC guide indicates that therapeutic environments will be the focus of future Well Led inspections and Mental Health Act Monitoring visits. The Trust has challenges with its current environment and a task and finish group of multi-disciplinary team will undertake a review of in-patient wards.

Sickness absence has reduced to below the Trust average. Vacancies remain stable. A presentation on recruitment and retention will be shared with Board in July 2019. A number of Band 5 nurses were successful in securing Band 6 positions and a development programme for Band 5 and 6 nurses is planned. It is hoped the Director of Organisation Development will engage in this project.

Business Planning Group (BPG), FIPC and WODC through June and July 2019 will receive a report following a review of funded establishment for nursing/support worker across give acute wards.

All twelve wards have an input from AHP and psychological practitioners. AHPs breakdown is eleven qualified/twelve unregistered and equates to 25% total Trust AHP workforce. Psychology is represented by five qualified and three assistants and a review of psychology intervention will shortly be undertaken. The Chair queried if psychological input was at establishment. Dr. Wilkinson responded, a number of wards have part time psychology input and the Trust is at full establishment based on the current model and resource, staff may work across wards. Mr. Taylor added the workforce profile model does require review.

Mr. Mills requested clarity regarding clinical observations. Ms. Lightbown responded following admission and assessment if it is deemed a service user is high risk, constant monitoring may be required. A staff member will be assigned to the individual and be required to have sight of the patient at all times and therefore cannot engage in other ward duties. In some instances there is a need for two staff to constantly monitor a service user, resulting in

	<p>additional staff required to undertake routine activities and ensure safe staffing levels. There is an increase in this type of observation with the acuity of patients.</p> <p>Dr. Hunter, added observations can be a life-saving intervention and teams are managing under the pressure. He noted additional bank and agency staff are required to support the quantity element and reiterated the need for substantive teams creating support to delivery on quality interventions.</p>	
Governance		
8/6/19	<p>Corporate Risk Register Members received the report for assurance and approval.</p> <p>Ms. Saunders reported the position was stable and good progress against risks. Changes include both de-escalation and escalation. Mrs. Stanley asked for assurance of careful monitoring of the newly escalated risks, adding they were discussed in AC; Mr. Mills added FIPC also discussed those aligned to committee.</p> <p>Board received and approved the CRR.</p>	
9/6/19	<p>Board Assurance Framework (BAF)</p> <p>a) <u>BAF 2018/19 - Sign Off</u> Members received the report for approval.</p> <p>Ms. Saunders reported the 2018/19 BAF is received for sign off and has been discussed in Board committees. Mrs. Stanley reported AC discussed and recommend sign off by Board. She added comments had been submitted on key areas of the BAF for incorporation in the Annual Governance Statement (AGS) and external reporting. The Chair noted significant progress has been made with the BAF over the last period.</p> <p>b) <u>BAF 2019/20 - Approval of risks</u> Members received the report for approval</p> <p>Ms. Saunders reported following the Board Development session and discussion in Board Committees, members received the final draft with the BAF presented to the July 2019 Board.</p> <p>Mrs. Stanley noted WODC has concerns in relation to risk of insufficient capacity and skill to deliver the objectives linked to Strategic Aim 2 – People A2 03 (revamp and improve approach to recruitment and retention) noting the risk does not appear to attach to a strategic objective. She suggested the BAF is signed off in principle, noting capacity related to risk is a concern in a number of areas, however not trust wide and therefore an approach could be to escalate specific areas via the CRR with any strategic concerns added to the BAF as and when necessary. The Chair asked members for their opinion on this proposal. Mr Easthope, whilst not part of the WODC discussion believed recruitment and retention is a key challenge and therefore further discussion is required by EDG. The Chair agreed to support the BAF in principle and for Board to be assured by EDG.</p>	MS

	<p>Mr. Mills noted the sale of Fulwood has been included as a risk due to the uncertainty of the market in light of EU Exit. Mr. Mills asked whether there was a risk regarding secured care and was assured this was in the early stages of discussion. Mr. Clarke also confirmed the Crisis Care Pathway is working towards accreditation and currently does not pose a corporate risk.</p>	
10/6/19	<p>Guardian of Safe Working - Bi Annual Report (October 2018 - March 2019) Members received the report for information and assurance</p> <p>Dr. Hunter reported assurance was received from the Guardian, Dr. Mike Atter that the system and exception reporting were working well.</p>	
Board Stakeholder Relations & Partnerships		
11/6/19	<p>Chair's Update</p> <p><u>Council of Governors (COG) meeting</u> The Chair reported COG have elected Toby Morgan as Lead Governor from 1 July 2019 for an initial period of six months. Jules Jones term of office ends on 30 June 2019.</p> <p><u>Non-Executive Director Recruitment</u> The Trust will be recruiting to three Non-Executive Director (NED) posts, to commence 1 August 2019, two open positions and Chair of Audit Committee. The vacancies are as a result of the end of term of office for Mrs. Stanley and Mr. Mills and the resignation of Prof. Serrant. The closing date for applications is 31 May 2019.</p> <p><u>National and Regional Profile of the Integrated Care System</u> The Chair reported the ICS is gaining prominence, supported by the NHS Forward View. She is more actively involved in the system and mindful of capacity and commitment. Mr. Taylor added he was also committing additional time to ICS.</p>	
12/6/19	<p>Governor & Membership Update Members received the report for information.</p>	
Executive Management Updates		
13/6/19	<p>Chief Executive's Verbal Update</p> <p><u>Director of Organisation Development (OD)</u> Ms. Rita Evans has been appointed Director of OD and comes to the Trust with extensive experience commencing in post mid July 2019.</p> <p><u>NHS Improvement (NHSI) Review (Quarter 4)</u> Mr. Clarke reported the Quarter 4 review had taken place with nothing untoward to report. Following the merger of NHSI and NHS England (NHSE), a representative from NHSE will now attend these meetings. Mr. Taylor reported Alison Knowles is the Locality Director and sits within the ICS and was in attendance at the first PLACE review in Sheffield. The review focused on frailty and joint commissioning. The Trust reported green against all indicators.</p> <p><u>Listening into Action (LiA)</u> A total of 51% responded to the pulse check with a total of 1,500 suggestions for change, a number of quick wins have already been implemented including the cascade of communication, electronically and in paper form as</p>	

there are a number of staff groups who do not routinely log on and look at email. A pilot for team brief will be developed and delivered on a monthly basis. All senior managers will be expected to partake in “back to the floor” sessions and spend up to half a day in clinical or corporate services. A new HR Helpline has been established. A bullying toolkit will also be developed, building on staff survey results. Mr. Mills noting the “back to floor” session was mindful also of the visibility of NEDs. Two staff with lived experience, Sue Sibbald and Pete Sanford have joined the project group. The Chair agreed to share the full feedback report with NEDs.

Chair

Mrs. Stanley asked if Board could receive a session on LiA at a development session and queried how Board will receive updates and analysis of emerging themes.

KT/MS

University of York (Smoking Cessation Research Grant)

Dr Hunter reported the Trust have been involved in smoking cessation in mental health. A team led by Nick Bell, SHSC Research and Development Manager has formed a partnership with Prof. Simon Gilbody’s team at the University of York and secured a research grant for £2.6m to study smoking cessation across acute mental health pathways. This is a key factor in the “20 Year dying too soon” agenda. This grant also generates a further £700k over a period of three years.

Prof Tim Briggs

Dr. Hunter reported Prof. Tim Briggs, an Orthopaedic Surgeon by profession and pioneer of “Getting it Right First Time” (GIRFT) was recently appointed National Director of Clinical Improvement for the NHS. Prof Tim Kendall accompanied him on a visit to Forest Close to gain further insight into mental health and the rehabilitation services of the Trust. Dr. Hunter wished to thank Richard Bulmer and his team for enabling the visit.

South Yorkshire Perinatal Mental Health Service

Mr. Taylor reported his attendance at the launch of the new service, noting a real enthusiasm and commitment for a new collaborative partnership. Albeit Jan Cubison had established a small service in Sheffield twenty years ago.

Recruitment (Single Point of Access/ Community Mental Health Teams)

Mr. Taylor reported additional resource will be available to support SPA and CMHT’s. A current recruitment drive to CMHT has attracted 45 applications to date. Recruitment to SPA challenging and new innovative recruitment is being explored including rotational posts.

Dr. Hunter added Dr. Charlotte Blewett has been appointed as Consultant Psychiatrist in Older Adults and SPA. She is an award winner both internally in the Trust and Royal College of Psychiatrists.

a) Accountable Care Partnership Programme Director Report (April 2019)

Members received the update for information. Mental Health And Learning Disabilities continues to be the most developed programme. In the recent review Sheffield was commended for its lifespan and mental health programmes. Progression of the digital programme will resume following the appointment of a Senior Responsible Officer. Mr. Wilson has also taken a lead role in Human Resources.

	Recruitment to the post of Programme Director is underway, following the resignation of Ms. Rebecca Joyce, following her appointment as Chief Operating Officer for Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.	
Papers for Information and Assurance		
14/6/19	<p>Associate Mental Health Act Managers (AMHAM) Quarter 4 Report Members received the report for information.</p> <p>Ms Lightbown reported an additional three AMHAMs have been recruited. A request to review remuneration is being progressed via the Remunerations and Nominations Committee (RNC). The AMHAMs raised the seemingly low use of Independent Mental Health Advocates (IMHA) for detained patients who may be suitable for discharge from their section appeal hearings and will liaise with the advocacy service. This is a confidential matter between the service user and IMHA who do liaise with the ward. The Chair added the AMHAMs reported the service appears adhoc. Ms. Lightbown added the CQC are aware of problems nationally as there is no benchmark information available.</p>	
15/6/19	<p>Board Committees – Significant Issues Reports:</p> <p>a) Annual Reports from Board Committees Ms. Saunders reported the Board committees annual reports were presented to each respective committee and to Audit Committee for approval. The report will be shared with CoG.</p> <p>b) Audit Committee Members received the approved minutes of the meeting held on 22 January 2019 and the Significant Issues Report from the meeting held on 29 April 2019.</p> <p>Mrs. Stanley reported the meeting focused on sign off noting the Trust received a significant rating from the Head of Internal Audit Opinion, an improvement on 2018/19 rating. Contributing factors include the continued development of the BAF, streamlining and management of committees, sign off of internal audit plans, self-review of counter fraud and self-certification against conditions. Going forward into 2019/20 a review of committees was timely and the Trust is scheduled for an external governance review. Mr Easthope added AC was functioning well and gave him assurance</p> <p>c) Quality Assurance Committee (QAC) Members received the approved minutes of the meeting held on 25 March 2019 and the Significant Issues Report from the meeting held on 29 April 2019</p> <p>Mr. Mills believed the committee is maturing and working effectively. Service User representation is progressing. Committee discussed the quality aspects from the staff survey and further actions will be progressed. Committee was not assured this had been shared with the senior leadership team and asked for a review of dissemination. In relation to the update on the CQC action plan, resolution of an number of estates actions requires intervention</p>	

<p>d) Finance, Information and Performance Committee (FIPC) Members received the Significant Issues Report from the meeting held on 29 April 2019.</p> <p>Mr Mills, reported committee received the end of year reports thanking the Finance Directorate for the high quality reports and level of financial prudence though the year The Committee feel assured of the financial position, the explanation of the position has been shared with CoG. From a procurement perspective all but one contract is on target. The Acute Care Modernisation Phase 2 (ACM2) is progressing and referenced the earlier discussion regarding therapeutic environments as a driver to maintain momentum. He was mindful every change required further iterations of plans and made a plea to ensure a final version is signed off by clinicians. Mr. Easthope added committee agreed to review the information element.</p> <p>e) Workforce and Organisational Development Committee Members received the approved minutes of the meeting held on 31 January 2019 and the Significant Issues Report from the meeting held on 30 April 2019</p> <p>Mrs. Stanley noted a meeting has been scheduled for July 2019 to review a number of reports and targets, Cllr. Blake has agreed to Chair in the absence of Prof. Serrant. Committee discussed the progress of the workforce dashboard and the types of reporting required for WODC.</p>
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16/6/19	<p>Any Other Urgent Business No further urgent business was discussed.</p>
17/6/19	<p>Chief Executive's Announcement of Confidential Business <i>In the interest of probity the Chief Executive announced commencement of confidential business in accordance with the published agenda</i></p>
18/6/19	<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 10 July 2019 at 10am
Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road,
Sheffield, S10 3TG**

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