

## Board of Directors - Open

Minutes of the 127<sup>th</sup> Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 11 December 2019 at 10 a.m. in the Board Room, Old Fulwood Road, Sheffield S10 3TH

### Present:

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

### In Attendance:

9. Prof. Brendan Stone, Associate Non-Executive Director
10. Ms. Samantha Harrison, Interim Director of Corporate Governance (Board Secretary)
11. Mr. Dean Wilson, Director of Human Resources
12. Ms. Andrea Wilson, Interim Chief Operating Officer/Director of Quality
13. Ms Gemma Berry, Interim Inspection Manager Care Quality Commission (Observer)
14. Mrs. Sharon Sims, Personal Assistant to Interim Chief Executive (Minutes)
15. Ms. Jane Ginniver, Deputy Director, ICS Development (Item 4)
16. Mr. Ben Sewell, Assistant Deputy Director of IMS&T (Informatics and Architecture) (Item 8)
17. Ms. Deborah Cundey, Service Development Manager (Item 5 & 6)
18. Ms. Kim Parker, Clinical Lead, Gulu Sheffield Mental Health Partnership & Clinical Nurse Manager, Forest Lodge (item 12)
19. Mr. Vin Lewin, Investigation Lead (Item 12)

### Apologies:

Mr. Clive Clarke, Interim Chief Executive

### Public/Staff:

Holly Cubitt, Head of Communications, SHSC

Rita Evans, Director of Organisation Development, SHSC

Dr Wale Lagundoye, Clinical Director, Sheffield Treatment and Recovery Team, SHSC

Dr Ekundayo Musa, Trainee Psychiatrist, SHSC

### Carer Experience

Dr Hunter introduced Gill Hunt, a Carer and Mai Bajin, Engagement and Volunteer Manager to the meeting to hear of experiences from a carer perspective, in order to support learning and development in the Trust.

Gill shared her experience of caring for her daughter, who uses community and in-patient services. She noted the care model was different in mental health, with a client focus and emphasis on ownership and moving forward, mindful of confidentiality. A significant challenge was being heard and clarity on a pathway. The impact on home life has been significant with periods of sickness resulting in the end of a long career to become her daughter's carer. The Chair thanked Gill for sharing her experience and wished her daughter well.

Dr Hunter thanked Gill for sharing her experience and apologised that she has not been heard, adding that issues of confidentiality arise frequently. The Carer Strategy was presented to the Quality Assurance

Committee (QAC), and the Committee believed it could be more ambitious in understanding the needs of the carer. He agreed to feed Gill's feedback into the quarterly learning event on serious incidents.

Ms Lightbown acknowledged Gill's experience and asked if the Early Intervention Service (EIS) was accessed., Gill responded that she felt it would not have been beneficial. Ms Lightbown offered to meet with Gill to gain more insight into her experience and Gill accepted this offer.

Mrs Stanley asked if many different staff were involved in her daughter's care, and if so, the impact of this. Gill responded that her daughter was referred to the Home Treatment Team (HTT) where there was inconsistency; she saw different people and repeated her story on a number of occasions. Mrs Keene asked Gill if leaving her work could have been avoided. Gill said that she had also cared for her mother, had an extended period of sickness, and felt she could not commit to returning to work.

The Chair noted the strands raised including; confidentiality, caring for carers, care plan and holistic care packages, employers and enabling staff. She hoped Gill felt the Board has listened and suggested she returns to update the Board in a year. *Action: Bring Forward BoD December 2020*

| Ref             | Item   | Action                |
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|                 | <p><b>Welcome &amp; Apologies:</b><br/>The Chair welcomed Ms Samantha Harrison, Interim Director of Corporate Governance (Board Secretary), Ms Wilson, observing in her capacity as Interim Joint Chief Operating Officer/Director of Quality and Ms Berry, observing in her capacity as Interim Inspection Manager, Care Quality Commission, members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance, and noted apologies. The meeting was quorate.</p>  |                       |
| 1/12/19         | <p><b>Declarations of Interest:</b><br/>Prof Stone noted he is a Director of the board of Sheffield Flourish, a mental health charity. It was determined the items on the agenda were nonpecuniary and did not cause a conflict of interest. No further action would be taken in this regard. No further declarations were made.</p>   |                       |
| 2/12/19         | <p><b>Minutes of the Board of Directors meeting held on 13 November 2019</b><br/>The minutes of the Open Board of Directors' meeting held on 13 November 2019 were agreed as an accurate record, with one minor amendment. The minutes would be updated to reflect this amendment.</p> <p>5/11/19a Trust Visual Identify – Strapline refers<br/>The action to circulate the options was superseded by the Board decision to adopt the strapline Proud to Care in Sheffield.</p>  |                       |
| 3/12/19         | <p><b>Matters Arising &amp; Action Log</b><br/>Members reviewed and amended the action log accordingly, confirming that they agreed that all actions noted as complete were appropriate. Updates on outstanding actions were noted.</p>  |                       |
| <b>Strategy</b> |  |                       |
| 4/12/19         | <p><b>Accountable Care Partnership (ACP) Workforce Strategy 2019/24</b><br/>Members received the ACP Workforce Strategy for information and were asked to note progress and consider alignment to the Trust's Workforce Strategy, to be presented to Board in Spring 2020.</p> <p>Mr Wilson, reported that workforce is high on all trusts' agendas nationally, within a challenging environment. Sheffield is well established with a number of established workstreams to support the Strategy, which include health and social care. Consultation has included open events, engaging with staff and unions.</p> <p>Strategy is focused at Place and was signed off by the ACP Board. The priorities, owned by the ACP Workforce and Organisation Development Board include; Brand</p> | DW (B/F BoD 2020 tbc) |

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|                               | <p>Sheffield; training programme; embedding system leadership; system approach to the apprenticeship levy and care homes. They will be owned by the ACP Workforce and Organisation Development Board.</p> <p>Mr Mills believed Brand Sheffield is a positive step forward as health is often overlooked, despite the NHS being one of the largest employers in the city. He raised concern in relation to capacity and capability to produce and deliver the Trust's strategy quickly and effectively. Mr Wilson confirmed there was capacity to develop the Trust's strategy with the proposed timeline that the first iteration is presented to WODC in January 2020, final approval by the Committee in April 2020 and approval by Board in May 2020. The Chair raised concerns in relation to timescales and asked if Board could receive the first iteration at its meeting in February 2020. Ms Smith, Chair of WODC supported this request and added that WODC will require assurance that the strategy meets the needs of the Trust and aligns with the ACP strategy.</p> <p>Mrs Keene asked what the measures were for ensuring deliver of the ACP Strategy and added that she felt mental health and learning disabilities require greater focus. Ms Ginniver reported that in relation to governance and delivery, key leads have been identified and tasked with establishing groups in January 2020. A separate workforce group will focus on Mental Health and Learning Disability. Board raised concern in relation to the separation of these issues and the Chair agreed to seek clarity and assurance on this group.</p> <p>Ms Lightbown noted the Strategy should be grounded and system-wide to reflect the current workforce plan and be informed by all organisations. Future ambition should include integration across physical and mental healthcare and take learning from services applying this eg: Improving Access to Psychological Therapies (IAPT).</p> <p>Dr Hunter noted the key focus of a workforce strategy should include staff wellbeing, safety and quality of care for patients and be mindful that the workforce of the future will include a number of generic professional roles.</p> <p>The Board received and noted the content of the ACP Strategy, noting that the Trust's own workforce strategy will need to align, whilst ensuring the mental health and learning disability elements are included. WODC will receive the first iteration of the Trust's Workforce Strategy in January 2020 and Board in February 2020.</p> | <p>DW (B/F BoD Feb 2020)</p> <p>Chair</p> |
| <b>Performance Management</b> |  |   |
| <p><b>5/12/19</b></p>         | <p><b>Mental Health Benchmarking</b></p> <p>Members received the Trust's summary analysis in relation to the year 2018/19 for information.</p> <p>Mr Easthope reported the presentation sets the framework to answer the "so what" questions to inform and assure Board. Ms Wilson added this is a new approach and the team are exploring the way in which the information can be used.</p> <p>A presentation from Ms Cundey focused on the NHS Benchmarking Network and Getting it Right First Time (GIRFT), an NHS Improvement Collaborative. It was explained that the Trust are engaged with the Crisis and Acute Mental Health and the Psychiatric rehabilitation work streams. Dr Hunter added that Rehabilitation services were visited recently as it is seen as an exemplar. The benchmarking report for learning disabilities is available in April 2020.</p> <p>Ms Cundey presented the Trust's demographics, national headlines and key summary of findings.</p> <p>Prof Stone noted that acute admissions under the Mental Health Act (MHA) and restraints are high, and there is low reported length of stay under the MHA against a low bed stock. The Chair added Governors have also asked questions on these issues. Dr Hunter responded that detention under the MHA and restraints relate to</p>  |   |

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|         | <p>the bed denominator; the Trust have fewer beds nationally therefore the rate is similar in comparison, in relation to restraints when the head of population is applied the Trust rate average, seclusion and use of rapid tranquilisation are higher. Nationally, detention under MHA in Sheffield is slightly higher than average.</p> <p>Mrs Keene asked why community intervention was not higher, noting the lower but high cost bed stock and whether the budget strategy was correct. Ms Lightbown responded that length of stay on the acute wards has slightly increased, the pathway into step down and rehabilitation, which has a slightly longer length of stay is missing, there is also a need to review the pathways. Liz noted there are a high proportion of service users with psychosis on in-patient wards, which could suggest community teams are not picking this up in the early stages.</p> <p>Mr Easthope reported that in relation to budgets, the care model needs to follow the clinical strategy and that community services is an area that requires further work. The Chair noted the Deep Dive in relation to bed occupancy is scheduled for February 2020 and asked that cause and effect are included for each element.</p> <p>Ms Cundey reported that community benchmarking is difficult as trusts operate different care models which are not comparable. It was however noted that, there may be learning in looking at those trusts who have low admissions and bed numbers.</p> <p>Dr Hunter clarified that case load in the report relates to head of population, not to be confused with the reference to caseload per worker in Community Mental Health Teams (CMHTs). Mrs Stanley added that caseload alone is not a good quality indicator or measure. Ms Lightbown noted that caseload is important in the right context and epidemiology as evidence suggests a Practitioner with a manageable caseload is more likely to “pick up” psychosis earlier. Mr Easthope added that caseload is a good tool to measure capacity. The Chair welcomed the clinical voice and evidence base.</p> <p>Ms Smith noted that the report is presented “to note content” and that for assurance she would like clarity on learning and actions. Ms Keene added the action is more than the Deep Dive and suggested the Executive Directors’ Group (EDG) undertake the analysis and report the findings to Board.</p> <p>The Chair asked for clarity on next steps, mindful the Deep Dive is scheduled for February 2020. Mr Easthope responded that the Board are asked to note for information and progress made. The five actions detailed in the report, will be followed through to inform the planning round, transformation and strategy development.</p> | B/F BoD Feb 2020 |
| 6/12/19 | <p><b>Performance and Quality Framework (PQF) Progress Update</b><br/>Members received a progress update on the development of the PQF.</p> <p>Ms Wilson reported that the project to bring information into a central data warehouse has been complex and time consuming as every piece of information has to be validated and kite marked. The aim is for future reporting to contain only centrally held data. Capacity has been a factor; the project is led by the Quality team and supported by colleagues in IMST and Operations, being developed alongside their substantive roles. Dedicated resource has now been approved.</p> <p>Ms Cundey reported that her presentation is an introduction to the Board development session scheduled for January 2020 and to prompt consideration about how information is used effectively to report performance.</p> <p>The presentation included examples of current reports and development of the PQF programme and its reporting capability to offer live reporting and interrogation. The Chair asked that the development session answers the question of how are managers assured and how is data used to support improvement.</p>  |                  |

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|         | <p>The Non Executive Directors welcomed this development. Mr Mills said that he was keen to understand the constraints and whether this is a priority that will be resourced to deliver. Ms Wilson reported that the PQF Board are already reviewing resource, and those who currently provide information as part of their role.</p> <p>Mrs Keene believed the NEDs were not best placed to answer the question of “what does the Board want” to provide assurance of a ward activity reported to Board. She would like to see the framework and discuss the system and content.</p> <p>Ms Wilson believed a radical approach is required going forward. The Chair and NED’s welcomed this, the Board need to understand what it is like at ward level.</p>  |                     |
| 7/12/19 | <p><b>Service Performance Dashboard (including Safer Staffing) for the period ending 31 October 2019</b></p> <p>Members received the Performance Report for the period ending 31 October 2019 for assurance and information.</p> <p>Mr Easthope reported on a number of key points in the report including high out of town activity, supported by narrative, and mitigation plans to address under performance in Increasing Access to Psychological Therapies (IAPT). He added that IAPT was flagged as a concern at the Place Quarter 2 Review.</p> <p>Mr Mills believed as well as receiving the dashboard, Board need to understand the impact across services of any upward trends or longer term challenges in services. He used Acute Care Modernisation Phase 2 programme as an example, which is supported by Leaving Fulwood, Data Centre and Wards End Road projects which are all delayed. Mr Easthope responded he will report on a significant item in the Confidential session. In relation to out of town he noted Board has previously discussed the Trust’s bed stock. The Chair believed the review of the PQF is an opportunity look in depth at a number of areas.</p> <p>Prof Stone referenced Restraints, noting the narrative to support the sustained period above the mean has been omitted. Dr Hunter agreed to circulate the narrative, adding that the control totals are reviewed at 8 months above mean. In relation to head of population the Trust is typical, but not improving.</p> <p>Mrs Stanley, mindful of the significant workforce agenda asked if narrative could be included in the dashboard for turnover, headcount and sickness absence. She noted an error on the graph on sickness absence and asked if this can be corrected.</p> <p>Mrs Keene reported a new definition for Eliminating Mixed Sex Accommodation (EMSA) breach has been published. Quality Assurance Committee (QAC) will also monitor against the old definition, as they believe it is a helpful measure. On a positive note, she was aware there has been a focus on medicines incidents, a reduction in incidents is reflected in the dashboard.</p> <p>Board received the report and were assured.</p> | <p>MH</p> <p>DW</p> |
| 8/12/19 | <p><b>Feedback from Shadow Board Development Programme</b></p> <p>Members received a report and feedback from the Shadow Board Development Programme for information.</p> <p>Mr Sewell delivered a presentation, on the Shadow Board Development Programme for aspiring leaders in the Trust to understand the purpose and function of a board. As part of the programme, it received, discussed and asked questions of reports presented, seeking assurance, identifying risk and considering strategy. The group was diverse with individuals from across a variety of roles in the Trust and Mrs Keene assumed the role of chair and mentor. The learning will be taken forward with a proposal to EDG to continue the principles of the programme.</p>  |                     |

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|                   | <p>Board received positive feedback from members of the Shadow Board on their experience of the process.</p> <p>Dr Hunter asked what the group require to continue the Shadow Board. Mr Sewell said other trusts have continued reviewing papers and feeding back to the Board prior to the meeting and he suggested an initial discussion with the group to identify other elements that may be continued.</p> <p>Ms Lightbown asked what had been the key benefit of taking part in the programme. Dr Lagundoye believed it was the “helicopter view” in overseeing the bigger picture for the Trust. Mr Sewell added that he had recognised the importance of ensuring assurance questions are answered in reports to Board.</p> <p>Mrs Keene said she had enjoyed the experience, including the openness of the group which grew over the programme, and being mindful that everyone has a part to play in improving services. She said this group had engendered a sense of one team across the Trust which could be built upon.</p> <p>Mr Easthope believed there are lessons to be learned for EDG, particularly in relation to communicating with teams about reporting requirements, culture and clarity, He would discuss options to continue the Shadow Board with EDG.</p> <p>The Chair thanked the team for their feedback, noting Board would support the Shadow Board if it wished to continue and in development of future cohorts.</p>   | PE/EDG |
| <b>Governance</b> |   |        |
| 9/12/19           | <p><b>Board Assurance Framework</b></p> <p>Members received the Board Assurance Framework (BAF) for information and assurance.</p> <p>Ms Harrison noted there has been significant development over the year to date, the process is well managed, incorporates an established cycle of scrutiny and review and produces a strong report. This has been recognised by Internal Audit in their recent Head of Internal Audit Opinion Stage 2 review. The Chair thanked Mrs Stanley, Mr Easthope and the team for the focus in this area.</p> <p>Ms Harrison highlighted that the report had been developed to now include risk appetite – which helped focus on those risks for which the Trust has zero or low appetite as a priority. It is important to address these through actions which will impact on mitigating the risk, and that these should be carried out to agreed timeframes. The current BAF risks include three increasing, two decreased and one closed risk.</p> <p>A Board development session on 19 February 2020 will be used to identify risks for 2020/21 against the strategic risks and the risk appetite will be further refined to support future reporting.</p> <p>Mrs Stanley noted Board are not receiving increased assurance on a number of areas particularly those relating to safety which have a low risk appetite. . She suggested QAC explore why the controls are not working and to review the narrative on the BAF. She noted ARC discussed the risk appetite and asked that consideration is given to incorporating this in the scoring, She noted there is a recommendation to close a number of risks, Board should be asked to consider this. However she would not agree to removing the risks, as they require continued review.</p> <p>Dr Hunter reported the action against A101i relating to the regulatory risk is one for closure as it outlines a previous account of Care Quality Commission (CQC) outstanding actions. The action against A102.ii, concerns the safety domain, and includes the current position on CQC ‘must do’ actions including physical health, rapid tranquilisation, nurse call system at Forest Lodge and building work at Forest</p> |        |

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|          | <p>Close. This narrative needs to be transposed into the narrative of A101i Mrs Stanley was mindful the BAF grows over the year and wished to see the key areas of focus.</p> <p>Mrs Keene noted the heading for A101i is failure to meet regulatory standards (registration and compliance) and the purpose for this was CQC and monitoring. She reported Quality Assurance Committee (QAC) have identified a number of areas where regulatory standards are not being met. She questioned whether the heading should remain and the reference to CQC omitted. Dr Hunter believed there is an opportunity to broaden the descriptor, and added that the risk can be cross referenced with the regulation dashboard the Committee receives.</p> <p>Board received the report and were assured.</p>   |  |
| 10/12/19 | <p><b>Corporate Risk Register</b><br/>Members received the Corporate Risk Register (CRR) for approval.</p> <p>Ms Harrison referenced changes as outlined in the report. The closed risks include Risk 4222 relating to medicines management, reduced from a risk rating of 12 to 9 and Risk 4240 relating to the CQC “must do” actions reduced from 15 to 9. Dr Hunter added that a new risk has been opened detailing specific issues arising from CQC compliance.</p> <p>Mr Mills referenced the reduced Risk 4078 in relation to staff survey results, and asked if this is premature, mindful that 2019 results are imminent.</p> <p>Mrs Stanley noted the related risk is on the BAF, and that following discussion at WODC it was agreed to reduce the BAF assurance rating on one of the controls relating to A201, but not to de-escalate the risk. This was based upon evidence that staff are better engaged and more motivated. Following discussion, Board could not support the revised risk score and it was agreed it should remain at a score of 12</p> <p>The Chair referenced the reduced Risk 4223 in relation to health and safety and asked for the rationale for this reduction. Ms Harrison advised that a new risk will be created specifically relating to moving and handling. Mr Wilson advised that on review the rating was reduced from 15 to 12 and that this was supported by EDG. It was noted that a training programme has been delivered by the Health and Safety Executive (HSE) and risk assessments have been completed. Dr Hunter reported QAC were not assured of systematic processes for health and safety, as reported on the significant issues report. Following discussion Board could not support the revised risk score and it was agreed it should remain as 15.</p> <p>In response to a request from Ms Smith, Ms Harrison confirmed that future reporting would clarify the roles of Committees and EDG in the ongoing update of the CRR.</p> <p>Board received the report and were assured.</p> |  |
| 11/12/19 | <p><b>Standing Orders, Reservation and Delegation of Powers, Scheme of Delegation and Standing Financial Instructions</b><br/>Members received an update the review for approval and ratification.</p> <p>Mr Easthope reported the amendments to the documentation as detailed in the appendices. A robust governance process has included review by Finance &amp; Performance Committee (FPC) Audit &amp; Risk Committee (ARC) the Executive Directors’ Group (EDG) and engagement with relevant staff. Mr Easthope in his capacity as Director of Finance recommended the Board approve the amendments.</p> <p>Mr Easthope added that in supporting and empowering staff to make decisions, limits have been increased under the Scheme of Delegation and support will be offered to staff in implementing these.</p> <p>Board agreed to approve the changes.</p>  |  |

| <b>Board Stakeholder Relations &amp; Partnerships</b> |  |  |
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| <b>12/12/19</b>                                       | <b>Gulu Sheffield International Mental Health Partnership – Presentation and Report 2017-19</b>  |  |
|   | <p>Members received the biennial report and a presentation for information.</p> <p>Ms Lightbown noted that the report updates on the work of the partnership and includes the reciprocal benefits and learning on three levels; personal, professional and organisational. It was highlighted that the partnership has limited resource and options are to be explored for expansion. Key achievements include; training staff in Gulu to deliver Respect training in their own and neighbouring hospitals. The presentation from Ms Parker, Clinical Lead and Mr Lewin, gave highlights from their recent experience.</p> <p>The partnership has applied for Tropical Health Education Trust (THET) funding to continue a training programme across the community., the Commonwealth Fellows programme operates as an exchange and offers benefits to both the Trust and Gulu. The fellows spend 8 weeks with the Trust and work alongside Trust staff.</p> <p>The presentation highlighted the benefits and learning for the Trust, through analysis from a toolkit for international partnership working developed by Health Education England. Staff have fed back they feel empowered by the experience, the pace is fast moving, there is a need to be creative and resourceful and they are proud to have been given the opportunity to experience a different culture. For the majority of staff, they get to experience what it is like to be a minority. The Trust staff who visit are from a multi disciplinary background and a skill set to meet the partnership's needs. On occasions staff with specialist skills from neighbouring trusts have been selected.</p> <p>The Trust is recognised for this international partnership and offers other trusts guidance and advice to support their own partnerships.</p> <p>Mr Lewin reported the Trust has developed a suicide prevention training programme, which is recognised locally and regionally. He delivered the training in Gulu and saw how they developed it to meet their needs. The experience has invigorated him and he felt proud to share skills.</p> <p>Mr Mills believed there was learning to share from different cultures. The Chair asked if anything was required of the Board. Ms Parker reiterated that capacity is the key challenge. The Chair suggested referring this to EDG.</p> |  |
| <b>13/12/19</b>                                       | <b>Chair's Update</b>  |  |
|   | The Chair reported following a rigorous recruitment process, Jan Ditheridge was appointed as Chief Executive, and will join the Trust in March 2020.   |  |
| <b>14/12/19</b>                                       | <b>Governor &amp; Membership Matters</b>   |  |
|   | Members received the Governor and membership update for information  |  |
| <b>Executive Management Updates</b>                   |  |  |
| <b>15/12/19</b>                                       | <b>Interim Deputy Chief Executive's Verbal Update</b>  |  |
|   | <p><u>CQC Progress Update</u></p> <p>Mr Easthope reported on a formal engagement meeting held on 22 November 2019 with open and transparent dialogue on a number of key issues. The document review is to be undertaken over three days commencing 7 January 2020. A number of focus groups will be held during December 2019, and key interviews will be scheduled over 4 and 5 February 2020. Mental Health Act visits have increased and unannounced visits are expected. The Trust continues to prepare robustly for the inspection.</p>   |  |

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|   | <p><u>Winter Pressures Funding – South Yorkshire and Bassetlaw (SY&amp;B)</u><br/>The Trust has submitted a bid for; access to crisis mental health at weekends; step down capacity; drug and alcohol workers for Accident and Emergency/liaison and specialist doctors for the Psychiatric Decisions Unit.</p> <p><u>Place Performance Review – Quarter 3</u><br/>The Sheffield system review replaces the individual quarterly monitoring meetings. Discussion included: transformation of primary care networks, urgent &amp; emergency care, referrals to treatment and waiting lists and cancer performance, which has improved. There is a national narrative moving towards growth in waiting list ratios, away from referral to treat. There is also a challenge in relation to mental health core standards, IAPT, Access and Recovery rates which will need to be discussed with NHS Sheffield Clinical Commissioning Group (NHSSCCG).</p> <p><u>Director of Corporate Governance (Board Secretary)</u><br/>Following interview, David Walsh has been appointed and will commence in post April 2020.</p> <p><u>Governance Review</u><br/>Jill Dentith, Governance Consultant is leading the review and has developed a scope and engagement plan, (to be circulated), she will be interviewing Board members and corporate governance colleagues. The review will aim to make recommendations for consistent support to Board and committees, improving corporate memory and records and overall corporate governance.</p> <p><u>Listening into Action (LiA)</u><br/>Focused sessions have been held on Bullying and Harassment - Mr Easthope is the executive lead and attended sessions, listened to staff or received confidential feedback. The Crowd Fixing project will be taking a number of issues forward. The next phase of LiA is 7 Steps, a programme designed around collaboration and moving things forward at a quicker pace.</p> <p><u>Working Together Conference</u><br/>The event held on 2 December 2019 was well supported and positive feedback received. Further learning and development is to be taken forward.</p> <p><u>Staff Survey</u><br/>The survey has closed with a response rate of 40%, a slight increase on previous year. Results will be available in February/March 2020.</p> <p><u>Site visits</u><br/>Richard Bulmer, Associate Director accompanied Jan Ditheridge, incoming Chief Executive, on a visit to Forest Lodge and Forest Close.</p> <p>Mrs Keene referenced the corporate governance review and asked if this included complaints. Mr Easthope advised that a separate recovery action plan for complaints has been agreed with NHSSCCG following challenge by the CCG and to address recommendations from the internal investigation into complaints handling at the Trust. As part of the action plan, capacity and skills in the corporate affairs team will be reviewed, and processes and roles clarified.</p> | PE |
| <b>Papers for Information and Assurance</b> |   |    |
| 16/12/19                                    | <p><b>Mortality Report (Quarter 2) July to September 2019</b><br/>Members received the Quarter 2 Mortality Report for information.</p> <p>Dr Hunter reported that all deaths have been reviewed using incident reporting system, which included a sample from the national spine system. One expected death occurred on Ward G1, causation related to illness. The family feedback through the Mortality Review Group is that they were happy with the care received.</p>   |    |

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|          | <p>There is a national steer away from focusing on the number of deaths, as in some instances deaths may be hidden behind numbers. Within mental health the concept of preventable death is identifiable eg: suicide or self inflicted traumatic event whilst an in-patient. There are other areas which may be preventable which do not fit into the definition as applied in a general hospital setting. The Northern Alliance of trusts is steering away from this concept. A more sophisticated structured judgement review allows for preventability reporting and the next quarterly report will build on this.</p>  |  |
| 17/12/19 | <p><b>Board Committees – Significant Issues Reports:</b></p> <p><b>a) Quality Assurance Committee (QAC)</b><br/> Members received the minutes of the meeting held on 28 October 2019 and the Significant Issues Report from the meeting held 25 November 2019.</p> <p>Mrs Keene reported that the Committee reviewed complaints management in detail, the key issues raised include on-going staffing and sustainability to deliver the recovery action plan. The Committee are seeking assurance that capacity will be maintained to deliver the plan. Mr Easthope acknowledged that staffing is a concern, recruitment is interim but currently above establishment, and additional resource has been sought internally. The interim lead is experienced and the team are working well.</p> <p>The Committee are also seeking assurance from EDG on accountability, roles and responsibility for leadership of health and safety, assurance of monitoring and a review specifically in relation to risk assessment. Mr Wilson advised he was the lead for health and safety, and that following the Committee meeting he has met with a number of individuals to progress this issue. Risk assessment is on the agenda of the next health and safety meeting and he will report back to QAC.</p> <p>Mr Easthope reiterated that roles and responsibilities would be reaffirmed and Mr Wilson has been tasked to give EDG this assurance.</p> |  |
| 18/12/19 | <p><b>Any Other Urgent Business</b><br/> No other business was discussed.</p>  |  |
| 19/12/19 | <p><b>Interim Deputy Chief Executive’s Announcement of Confidential Business</b><br/> <i>The Interim Deputy Chief Executive announced the commencement of confidential business in accordance with the published agenda</i></p>  |  |
| 20/12/19 | <p><b>Chair’s Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b><br/> <i>In accordance with Standing Order 3.1 of the Board of Directors’ Standing Orders, the remainder of the meeting will remain confidential.</i></p>   |  |

**Date and time of the next Board of Directors meeting**  
**Wednesday 12 February 2020 at 10am**  
**Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road,**  
**Sheffield, S10 3TH**

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