

Board of Directors - Open

Minutes of the 128th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 12 February 2020 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 and Performance Committee
3. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit and Risk 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. Clive Clarke, Interim Chief Executive
7. Mr. Phillip Easthope, Interim Deputy Chief Executive/Executive Director of Finance
8. Dr. Mike Hunter, Executive Medical Director
9. Ms. Liz Lightbown, Executive Director of Nursing and Professions
10. Ms. Michelle Fearon, Interim Chief Operating Officer

In Attendance:

11. Prof. Brendan Stone, Associate Non-Executive Director
12. Ms. Samantha Harrison, Interim Director of Corporate Governance (Board Secretary)
13. Mr. Dean Wilson, Director of Human Resources
14. Mrs. Sharon Sims, Personal Assistant to Interim Chief Executive (Minutes)
15. Ms. Caroline Parry, Deputy Director of Human Resources (Item 4)
16. Dr. Linda Wilkinson, Head of Psychological Services (Item 5)
17. Mrs. Julie Edwards, Head of Allied Health Professions (Item 5)
18. Ms. Wendy Fowler, Freedom To Speak Up Guardian (Item 7)

Public/Staff:

Ms Jill Dentith, Governance Consultant
Ms Debra Hammond, Shropshire Community Health NHS Trust
Ms Jan Ditheridge, Chief Executive, Shropshire Community Health NHS Trust

Staff Experience

Dr Hunter introduced Julian Tang, a Social Worker/Care Co-ordinator from the Recovery (South) Team, part of the Community Mental Health Team (CMHT). Julian was asked about his personal experience as a staff member based at Eastglade. He was accompanied by Sarah Roberts-Morris, Senior Operational Manager.

Dr Hunter gave some context to the presentation noting that CMHTs have been the subject of a reorganisation which resulted in a collective dispute. However, he was pleased to report that discussions with staff affected, facilitated by ACAS, have been positive and that the dialogue is ongoing

Julian's interest in mental health led to a career change, qualifying as a Social Worker five years ago. He joined the Recovery Team three years ago. He felt that the CMHT reconfiguration was not well thought through and the process felt rushed. The greatest impact was felt by the Access and Assertive Outreach teams and the gap between frontline and the senior tiers of management has widened.

It was clear that some staff recognised the need for modernisation whilst other were resistant to proposed changes. There have also been concerns raised about the length of time this had taken to resolve.

Julian felt that a number of positives are emerging. He welcomed the appointment of an external candidate as the new Chief Executive, who he believed had significant clinical experience. However, he felt that challenges remain, specifically in relation to cultures and behaviours. He also felt that learning from this reconfiguration should be used for any similar reviews.

Issues faced by the Trust and the CMHS are numerous. These include pressure in community provision, the need for more acute beds and a 24/7 Crisis Team. He and colleagues would also like to explore re-establishing Access and Assertive Outreach services. A review of the model would be welcomed which could include learning from a pilot programme for Personality Disorder, which he was participating in.

The Chair thanked Julian and Sarah for attending and giving their personal perspective of the changes. She noted the positive ongoing dialogue and was interested to understand what it is like to work in the team. It was noted that this has been a difficult period, rebuilding trust in the team has taken hard work and dedication, and there have been difficult open and transparent conversations.

Mrs Keene asked how the Trust could close the gap between those who supported the change and those who were resistant. It was noted that there have been a number of actions, including a review of caseload sizes and a number of additional staff have been recruited.

Mr Mills welcomed Julian's honest account and would be keen to hear his thoughts on what would have made the reconfiguration a success, particularly in relation to project management and governance. The Trust are embarking on a number of significant projects and need to learn lessons.

The Board were keen to hear of the impact on service users and staff and were keen to understand the caseload issues and if further changes required. It was noted that the Trust has historically used a caseload weighting system, which was not included in the reconfiguration. Reintroducing this has made a difference, his caseload is diverse with a wide range of conditions. Sarah added there are a number of Care Co-ordinators who believe there is a gap in Assertive Outreach and have offered to organise a pilot, which will be supported by Sue Walsh, Psychologist.

The Chair believed the discussions will continue and assured Julian and Sarah that the Board will continue to listen. It was agreed that a progress report would be brought to the Board in February 2021.

Action: Board Bring Forward SH/SS

Ref	Item	Action
	<p>Welcome & Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. No apologies were received and the meeting was quorate.</p>	
1/2/20	<p>Declarations of Interest: Prof Stone is a Director of the board of Sheffield Flourish, a mental health charity. It was determined the items on the agenda were non-pecuniary and did not cause a conflict of interest. No further action would be taken in this regard. No further declarations were made.</p>	
2/2/20	<p>Minutes of the Board of Directors meeting held on 11 December 2019 The minutes of the Open Board of Directors' meeting held on 11 December 2019 were agreed as an accurate record with the following amendments</p> <p><u>Carer Experience refers</u> Ms Lightbown asked for an amendment to the minute in relation to Gill's response that the Early Intervention Service and that it would not have been beneficial. She agreed to forward an amendment.</p>	LL/SS
3/2/20	<p>Matters Arising</p>	

	<p><u>7/12/19 Service Performance Dashboard refers</u> Dr Hunter referenced the action in relation to circulating narrative on restricted practice. He advised a presentation in the Confidential section of Board will make reference to this.</p> <p><u>8/12/19 Feedback from Shadow Board Development Programme refers</u> The Chair asked if the Executive Directors' Group (EDG) had discussed the continuation of the Shadow Board. Mr Easthope advised this was on the Action Log and scheduled for discussion at EDG in February 2020.</p> <p><u>15/12/19 Interim Deputy Chief Executive Update refers</u> The Chair asked if a start date had been agreed for the Director of Corporate Governance (Board Secretary). Mr Easthope advised this will be 1 April 2020.</p> <p><u>16/12/19 Mortality Report refers</u> Dr Hunter requested an amendment to the minute. There is a national steer..... to read: <i>There is a need to balance the focus between qualitative data and qualitative information, to ensure individual circumstances of a person's death are adequately understood. The next report will further develop understanding of preventability of deaths, in line with the more sophisticated Structured Judgement Review being used by northern trusts.</i></p> <p>Action Log 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>	
Strategy		
<p>4/2/20</p>	<p>Trust People Strategy Members received the People Strategy for approval, subject to feedback and approval from many staff networks.</p> <p>Mr Wilson reported there has been wide consultation and engagement through the development of the Strategy, and that it has been well received in a number of forums, including Workforce and Organisation Development Committee (WODC) which received the Strategy at its meeting in January 2020.</p> <p>It was noted that the Strategy has been developed following extensive consultation and engagement with staff and key stakeholders. The document presented is complete, subject to some additional feedback from some key groups. It was noted that the engagement sessions have focused on understanding the real issues, utilising available resource including staff survey and national drivers as well as the Accountable Care Partnership Workforce Strategy. It was agreed that Ms Smith review and approve the final iteration. The Chair supported this proposal</p> <p>The ambition is to create an environment where staff feel safe and supported to fulfil their potential. Wellbeing will be a key focus as the action plan develops.</p> <p>Ms Smith, in her capacity as Chair of WODC, reported that the Committee were looking for the Strategy to deliver significant change and move away from the current operational model. WODC had made a number of comments which have been incorporated in this iteration. WODC are keen to see the enabling strategies and delivery plan which will include the priorities and outcome measures for the impact of change. The Committee recommend the Strategy to the Board for approval and plan to receive the delivery plan at its April 2020 meeting.</p> <p>Mr Mills referenced the benchmarking and noted the pay scales and that a high proportion of staff are in the older age profile. He would like to understand the significance of this and whether the Trust is an outlier. Ms Lightbown responded that the Trust submits data as a member of Cohort 2 - NHS Improvement Collaborative (Recruitment and Retention) and in comparison nationally has a higher number of</p>	<p>HS</p>

	<p>staff eligible for retirement in the next five years. However, it was noted that there is a balance when consideration is given to the recruitment of newly qualified staff and creating a resilient workforce for the future whilst retaining knowledge and experience. The Trust also need to be clear on staff turnover, which had reduced by 4.5%. There is also concern in relation to the number of staff who leave after two years.</p> <p>It was agreed that a clear delivery plan is required to underpin the Strategy. This would include targets over the next two years. Included in these would be areas where the Trust did not score well in the staff survey, turnover, sickness absence and retention.</p> <p>The Chair thanked Ms Parry for her work in developing the Strategy, noting Board will be interested in understanding the impact of implementation. She was mindful of the Nursing Strategy and asked if there was connectivity. Ms Lightbown advised that all professions will be incorporated to form a fully integrated delivery plan.</p> <p>Mrs Stanley asked if the communication plan can be shared with members. She also asked for assurance that there will be a systematic review against the delivery plan.</p> <p>The Board received the Strategy and were assured by WODC's recommendation to approve it, subject to final stages of consultation, giving authority to WODC to approve the final iteration at its meeting on 28 April 2020.</p>	<p>DW</p> <p>HS HS</p>
<p>5/2/20</p>	<p>Progress Report on the Business Case for Increasing the complement of Psychological Practitioners and Allied Health Professions across the In-patient Wards.</p> <p>Members received a progress update on the development of a business case to increase Psychological and Allied Health Professions in the In-Patient Wards.</p> <p>Ms Lightbown reported Board were advised in May 2019 of a shortage of Psychological Practitioners and Allied Health Professions on the in-patient wards, and that an action from the discussion was to consider options and develop a business case. There is a clear clinical case to significantly increase the complement across the twelve wards to provide a 24/7 service. The team currently consists of eight Psychology Practitioners, five qualified and three Assistants and twenty-two Allied Health Professionals, of which half are qualified. The proposal is in line with guidance and best practice. The current skill mix on the wards is split 50:50 for registered Nurses and Healthcare Support Workers (HSW). The aim is to significantly increase the registered professional element, increasing capability and capacity, in relation to assessment, clinical formulation and treatment planned. It is believed the impact of increasing the number of Psychological and Allied Health Professionals can be demonstrated, particularly in the areas requiring significant improvement, including assessment and treatment service user outcomes, experience of care and the effects of detention, noting that 80% of patients are detained under the Mental Health Act. Over occupancy can also have an impact on staff health and wellbeing. The proposal would enable to the Trust to reduce the use of restricted intervention and reduce the number of seclusions and observations. This would result in a high proportion of HSW time being spent on observations. It is believed engagement could be more therapeutic; which would result in reduced length of stay; improved staff attendance and reduction staff turnover.</p> <p>The proposal is for a new model of care where Allied Health Professionals provide a 7 day service and Psychological Practitioners provide a 5 day service. A new role is to be established for a Clinical Associate Psychologist, (Band 5/6) as part of the national Trailblazer programme.</p> <p>The Outline Business Case (OBC) was presented to Business Planning Group, the investment required is circa £2m. The next steps will be to progress to the Full Business Case (FBC). A cost benefit analysis will be undertaken by a Health Economist looking at internal investment, improvement in service user outcomes, staff wellbeing measures and quality of care and clinical effectiveness. An economic</p>	

evaluation will look at expenditure on sickness absence, out of area spend, high observation levels, with an aim of reducing HSWs, believed to cost in excess of £2m.

Dr Wilkinson reported a key driver has been to improve quality and experience and this is not achievable with the current workforce which is below recommended levels. The proposal is to engage with service users in a different way to support their long term mental health. Accreditation is also an aim for this project. A review of models applied by trusts who have received an “outstanding” rating from Care Quality Commission (CQC) will be undertaken. By introducing a range of therapeutic activities, evidence suggests this reduces episodes of seclusion or restriction intervention. Physical health is also an important area to focus on, and preparing service users for discharge. Dr Hunter added that from a medical, quality and safety perspective he is in support of multi-disciplinary team (MDT) approach.

The Chair was mindful of the investment required for this project and asked for clarity on the options Board need to consider.

Mr Mills, in his capacity as Chair of Finance and Performance Committee (FPC), noted the business planning process has been lengthy. He noted the OBC has not been through FPC, and therefore he would like clarity and assurance of how a significant investment of £2m fits into both Trust priorities and the financial plan. He also asked if the health economist’s report is pivotal to progressing this project, and for clarity on the proposals of reducing budgets for certain staff groups.

The Chair acknowledged Mr Mills’ points and noted the length of time this has taken to progress and asked when a decision will be made.

Mr Easthope advised that this does not fit into the current financial plan, due to its stage in development. The OBC was recently presented to Business Planning Group (BPG), which requested further information on the clinical and financial impact. He believed that if the business case was approved, Commissioner investment would be the only funding option this year.

There followed further detailed discussion regarding the proposal. It was noted that the clinical case for change was supported in principle but that this needs to be considered in light of the overall financial envelope. There were concerns that due governance processes had not been followed. The Board also need to be assured that any risks have been identified and mitigations put in place to manage these where possible. Further assurances were required on the impact and reduction in current expenditure eg: ward skill mix over a long term period and out of town spend. This will enable a review of financing and expectations and what additional resource will be required.

It was felt there were three possible options to fund the project: firstly to approach Commissioners, secondly to identify funds internally with the Trust and thirdly, not supported by the Director of Finance, to create an additional Cost Improvement.

Mrs Edwards believed there was opportunity for testing and phasing, to build the case over the two year period and test the new model. Some Board members expressed concerns about a phased approach.

Mrs Stanley suggested an interim option in the first instance could be to pilot the arrangements, therefore reducing the cost. Dr Wilkinson responded that Forest Close has been a pilot site where they reviewed their staffing budget and reduced other staff groups to “purchase” Psychological Practitioners and Allied Health Professionals’ time. Sickness absence has reduced and there are good supervision levels and less staff turnover. It is difficult to determine if this is as a result of skill mix change. The same financial flexibility is not available on the other wards.

With the information provided the Board did not feel able to make a decision at this point. The Chair asked that a report is presented to Board in March 2020 with an

	<p>agreed and consolidated recommendation from EDG.</p> <p>The Board received the report, noted the case for clinical change and that an updated report would be presented to Trust Board in March 2020 following due process.</p>	LL
Performance Management		
6/2/20	<p>Service Performance Dashboard (inc Safer Staffing) for the period ending 31 December 2019</p> <p>Members received the performance dashboard for the period ending 31 December 2019 for assurance and information.</p> <p>Ms Fearon reported on a number of key points in the report including the system pressures during December 2019 when historically December is a less busy period. This increased pressure necessitated the need for out of town placements. Those service users placed out of town were clinically reviewed and plans put in place to bring them back to Sheffield as soon as clinically safe to do so.</p> <p>In relation to increased use of restricted practice, a piece of work has been commissioned to look at the demands on the system, analysing qualitatively and quantitatively, and this could be shared with members. There will be a further presentation in the confidential Board meeting relating to this.</p> <p>The Board were advised of waiting lists and 18 week delivery concerns in the Emotional Well Being (EWB) Service, noting that this is not crisis services. This is an area the CQC highlighted. Delays also in the Gender Service and the Sheffield Adult Autism and Neurodevelopmental Service (SAANS) are both recognised as national commissioning challenges.</p> <p>There is non-compliance with Care Planning Approach (CPA) reviews. It was noted that the South Recovery Team have the highest proportion of service users on CPA and a plan to increase reviews has been submitted.</p> <p>Dr Hunter referenced the data on assaults, noting it has spiked as a result of a number of episodes across different sites. Having spoken to Ward Managers they believed it is the increased acuity on one ward which has had a subsequent effect.</p> <p>Ms Smith noted the Performance Quality Framework (PQF) is in development but stated that she does not get assurance from the current report. The data set measures the Trust against itself with fluctuations month on month. It is therefore difficult to ascertain what good performance looks like. The request for assurance information has been made on a number of occasions but action has not been taken. There was a request for the top three focus areas to be highlighted and the outcome of this focus reported in the following month's report.</p> <p>The Chair asked when the PQF will be available and if there is an interim solution. Ms Fearon advised that a plan to progress the PQF has been agreed and she suggested meeting with Ms Smith to explore the points raised. It was also agreed that information on Community services would be included in the report.</p> <p>Mrs Keene referenced the increase in out of town placements and the requirement for six extra beds and asked for clarity on this. She also asked for clarity on the data relating to access to Increasing Access to Psychological Therapies (IAPT) and asked if there are improvement plans to achieve targets. Ms Fearon responded that the additional beds relate to an admission into a designated detox bed, which has been converted to an acute bed and the commissioning of an additional bed on the ward. In relation to IAPT, a recovery plan is in development and relates to the increased investment and work on the physical health pathways. She was mindful the stretched target was ambitious and the service will be extending operating hours covering Saturdays and evenings. Dr Hunter noted the report covers the period to 31 December 2019, and in relation to bed occupancy the position to date has improved</p>	<p>MF</p> <p>MF/HS</p>

	<p>and is between 80% to 90% and out of town usage is minimal. In relation to assaults, they have returned to the expected level through January 2020.</p> <p>Mrs Stanley referenced the workforce dashboard noting the overall sickness absence rate is recorded as 5.96% and long term absence recorded as 25%, which appears to be incorrect. Also, there is no narrative for short-term absence, which has been requested on a number of occasions. Mr Wilson believed year to date absence has stabilised circa 6% overall; for the month of December 2019 the overall rate is 6.1%, with 25% of that rate attributed to long term sickness. Mrs Stanley noted WODC have discussed workforce reporting and the need to feed into WODC and Board. Mr Wilson confirmed a new report will be produced for WODC and feed into the PQF presented to the Board.</p> <p>Board received the report and noted a number of actions as outlined above for the next iteration of the report.</p>	DW
7/2/20	<p>Freedom To Speak Up (FTSU) Biannual Report (Q1 & Q2) Members received the FTSU Bi-annual report for Quarters 1 & 2 for assurance and information.</p> <p>Mr Clarke presented the paper supported by Ms Fowler. He advised that this was an updated report to that which had been received by Audit and Risk Committee (ARC) at its last meeting. This version included more emphasis on themes and lessons learned. It was noted that the National Guardian's office has published an FTSU index for all NHS trusts and the Trust appears in the bottom 30%. The index is linked to staff survey questions relating to speaking up and there is work with the Staff Survey Steering Group to develop actions to address these areas. There is also work with the Service User Experience Steering Group to extract data for ethnicity and vulnerable groups who may experience barriers to speaking up.</p> <p>During the period of the report the highest number of concerns were raised under the category of Systems and Processes. This includes exit interviews, communication pathways within teams, and use and guidance for social media. Elements of patient safety have also been linked to a number of the concerns. Learning from concerns is an area where there is focus to improve. Ms Fowler will be attending the Clinical Care Network meetings, offering support and ensuring they review and monitor their open concerns.</p> <p>The Task and Finish Group established to self-assess FTSU will continue and focus on vision and strategy and embedding FTSU champions. A further change will be that comments on individuals' experience of the FTSU process will now be received written or verbally to encourage this feedback to inform the Trust's future approach to speaking up.</p> <p>Mrs Keene, in her capacity as Non-Executive Lead for FTSU welcomed the revised report, noting that the addition of the primary and secondary reasons reaffirms what is already known and triangulates with the quality and safety issues. The speed of response and closure of concerns need to be addressed. The timing of the report was questioned and it was advised that Quarter 3 & 4 report for the period ending 31 March 2020 will be presented to ARC in April 2020 and Board in May 2020.</p> <p>Mr Mills recalled the concern raised in relation to racism was first noted at a conference in 2018. He was mindful there is a Trust action plan and asked how this is supporting staff whilst a study is conducted. Dr Hunter advised that racial abuse is monitored and there has been a decline since May 2019; there is a need to understand why this is and whether it can be sustained.</p> <p>Mrs Stanley in her capacity as Chair of ARC noted that the Committee are assured in relation to the process and visibility of the FTSU Guardian. She was aware that Ms Fowler had previously indicated that there was a lack of engagement in a number of areas and offered support to "unlock" if this remained a concern.</p>	CC B/F BOD May 2020

	<p>Ms Lightbown asked what level of confidence Ms Fowler has in relation to the responsiveness when staff speak up, that their concern is addressed and fed back. Ms Fowler advised that speed of response is the most important factor, as people lose faith in the system if there are long delays. Timescales are outlined in the Standing Operating Procedure (SOP) and any delays and extensions are agreed. Delayed concerns are escalated to Anita Winter, Director of Patient Safety or Mr Clarke, Interim Chief Executive.</p> <p>Ms Smith noted the concerns in relation to exit interviews appear to be taking a long time to resolve and asked if this can be expedited. Mr Wilson advised that there is a policy and process in place and the issue appears to be at local level. The Chair believed this should be addressed as an accountability issue.</p> <p>Board received and discussed the report and were assured that there are appropriate structures and processes in place to support the FTSU Guardian, but that further improvements were required in relation to responsiveness to individual concerns raised.</p>	DW
Board Stakeholder Relations & Partnerships		
8/2/20	<p>Chair's Update</p> <p>The Chair gave thanks to the Communications Team for the organisation of the Recognition and Achievement Awards event, and congratulations to those nominees and winners. The event showcased good practice and achievements in the Trust.</p> <p>Board noted the Chair's update</p>	
9/2/20	<p>Governor & Membership Matters</p> <p>Members received the Governor and membership update for information.</p>	
Executive Management Updates		
10/2/20	<p>Interim Chief Executive's Update</p> <p>Members received the Interim Chief Executive's update for information. Mr Clarke referenced a number of key items.</p> <p><u>Care Quality Commission – Well Led Inspection.</u> He gave an update for Open Board on the recent inspection.</p> <p><u>Primary and Community Mental Health Transformation Programme - Trail Blazers</u> Mr Mills noted this has been in the local press and suggested it was timely to update the Council of Governors (COG) and Board. It was noted that the four primary care networks in the scheme covered 33% of the population of the city. The networks are North 2, Townships II, University Students and GPA 1. There are two recruitment campaigns which aim to have staff in post during April/May 2020. One is for Primary Care Mental Health Workers, led by Primary Care Sheffield (PCS), and the Trust are leading the other for Psychologists. The Board overseeing this are taking a system approach to recruitment and fully understand the potential destabilising effects in the system. The feedback to date suggests there is interest from outside of the Integrated Care System (ICS) footprint.</p> <p><u>New Models of Care</u> This would be included as an update for Open Board on the Provider Collaboration.</p> <p><u>Coronavirus Update</u> The Emergency Planning Officer (EPO) is reporting nationally on a daily basis and receiving updates through teleconferencing. The EPO is also working collaboratively with Infection, Prevention and Control (IPC) team. The team have also attended the South Yorkshire and Bassetlaw (SY&B) Local Resilience Forum. Briefings from Public Health England are being cascaded to staff as appropriate. Anyone presenting with symptoms can be signposted to the Community Assessment POD at Sheffield</p>	CC

	<p>Teaching Hospitals NHS FT. It was noted that the Trust may be asked to consider contingency plans which could include utilisation of estates.</p> <p><u>Listening into Action (LiA)</u> The 7 Steps event took place and involved a number of teams. Dr Hunter added the group were enthused and motivated to move forward and trial a number of new initiatives.</p> <p><u>Executive Director Group (EDG) - site visit</u> EDG held one of its business meetings at President Park, the base of the Estates & Facilities Team and staff had an opportunity to "Meet the Execs". Two issues raised were sustainability, being led Mr Easthope, and the second was visibility of BME staff.</p> <p><u>Substance Misuse Tender</u> The Trust has been awarded the tender as a single provider for the Criminal Justice and Treatment Care Pathway. Staff from Addaction will be transferred to the Trust under Transfer of Undertakings (TUPE) from 1 April 2020. Ms Fearon will be meeting with the staff and extended the invitation to Board members.</p> <p><u>Integrated Care System Plan</u> The link to the plan on the ICS website is contained in the report.</p> <p><u>Consultant Psychiatrist appointments</u> Dr Hunter reported the Trust has appointed three Consultants and are now at full establishment.</p> <p>Board received and noted the Interim Chief Executive's update.</p>	
Papers for Assurance and Information		
11/2/20	<p>Guardian of Safe Working Report (Quarter 3) Members received the Guardian of Safe Working (GoSW) report for Quarter 3 for information and assurance.</p> <p>Dr Hunter reported that it is a requirement for Board to receive an independent report from the GoSW. The report seeks to assure the Board that the Junior Doctors contractual working conditions are safe. It was noted that the Guardian for the Trust is Dr Mike Atter who is a Consultant Psychiatrist. It was noted that if Dr Atter had any concerns he would report these to Board personally. Dr Hunter was pleased to report that there were no concerns in the Quarter 3 report. It was also noted that the formal hours monitoring is no longer a reporting requirement.</p> <p>Board received the report and were assured that Junior Doctors contractual working conditions are safe.</p>	
12/2/20	<p>Medicines Safety Report (Quarter 2) Dr Hunter advised that the Medicines Safety Report for Quarter 2 (period ending 30 September 2019) would be deferred to Board in March 2020, and will incorporate Quarter 3 (period ending 31 December 2019).</p>	MH (B/F BOD March 2020)
13/2/20	<p>Associate Mental Health Act Managers Report (Quarter 3) Members received the Associate Mental Health Act Managers (AMHAMs) Report for Quarter 3 for assurance and information.</p> <p>Ms Lightbown noted the report advises the Board that the AMHAMs are effectively undertaking their duties and responsibilities as required by the Code of Practice. They have met and approved the report for Board.</p> <p>Mrs Keene asked for clarity in relation to a number of delays in reviews. Ms Lightbown advised there has not been a decision for discharge as a responsible clinician has reviewed the section, the expiry date was exceeded but they have been sectioned.</p>	

	<p>Dr Hunter added it could be the case that someone on Section 3 is extended, whilst an AMHAM meeting is convened, which would be an unnecessary detention.</p> <p>Board received the report and were assured that the MHAMs re effectively undertaking their role.</p>	
14/2/20	<p>Board Committees – Significant Issues Reports and Minutes:</p> <p>a) Quality Assurance Committee (QAC) Members received the Minutes of the meeting held on 25 November 2019 and the Significant Issues Report from the meeting held on 27 January 2020.</p> <p>Mrs Keene reported on a number of key points:</p> <ul style="list-style-type: none"> • The Board Assurance Framework (BAF) indicated the RAG rating for training was green. However, Committee were aware compliance rates for mandatory training were not green and asked for this to be reassessed. • There were a number of risks in relation to Single Point of Access (SPA) e.g. Telephony and access. The Committee requested a composite risk for SPA which can be monitored. <p>b) Audit & Risk Committee (ARC) Members received the Minutes of the meeting held on 15 October 2019 and the Significant Issues Report from the meeting held on 21 January 2020.</p> <p>Mrs Stanley reported on a number of key points:</p> <ul style="list-style-type: none"> • The Committee reviewed the process for preparing the annual statements • The external audit plan was received with no concerns • The progress against Internal Audit recommendations has stalled at 61%, and was below target. This could have an adverse impact on the Head of Internal Audit Opinion. This has been an issue in previous years and Committee members were keen to see what action was being taken to mitigate this position. Ms Harrison advised that EDG are focused on completing actions and improving performance by year end. • The Central Alerting System (CAS) Audit will be shared with the Quality Assurance Committee (QAC). • The Treasury Management audit gave significant assurance. • Two consultancy reports were received, one on Complaints and another on Policy Monitoring, both may be of interest to members and have been shared. • The Committee received the Counter Fraud Bribery and Corruption Risk Benchmarking report which gave assurance that the Trust was not an outlier. • Committee received the technical reports relating to the process for the production of the Finance Statements. It was noted that the Going Concern report will be presented to Board in March 2020. <p>The Committee has amended its Terms of Reference to include Information Governance which previously reported to Finance & Performance Committee (FPC). The Board approved the revised Terms of Reference.</p> <p>c) Finance & Performance Committee (FPC) Members received the Significant Issues Report from the meeting held on 27 January 2020.</p> <p>Mr Mills reported that the Committee had received the draft Financial Plan. It was noted that national financial planning guidance was published after the meeting and it may be necessary therefore to hold an extra ordinary FPC meeting to agree a revised plan.</p>	<p>PE (B/F BoD March 2020</p> <p>PE</p>

	<p>d) Workforce & Organisation Development Committee (WODC) Members received the Minutes of the meeting held on 5 November 2019 and the Significant Issues Report from the meeting held on 30 January 2020.</p> <p>Ms Smith reported on a number of key points:</p> <ul style="list-style-type: none"> • The Committee had received the Equality Objectives. It was noted that an overarching delivery plan will be produced to include the range of equality, diversity and inclusion reports into one plan. • Health and Safety progress updates have been presented. The resource to undertake risk assessments was discussed and Committee requested that EDG review this to ensure there is adequate resource to undertaken assessments and meet standards. • Mandatory training is a key issue which is being closely monitored at both WODC and QAC. It was noted that a risk around mandatory training is now linked to the BAF. • The Committee had a robust discussion about the Staff Health and Wellbeing Action Plan. It was believed there had been progress on a number of actions but there were still concerns about impact. • Concerns were raised relating to progress to mitigate risks outlined in the CRR and the BAF and it was agreed to allocate time in future Committee meetings to identify the actions required to improve the position. <p>It was noted that publication of the Staff Survey results are awaited imminently. The outcome of these would be key to future focus for the Committee.</p> <p>It was noted that the agenda for future Committee meetings would align with the four key themes from the People Strategy.</p>	<p>DW</p> <p>DW</p>
<p>15/2/20</p>	<p>Any Other Urgent Business No other business was reported</p>	
<p>16/2/20</p> <p>17/2/20</p>	<p>Interim Chief Executive's Announcement of Confidential Business <i>In the interest of probity the Interim Deputy Chief Executive announced the commencement of confidential business in accordance with the published agenda.</i></p> <p>Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting <i>In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.</i></p>	

Date and time of the next Board of Directors meeting
Wednesday 11 March 2020 at 10am,
Tudor Boardroom, SHSC Headquarters, Old Fulwood Road, Sheffield, S10 3TH

Samantha Harrison, Interim Director of Corporate Governance (Board Secretary)
Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk Tel: 2716370