

Board of Directors - Open

Minutes of the 130th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 8 April 2020 at 10 am, in Committee Room 1, SHSC Headquarters, Old Fulwood Road, Sheffield, S10 3TH.

In accordance with national directives relating to Covid-19, it was agreed that Standing Order 3.1 of the Trust's Standing Orders would be suspended for the duration of the meeting, resulting in members of the public and press being excluded from the meeting.

Present:

1. Ms. Jayne Brown, Chair
2. Mr. Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee
3. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit & 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. Ms. Jan Ditheridge, Chief Executive
7. Mr. Clive Clarke, Deputy Chief Executive
8. Mr. Phillip Easthope, Executive Director of Finance
9. Dr. Mike Hunter, Executive Medical Director

In Attendance:

10. Prof. Brendan Stone, Associate Non-Executive Director
11. Ms. Michelle Fearon, Interim Chief Operating Officer
12. Mr. Dean Wilson, Director of Human Resources
13. Mr. David Walsh, Director of Corporate Governance (Board Secretary)
14. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)

The Chair, Chief Executive, Director of Corporate Governance (Board Secretary) and Minute Taker were in attendance in Committee Room 1, other members accessed via Skype teleconference facilities.

	Item	Action
	<p>Welcome & Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board to the meeting, noting this was Mr Walsh's first meeting as Director of Corporate Governance (Board Secretary). Apologies for absence were received from Ms Lightbown, Executive Director of Nursing and Professions.</p> <p>The Chair outlined the proposal for the way in which the meeting would be conducted. It was noted that the Non Executive Directors had been given the opportunity to submit questions prior to the meeting and these had been shared with members.</p>	
1/4/20	<p>Declarations of Interest: Prof Stone is a Lecturer in the University and a Director on the board of Sheffield Flourish, a mental health charity. It was determined the items on the agenda were</p>	

	non-pecuniary and did not cause a conflict of interest. No further action would be taken in this regard. No further declarations were made.	
2/4/20	Minutes of the Board of Directors meeting held on 11 March 2020 The minutes of the Open Board of Directors' meeting held on 11 March 2020 were agreed as an accurate record.	
3/4/20	Matters Arising & 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.	
4/4/20	Chair's Report The Chair, on behalf of the Board, wished to record thanks to all staff for ensuring the continuity of care services and other functions whilst responding to the pressures of Covid-19. Ms Ditheridge reported baskets of fruit and chocolate were due to be delivered to the In-Patient areas on Friday 10 April and suggested the Thank You cards were signed on behalf of the Board. The Board agreed the Thank You cards should be signed on their behalf.	JD
5/4/20	Chief Executive's Report Members received the report for assurance and information. Ms Ditheridge presented her report including an update to the Board on key policies, issues and events. Ms Ditheridge reported that, historically, there would be many strategic updates approaching year end, but Covid-19 had taken precedence. Covid-19 continued to be the key national agenda item, and it was reported that the situation and guidance were both moving at pace. The update précised what was known and in the public domain, the Trust's business continuity approach and future focus. The change to the pension tax policy announced in the recent Budget was reported, affecting higher paid staff, especially those who were considering retirement and were in the process of reviewing their options. There had also been an amendment under Covid-19 legislation to allow more flexibility to those recently retired who wished to return to practice to support the current NHS pressures. A number of questions had been raised. Mrs Keene asked what the impact had been on existing services, and whether concerns had been raised. She used Eliminating Mixed Sex Accommodation (EMSA) breaches as an example. Ms Ditheridge advised that the impact of the reduction in staffing levels, due to self isolation rules or those in the "at risk" category was an initial concern, and required a review of business continuity plans to include looking at the options for closing services and redeploying staff to key services including in-patient areas. It was reported that all of these underwent the Quality Impact Assessment (QIA) process, to consider the immediate situation, sustainability and future planning. The QIA's were processed through Silver Command and approved by Gold Command. Annual leave was also assessed, to consider impact on safety and quality of services, health and wellbeing of staff and the financial impact. In response to the EMSA question, there had been a need to move patients to manage flow and for reasons relating to Covid-19. The options were assessed in all cases. The Committees, Board or Chair would be required to make decisions if escalated from Gold Command.	

Mrs Keene asked if data was still being collected. Mr Easthope confirmed that whilst data on services for national submission had ceased, data was still being collected internally.

Mrs Stanley's questions related to the immediate and longer terms governance. She asked for assurance that the governance processes in relation to Covid-19 would be streamlined, and was mindful of the planning guidance over the next period towards year end. Ms Ditheridge reminded members it was an iterative process and started three weeks ago, and that the immediate situation was discussed with a number of NEDs. National guidance had since been published and a mapping process was undertaken. Further guidance was expected in relation to Audit and Annual Reports. This was also an opportunity to review the governance processes and also align with feedback from the CQC Well Led Inspection. Mr Walsh added that being new in post he would have reviewed systems and processes as routine. Ms Sam Harrison, who acted as Interim Director of Corporate Governance (Board Secretary), would be able to support this project.

DWa

Mrs Stanley noted all Committees were scheduled to meet during April 2020 to align with end of year reporting, and stated she was mindful timings may need to be revised.

Mrs Stanley asked for assurance on the robustness of the delegated authority in the event of a member of the Board requiring a leave of absence. The Chair advised the Business Continuity Plan would be applied. Ms Ditheridge added there were clear lines of accountability in the plan. The Executives had also been instructed not to visit any services and communicate but be visible by alternative methods. It was stated that this was a difficult decision but necessary to preserve the leadership team.

Mrs Stanley asked for clarity on the year end reporting process. Mr Easthope reported both Internal and External Audit had provided guidance. The details for submission and content in relation to the Annual Report and the Quality Report were expected on 14 April 2020. He expected there to be no change in the content and slight delay in submission of the Financial Accounts with final submission in June 2020. He saw no reason to cancel the scheduled Audit and Risk Committee on 21 April 2020 and suggested an additional ARC in May 2020 to receive the Annual Report, the Quality Report and Financial Accounts. The meetings could be held virtually if necessary.

There were a number of transformation programmes including Acute Care Modernisation Phase 2 (ACM2), Dormitories Work and Leaving Fulwood to be progressed and updates scheduled for Finance and Performance Committee (FPC) in April 2020. This meeting could also be held virtually.

Mrs Stanley was mindful the deferrals would require final sign off by Board in June 2020. To note the Board of Directors meeting was scheduled for 10 June 2020.

Mr Mills, mindful the next Board of Directors meeting was scheduled for 13 May 2020, asked that the NEDs be kept sighted on any key Covid-19 developments or situations. The Chair responded, that she had spoken with Ms Ditheridge in relation to ensuring communication links be maintained with herself and the NEDs.

Ms Smith, noting the importance of CQC and Covid-19, asked for assurance that the Executive were focused on both areas. She was particularly concerned in relation to the quality and safety areas the CQC identified. Ms Ditheridge responded that CQC and Covid-19 were two of three strategic priorities for discussion and approval under Item 7, with Transformation the third. There needed to be equal focus on all three to ensure delivery. The Executives were to be asked to delivery their objectives whilst reprioritising and risk assessing their work. It was confirmed that they were clear on who was leading on which area.

	<p>Ms Smith asked if our patients were receiving the same level of care as those in the acute trusts. Ms Ditheridge advised that Claire Murdoch, NHS England's National Mental Health Director, was ensuring equality across policy makers to include mental health, social care and learning disabilities. Any patient who becomes too unwell to be cared for in the Trust would be transferred to an acute trust. There may be a level of inequality in relation to withdrawal of services. Dr Hunter reported that he had been liaising with Dr David Hughes, Medical Director at Sheffield Teaching Hospitals (STHNHSFT), and testing out scenarios. There was agreement that local clinical management would be based on equity and parity and for patients to be in the environment that best suited their care needs.</p> <p>Mrs Stanley asked for clarity on the objectives that drove risk management, as the NEDs would be holding to account on these. Ms Ditheridge reiterated the Executives had objectives to deliver against their portfolio which impact on the strategic priorities, and each of these would have objectives.</p> <p>The Board received the Chief Executive's report and were updated and assured on a number of areas including Covid-19 and CQC.</p> <p>The Board was assured a review of Governance process would be undertaken</p> <p>The Board was assured there were robust continuity plans to sustain the leadership team</p> <p>The Board was assured there was a revised planning schedule for the end of year reporting.</p>	
Quality		
6/4/20	<p>a) Quality Report</p> <p>Members received the Quality Report for approval and information.</p> <p>Dr Hunter reported the quality data has been amalgamated into a single report, and was presented to QAC. The Committee discussed the report in detail. An iteration of the report had been prepared for Board. He noted Community data would be added as the report developed. The report triangulated data from a number of sources, which had raised concerns in relation to quality and experience of care on Stanage and Burbage Wards.</p> <p>Mrs Keene noted her disappointed that the QAC summary had been omitted from this report. She believed there was further development required to align with the Performance Report and CQC domains. Ms Ditheridge welcomed the report, noting Mr Easthope and Dr Hunter had been tasked with developing an integrated quality and performance report. There would need to be clarity on the data each Committee received.</p> <p>Mrs Keene asked if there was capacity and capability to support this development. Ms Ditheridge believed with redirection and leadership there was capacity, but was also mindful that there were skills gaps. Expert help had also been offered to the Trust in this area following the CQC inspection.</p> <p>Mr Mills believed there was confusion in relation to the RAG ratings across the Corporate Risk Register (CRR) and Board Assurance Framework (BAF). Ms Smith added she would like further clarity on the detail of RAG ratings. Ms Smith reported she did not yet feel assured by this report, mindful it has been discussed in a number of forums. Dr Hunter noted the comments.</p> <p>Ms Ditheridge reported she had identified a number of high risk areas, as Dr Hunter has pointed out, and asked if QAC had discussed this. Mrs Keene reported she had included the action in her Significant Issues Report, which was to commission an analysis of Stanage and Burbage Wards, but not included the detail. On reflection she believed this was an operational role. Ms Ditheridge asked how the risk was being reduced, mindful the CQC Report was imminent.</p>	PE/MH

Dr Hunter advised he was receiving assurance from the senior leaders, who were focusing on clinical supervision, daily safety huddles and regular escalation updates.

Ms Fearon advised she had spent time with the leadership team responsible for Stanage and Burbage Wards and the Recovery Team, which was another risk area, and asked a number of questions including their challenges to deliver good quality care and their needs to support a co-produced approach of improvement. She also acknowledged there were a number of cultural issues to address

The Chair asked Dr Hunter and Ms Fearon what gave them confidence things would change. Ms Fearon used an example where concerns in relation to a medicines management issue were raised, action was taken and performance had increased. Ms Ditheridge believed the CQC planning would result in a robust action-orientated plan to address the areas of concern and suggested a sense check of the three areas to measure effectiveness and identify any gaps. She also believed that staffing concerns needed to be taken into account, although she was mindful that therapeutic environments were being established.

**The Board received the report and were not assured by its content.
The Board supported the development of Quality and Performance Report.
The Board was supportive of the sense check on Stanage and Burbage Wards and the Recovery Team.**

b) Care Quality Commission Section 29A Action Plan Update

Members received a progress update for assurance and information.

Dr Hunter reminded members that the areas contained under the Section 29A include staffing, supervision, mandatory training, governance and physical health monitoring. Whilst eliminating dormitories was not included under Section 29A, it was included in the update.

Ms Smith asked if the significant improvement targets would be met. Dr Hunter reported the compliance on physical health had improved significantly, reaching 100% on all but one ward. In relation to staffing levels, this had improved and he had been assured that this had reached low 90% compliance to meet minimum staffing level of two qualified and four support workers, although the challenges had been experienced on night shifts. The CQC had raised concerns that shifts were being led by Preceptorship nurses. From March 2020, no Preceptorship nurse was on rota to lead a shift. This was breached on two occasions at short notice when a Preceptorship nurse had to lead a shift due short notice Covid-19 related absence. A more robust redeployment system has been put in place.

Dr Hunter advised he was having fortnightly calls with the CQC who were mindful of the Covid-19 issues the Trust were dealing with whilst also working to the deadlines. Ms Ditheridge advised the majority of issues raised by CQC under Section 29A would be included in the recovery plan.

The Chair and NEDs were pleased the focus remained on adhering to the CQC timescales. Ms Ditheridge advised that there has been a revision on the Mandatory Training timelines in accordance with guidance. Training would continue in those areas the CQC identified, whilst a number had been risk assessed and ceased. It was reported that this would result in a review of the mandatory training programme.

Mr Walsh noted the Risk Management Strategy was fundamental to the escalation of risk issues. From someone who was new in post he was trying to understand whether the issues in relation to escalation were because of an ineffective strategy as opposed to non compliance. Ms Ditheridge reported the

CQC identified a lack of sightedness from Floor to Board and believed the Quality Report will be the assurance.

Mr Mills noted the update to Board in relation to dormitories was deferred from Board in April 2020. He suggested it was timely to receive an update at Board in May 2020 on the Estates & Capital Schemes. Mr Easthope gave an update on dormitories and advised the architects had completed their assessment. The next steps would be to review the options and risk mitigation scheduled for 9 April 2020. This would be presented for ratification by Finance & Performance Committee on 27 April 2020. An Extraordinary Board of Directors meeting may be required if costings were in excess of £2m.

Ms Ditheridge asked if Covid-19 was having an impact on management of dormitories. Ms Fearon advised bed occupancy was being kept to a minimum. The aim longer term was to manage dormitories for single use and remain mindful of future building work. There had been two occasions over the previous week where two patients have been accommodated in dormitory areas.

The Board, whilst mindful of Covid-19 issues, was assured the Section 29A timescales were receiving focussed attention.

The Board was assured that mandatory training would continue to be delivered and a review of the training programme would be undertaken in due course.

The Board requested an update on the Estates & Capital Schemes in May 2020.

The Board agreed to convene an Extraordinary Board of Directors meeting if the estimate for work on dormitories exceeded £2m.

c) COVID-19 and Governance Arrangements

Members received a report for assurance and information.

The Chair welcomed the detail in the report and asked Mr Clarke to update on the strategic issues.

Mr Clarke advised the report highlighted the national situation to date, and gave Board the assurance that the Emergency Planning process has been mobilised, led by Terry Geraghty, Emergency Planning Officer (EPO). The team had 24/7 cover and this aligned with neighbouring trusts. Mr Clarke had assumed role as Gold Commander and Ms Fearon as Silver Commander. Service provision and maintaining safe staffing levels for in-patient areas and key community services had been a priority, which resulted in staff being redeployed and decisions following risk assessment to stand down a number of services, including Psychiatric Decisions Unit (PDU), Electroconvulsive Therapy (ECT), and STEPS (Rehabilitation). Helplines had also been established; one for service users, families and carers and one for Healthcare Professions. Staff were also being considered and flexible working arrangements were in place. Staff were encouraged to utilise teleconferencing facilities for meetings.

Mrs Keene wished to understand and be assured of the impact of the situation on business continuity both within in-patient settings and the wider community as well as the impact on decisions, the learning and also the role of NEDs. The Chair added that other NEDs also raised questions on this theme. Mr Clarke advised at the time of writing the report Covid-19 was still at the mobilisation stage, but was moving at pace into business continuity and modelling, to explore different ways of working both operationally and for corporate functions. Two examples were that IMST were supporting mobile working, procuring more equipment and offering a range of communication solutions and Human Resource had issued new guidance on new ways of working and recruitment.

PE

Mrs Keene sought more assurance on clinical services and any emerging risks. Mr Clarke advised that services had been brought under six communities, and admissions kept to a minimum. The demands on Single Point of Access (SPA) had not increased significantly and staff were engaging with service users via telephone or other media ensuring face to face meetings were kept to a minimum.

Ms Ditheridge added a significant risk has been staffing as up to 10% of staff were absent in the first two weeks. Personal Protective Equipment (PPE) had also been key as guidance had changed frequently and dependant on the care setting, with no modelling for mental health, and utilising national and regional data as a guide. It was expected that Mental Health referrals would peak as the Covid-19 curve flattens, and our services needed to be prepared. As an example, IAPT were no longer holding group therapy sessions and supporting key services, but would need to upscale in the next phase to meet demand. The learning was being captured through Gold and Silver Command. The current service changes were not significant, had been quality impact assessed and managed operationally. She believed QAC could be sighted on this.

Mr Mills asked whether there were concerns with Primary Care. Mr Clarke advised he had been in contact with Stephen Knight from Primary Care Sheffield, and they were stocked with PPE. Ms Ditheridge added from a strategic perspective, Clover Group had clustered their practices and shared their plans. Primary Care Transformation remained on the agenda.

Mrs Stanley asked for clarity in relation to risks. She was concerned that the BAF and CRR suggested there was significant and catastrophic risk which had been presented in an Open Board document. Mr Walsh advised he had liaised with Mr Clarke in relation to the BAF and CRR. He believed there were broader issues to address in relation to the BAF and CRR and he would be supporting Gold Command to develop a Covid-19 Register.

Mrs Stanley asked how Covid-19 patients were being cared for. Ms Ditheridge advised they would be transferred to STHNHSFT if they became too unwell to be cared for on the in-patient wards. The Chair added there had to date been two Covid-19 related deaths.

Prof Stone asked if there had been a focus on Communications. He noted the details of the helpline has been poorly communicated and did not appear easily accessible. He also asked if key messages could be shared on social media. He also asked what the types of information were which were being shared with service users. Ms Fearon advised the community services were continuing. Service users are being risk assessed and contacted and monitoring was ongoing. Staff undertaking face to face contact were provided with PPE. There had been positive feedback on the telephone contact. Ms Ditheridge agreed to ensure communications was collated in one place. The Helpline had launched and, following a number of glitches, was live. Ms Fearon added the Trust has been supported by MIND and Psychological Team at STHNHSFT.

Mr Clarke reported the Trust was leading a city-wide group focusing on psychological interventions and was mindful this may be a longer term project.

Dr Hunter, in response to Prof Stone's question on supporting service users, confirmed the National Shielding list was published and was being cross referenced with Insight. Those on the list would be contacted.

Dr Hunter advised there were proposed changes to the Mental Health Act, a key change being that only one Doctor would be required to recommend a detention. The changes are expected week commencing 13 April 2020.

	<p>Mr Wilson added a National Health and Wellbeing Helpline for staff launched this week. A further national initiative had been redeployment of recently retired staff. Ms Fearon advised that Sheffield Children's NHS FT were supporting staff testing and offering a small number each day.</p> <p>The Board received a level of assurance that the Emergency Planning process had mobilised and that the situation was moving at pace.</p>	
Strategy		
7/4/20	<p>Strategic Priorities and Key Deliverables 2020/21 (DRAFT) Members received the Strategic Priorities and Key Deliverables (DRAFT) 2020/21 for approval.</p> <p>Ms Ditheridge reported the normal process would be to spend time evaluating and collating, taking into consideration the national context and engaging with staff on the vision and values. Ms Ditheridge had discussed with the Chair and agreed that the priorities to be delivered over the next 12-18 months were already identified to ensure delivery of safe services both now and in the future.</p> <p>The three strategic priorities were:</p> <ul style="list-style-type: none"> • Covid-19, led by Mr Clarke and managed through Emergency Planning process • CQC, led by Dr Hunter using the detailed action plans to progress • Transformation, led by Mr Easthope, who would have assurance of all underlying plans, and the Project Management Office (PMO) to support delivery. <p>It was reported that careful consideration may need to be given to timeframes as the executive portfolios had been revised and objectives set. Ms Ditheridge believed this work should continue and she would take the lead, while ensuring the right leadership support is underneath. A set of clinical principles would also inform these priorities, in the absence of a Quality and Clinical Strategy, which would also be developed. High level updates on the key deliverables would be scheduled. The Board confirmed it was in support of the key priorities identified.</p> <p>Mr Mills asked for clarity on timescales. Ms Ditheridge advised they would be dependent on plan and there would be tighter governance arrangements to ensure overview Board oversight.</p> <p>Mrs Stanley noted the Trust had received criticism on the lack of a review process for delivery of strategies and projects and asked if this could be considered.</p> <p>Prof Stone referenced the enabling strategies. He noted an area for improvement was engaging with and understanding service user experience, and felt this would be key for transformation and Covid-19 recovery. Ms Ditheridge advised that she would expect any transformation project to have engaged with service users, family and carers and build on evidence base. She felt that staff should be able recognise the strategies as they are included in the long-term plan. Dr Hunter added service user experience needed to be at heart of clinical strategy. Mr Easthope added the new Organisational Change Policy also included engagement.</p> <p>The Board received, discussed and approved the Strategic Priorities and Key Deliverables 2020/21</p>	
Performance Management		
8/4/20	<p>Performance Report – Period Ending 29 February 2020 Members received the Performance Report for the period ending 29 February 2020 for information and assurance.</p> <p>Mr Easthope reported he would respond to the questions raised in relation to Quality outside the meeting.</p>	PE

	<p>Mrs Keene asked if the Opiate DNA targets would be reviewed. Mr Easthope advised that the new service mobilised on 1 April 2020 and it would be timely to ask the service what the new targets were.</p> <p>Ms Ditheridge reported that Mr Easthope was leading on the development of the Performance Framework which would describe the approach to performance against the strategic objectives and risk and identify areas of trajectory. She believed this would be where Committees/NEDs may ask for a thematic review on any areas of concern.</p> <p>Ms Smith asked for clarity on the datasets used, as there was mandatory training and supervision information included in the Quality Report, but it was omitted from the Performance Report. Mr Easthope advised there is different capacity requirement to pull off the different sets of information. This had since been cascaded internally to team level. For the Performance Report, he would be including the expectations at team level and improving the supervision data.</p> <p>The Board received the report and was assured. The Board was assured the Performance Framework is progressing</p>	PE
Governance		
9/4/20	<p>Register of Sealings (Period 1 October 2019 to 31 March 2020) Members received the Register of Sealings for the period ending 31 March 2020 for assurance and approval.</p> <p>Mr Walsh reported the corporate seal has not be used within the timescale.</p> <p>The Board received the reported and noted it was a nil return.</p>	
Board Stakeholder Relations & Partnerships		
10/4/20	<p>Governor & Membership Update to March 2020 Members received an update on Governor and Membership for information.</p> <p>The Chair reported the national guidance had been sourced and discussions were being held in relation to the best methods of communication with Governors during Covid-19. She was due to have a telephone conversation with Terry Proudfoot, Lead Governor to explore options.</p> <p>The next Council of Governors had been scheduled for the end of April 2020. There had been suggestions from Governors, that the meeting was held virtually. The Chair did not believe there was the infrastructure to support the request.</p> <p>The Nominations and Remuneration Committee had been tasked with reviewing the options for the extension to the terms of the Trust Chair and NED/Chair of Audit and Risk Committee. The recruitment process had been halted as a result of Covid-19. The Chair would liaise with Mr Walsh on the governance process and share as appropriate.</p> <p>The Board received the report and was assured the Governors are receiving communications The Board was assured of the governance process to extend the term of the Trust Chair and NED/Chair of ARC</p>	Chair/DWa
Papers for Assurance		
11/4/20	<p>Board Committees – Significant Issues Reports:</p> <p>a) Quality Assurance Committee (QAC) Members received the Significant Issues Report from the meeting held on 30 March 2020 and the minutes from the meeting held 24 February 2020 for information and assurance. Mrs Keene reported Committee had a substantial</p>	

	<p>discussion on quality. It was noted that the meeting was held using Skype teleconferencing facilities.</p> <p>The Board received the report and minutes from QAC, noted the content and were assured.</p> <p>b) Finance & Performance Committee (FPC) Members received the Significant Issues Report from the meeting held on 30 March 2020 for assurance and information. Mr Mills reported the agreement to approve the Data Centre relocation was scheduled for discussion in the Confidential session.</p> <p>The Board received the report from FPC, noted the content and were assured</p>	
12/4/20	<p>Any Other Urgent Business No other urgent business was discussed.</p>	

Date and time of the next Board of Directors meeting
Wednesday 13 May 2020 at 10am
(Format of meeting to be confirmed)

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Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk