

## Board of Directors - Open

Minutes of the 131<sup>st</sup> Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 13 May 2020 at 10 am.

*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. Members accessed via MS Teams.*

**Present:** (Voting)

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. Phillip Easthope, Executive Director of Finance
8. Dr. Mike Hunter, Executive Medical Director
9. Ms. Michelle Fearon, Chief Operating Officer
10. Ms. Debra Gilderdale, Executive Director of Nursing and Professions

**In Attendance:** (Non Voting)

11. Prof. Brendan Stone, Associate Non-Executive Director
12. Mr. Clive Clarke, Deputy Chief Executive
13. Mr. David Walsh, Director of Corporate Governance (Board Secretary)
14. Ms Caroline Parry, Deputy Director of Human Resources
15. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)

**Public**

Ms Terry Proudfoot, Lead Governor

	Item	Action
	<p><b>Welcome &amp; Apologies:</b> The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board to the meeting. Ms Gilderdale was welcomed to her first meeting as Executive Director of Nursing &amp; Professions. The Chair also reported that Ms Proudfoot, Lead Governor was present.</p> <p>Apologies for absence were received from Ms Lightbown, Executive Director of Nursing and Professions and Mr Wilson, Director of Human Resources.</p> <p>The Non Executive Directors had been given the opportunity to submit questions prior to the meeting and these had been shared with members.</p>	
	<p><b>Declarations of Interest:</b> Prof Stone is a Lecturer in the University and a Director on the board of Sheffield Flourish, a mental health charity. Mrs Keene is representing the Yorkshire, Humber</p>	

	and North East Regional Directors of Adult Social Services on their Covid-19 NHS England/Improvement cell calls for Mental Health, Learning Disabilities, Autism and Justice. 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.	
1/5/20	<b>Minutes of the Board of Directors meeting held on 8 April 2020</b> The minutes of the Open Board of Directors meeting held on 8 April 2020 were agreed as an accurate record.	
2/5/20	<b>Matters Arising &amp; Action Log</b> 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.	
3/5/20	<b>Chair's Report</b> - The Chair reported she had nothing to report.	
4/5/20	<p><b>Chief Executive's Report</b> Members received the report for assurance and information.</p> <p>Ms Ditheridge presented her report which included an update on Covid-19, Care Quality Commission (CQC) inspection outcome and executive personnel changes.</p> <p>Ms Ditheridge was mindful that issues related to Covid-19 are moving at pace and that a number of elements of her report were now out of date. The letter from Sir Simon Stevens, NHS Chief Executive and Amanda Pritchard NHS Chief Operating Officer (29 April 2020) had set the scene moving into May 2020 and aligned with the Prime Minister's address to the nation on 10 May 2020.</p> <p>The Trust formally accepted the CQC's final report which had been published on 30 April 2020. As a result of the inspection the Trust was rated as Inadequate. The CQC could recommend to NHS England/Improvement (NHSE/I) that the Trust is placed in Special Measures with a focus on the quality agenda. Notification by NHSE/I is expected on 16 May 2020 following recommendations from the NHS Provider Oversight Committee to the NHS Improvement Board. Ms Ditheridge expected this course of action and noted that the NHS Improvement Director had been in communication with her. Alongside this the Integrated Care System (ICS) would review the Trust's licence and could apply a number of enforcements, which would not ordinarily impact an NHS Foundation Trust.</p> <p>Mrs Stanley was mindful that the Trust's Provider Licence submission was imminent and asked whether the CQC outcome impacted on it. Ms Ditheridge responded the Trust had not to date received formal notification that it had been placed in Special Measures. The ICS would work with the Trust to understand the impact on the Provider Licence. In relation to the submission, she believed the Trust should seek advice and asked Mr Walsh to action this.</p> <p>Mr Mills asked what the role of the Improvement Director would be, and if being in Special Measures affected Board functionality. Ms Ditheridge believed the Improvement Director had a dual role, and would be with the Trust for one year, they would integrate into the Trust and work alongside the executive team, focusing on quality, governance and professional standards to support the delivery of quality improvement. She would expect them to routinely report progress to the Board and also be a "watchful eye" and have a direct link to the National Improvement Team.</p> <p><b>Board received the Chief Executive's report and were updated and assured on a number of areas including Covid-19 and the outcome of the CQC inspection and next steps.</b> <b>Board were assured that the gap at executive level for nursing and professions had been filled.</b></p>	DWa

Quality

5/5/20

a) **Quality Report**

Members received the report for assurance and information.

Dr Hunter reported he had reviewed the questions that had been raised and noted that the narrative at the end of the report in relation to mandatory training had been triangulated with the CQC and Covid-19 reports.

Mr Mills asked for further information and assurance on the high level of self harm, restraints and seclusions. Dr Hunter reported there had been a high level of incidents on Stanage Ward and this had been attributed to one individual, who had since been moved to a more appropriate environment. Dr Hunter assured Board that there had been a significantly reduction.

Mrs Stanley asked for further information in relation to the increased waiting times for Single Point of Access (SPA) and asked if the issues were on-going and related to the collective dispute. Ms Fearon assured Board that SPA activity was monitored weekly and patients were triaged, those presenting in crisis were seen as a priority. Ms Fearon advised new initiatives to reduce the waiting times were being explored with the teams. There were a number of challenges compounding the issues including a high rates of "Did Not Attend" (DNA) and also those waiting for specialist treatment including Attention Deficit Hyperactivity Disorder (ADHD) services, which were being referred through a different team to ensure an appropriate response. In relation to the collective dispute, staff were now saying that one assessment per day was too few and would not address the waiting lists, this response gives management the opportunity to engage further with staff and Staffside. The Attend Anywhere virtual platform implemented as a result of Covid-19 had proved successful, there may be ways in which this could be used to support a reduction in waiting times. There was a request that intelligence on waiting lists is included in future reporting. Dr Hunter advised that there was a need to alter the structure of the waiting list, as without intervention he would anticipate an increase.

Ms Smith asked if there was an action plan and timeframe for reducing the waiting lists. Ms Fearon responded, there had been a slow down in referrals and that she attributed this to Covid-19, the way the list would be managed requires further consideration. The Chair asked for clarity on what action would be taken to give the Board assurance. Mr Easthope reported that within the collective dispute Staffside were advocating that staff only do one assessment per day. If this is the case their remaining time should be allocated to holistic treatment to support recovery, he was mindful that the restrictions of Covid-19 had impacted on delivery. He added that the Terms of Reference for the Community Mental Health Teams (CMHT) service review had been agreed and scheduled to commence 1 June 2020 and forms part of the longer term plan.

The Chair asked if service users had expressed their concerns in relation to the waiting times. Prof Stone would welcome a breakdown of the list, he raised concerns that the waiting list had surpassed one thousand and the impact this may be having on service users.

Mr Clarke referenced the Primary Care Networks and reported that staff had been recruited to work with service users at primary care level, focusing on prevention to a SPA referral. Ms Ditheridge believed that the development of the 24/7 helpline could impact. Mr Clarke responded that this would be a further access point, the model was being designed to alleviate pressures alongside the primary care team who would be working to reduce the rate of referrals. Ms Ditheridge believed a transformation programme report with timelines would give the assurance of progress and impact on other areas.

MF

Mrs Keene asked a number of questions in relation to the collation of the report, and mindful it was still in development. There was recognition that there was a gap in relation to the assurance that actions were being completed. Dr Hunter reported the next iteration to Quality Assurance Committee (QAC) would include narrative and analysis from clinical operations. He believed it would be beneficial for the Associate Directors to present to QAC. Mrs Keene was in support of this suggestion and believed QAC would then be able to assure the Board.

Mrs Keene, whilst mindful a report on Stanage and Burbage Wards would be presented to QAC later in May 2020, asked if the executive were assured that performance would improve. She also referenced the narrative in the safer staffing section of the report which stated that not all shifts were covered, but there was no impact on safety. She asked how assurance was sought on this area. Ms Fearon advised that staffing levels were increased to support the challenging patient whilst on the ward. In relation to the shortages on shifts Ms Fearon reported this related to Ward G1 and Endcliffe Ward and that there were no issues with increased restricted practice in these areas. Ms Fearon in relation to the assurance on safety question advised that the measures that had been put in place include: evaluation of patient acuity, staffing/skill mix and review of the previous 24 hours, she believed further work in this areas was required. In relation to the question on performance Ms Fearon advised that a report would be presented to QAC, giving oversight on a number of quality metrics, she believed there was evidence of improvement, and used an example of physical health monitoring which had increased to 100% compliance.

Ms Gilderdale reported that she would be focusing on safer staffing to identify any gaps. She would be reviewing Trust policies and procedures and seeking assurance that the e-rostering system was functional, she would also be assessing meeting and reporting structures.

Dr Hunter reminded Board that a decision had been made in March 2020 to support development of therapeutic environments, the addition of psychological support would address a number of underlying quality issues.

Mrs Keene referenced the reduction of data in the Patient Experience Survey and Friends & Family Test, and notwithstanding Covid-19 issues asked when improvements would be made in this area. Dr Hunter believed the baseline had been negatively impacted by Covid-19 and suggested further conversation would take place at QAC in relation to how meaningful patient feedback supports change and development. He added that a number of positive patient stories had been posted on the Care Opinion social media site.

Ms Ditheridge referenced the staffing and vacancy data and asked for the vacancy factor, and the percentage of bank/agency was to support the nursing establishment. She was concerned that there was a lack of continuity which could compromise quality. She added that she did not believe a single patient was attributing to the overall drop in performance. She noted that the teams had been offered Organisation Development (OD) support to focus on improving performance. Ms Fearon reported that the senior nurse (Band 6) vacancy was circa 20% and remained a challenge, she would be meeting with Ms Gilderdale and Ms Parry to look at a recruitment drive. She added that vacancies for newly qualified nurses (Band 5) and Healthcare Support Workers (Band 2) were low. Ms Ditheridge asked if the risk was recorded. Ms Fearon confirmed it was logged on the risk Register.. Mr Easthope reported that on top of the vacancy factor, he believed there was a further 10% for Bank/Agency to support caring for complex patients requiring 1:1 nursing. He was also mindful that from a continuity perspective a lot of bank staff also held substantive contracts. Ms Parry added that work was on-going in relation to increasing substantive contracts.

The Chair noted Ms Fearon's response to assurance of safe staffing levels and asked how often the wards were unsafe and what action was taken. Ms Fearon advised that each ward reviewed patient activity and assessed minimum staffing levels twice a day and reported gaps. The Flow Co-ordinators had oversight of all wards and can redeploy staff as appropriate or request bank/agency cover. Ms Fearon advised this could occur three to four times per week.

Prof Stone was mindful that patient experience had been raised, and added that this is an area that Board needed to have oversight on. He was aware this fed into QAC and would like assurance that the Service User Experience and Engagement team had capacity to deliver on this agenda. The evidence suggests there had been a long term decline in responses to quality of experience. He reported he had previously chaired a Service User Group and could offer support in this area. Dr Hunter acknowledged this was a significant area, and problematic if done in isolation, he believed the way forward was to ensure it was embedded into teams.

Ms Smith welcomed the improvements that had been made to the report following her feedback and believed the inclusion of narrative from Clinical Operations on the Quality Teams findings would give added assurance.

**Board received the report and were assured by the content.  
Board were assured that a number of points raised at the May meeting were feeding into QAC.**

**b) Care Quality Commission Update - 29A Warning Notice**

Members received a progress update for assurance.

Mrs Stanley referenced the annex of the report and noted that there appeared to be disparity in the CQC's findings across the teams, what was detailed on the Risk Register and what had been reported to Board. She asked who would lead on this area. Ms Ditheridge reported the Well Led Programme would be led by Mr Walsh, and include a review of risk reporting, governance arrangements, structures, policies and procedures to ensure effective arrangements were in place for the flow of the Corporate Risk Register into the Trust and through committees to Board. He would also work closely with the Quality Team to understand how clinical risk was supported at an operational level. Mr Walsh advised a governance "Must and Should Dos" actions dashboard would be presented to Board in June 2020. He envisaged the risk element would be monitored by Audit and Risk Committee (ARC).

Mrs Keene welcomed the improvements that had been made, alongside dealing with the impact Covid-19. She referenced the mandatory training programme and asked if all elements were required for Non Executive Directors. Ms Parry advised the different elements of mandatory training are required for all staff and complies with legal or policy requirement. The Chair advised she had spoken to Mr Walsh in relation to NED mandatory training and would update NED's accordingly.

Mr Mills referenced the section relating to Estates. He believed the pace for change needed to be articulated. Mr Easthope believed there were elements that could be expedited and progressed through governance processes. In relation to the change in use of dormitories, he was aware that discussions were on-going as to the final agreement and programme of works. The timescales had been challenged and the Business Case progressed.

Ms Smith referenced mandatory training and noted it appeared to have reached a plateau and whether the upward trend would continue. Ms Parry reported training had reached 87% against a compliance target of 80%. She added that there would be a degree of variance as dates expire and staff become non compliant. The feedback from the on-line training had been positive and ways to continue and

DWa B/F BoD  
June 2020

Chair/DWa

deliver this on a large scale were being explored. A number of training elements need to be delivered face to face eg: Respect, which required further consideration.

Dr Hunter advised that mandatory training was cross referenced in the Quality Report and had been discussed with the CQC. They were satisfied with the approach the Trust was taking.

Ms Ditheridge reported that staff had fed back their preference for on-line training as opposed to the more traditional face to face style held at Fulwood. She asked if the feedback would be collated to support develop of new training initiatives. Ms Parry advised that alternatives are being explored to expand training provision.

**Board received the report and were assured of progress.  
Board received assurance of a Well Led Programme to be presented to Board in June 2020.**

### **c) Physical Health Strategy**

Members received a progress update and were asked to support continued development

Mrs Keene reported that Dr Hunter and herself had discussed the Strategy in more detail. She referenced the narrative of learning from deaths to focus prevention and believed this should also include learning from incidents. She also believed the level of ambition could be strengthened to support staff to be the best they can be. She asked if there would be further engagement before approval. Dr Hunter responded, the Board are asked to receive the strategy and support the direction of travel, he was mindful that further engagement was required and would also consider the points Mrs Keene had made and added that the Strategy had been development as a CQC requirement. Ms Gilderdale, Ms Fearon and himself would be leading its development and a further iteration would be presented to Board in July 2020.

MH B/F BoD  
July 2020

Prof Stone referenced the narrative in the summary which related to social determinants of health and believed it was important to understand the diversity of needs and have a Strategy that was person centred. He used the example of the disproportion number of Covid-19 related deaths amongst BAME people.

Ms Smith asked how success would be measured. Dr Hunter advised the next iteration would include an implementation and financial plan.

**Board received the Strategy, noted and supported its development. A further iteration would be presented to Board in July 2020**

### **d) COVID-19 and Governance Arrangements**

Members received an update for assurance and were asked to support the forward programme.

Mr Clarke assured members of the continued emergency planning arrangements in place and that plans were progressing for the next phase, moving to recovery and business as usual. Mr Clarke shared a presentation highlighting a number of key points including:

- Demographics - number of confirmed cases, deaths, staff absence etc. To note the Trust does not currently have any patient confirmed Covid-19 cases.
- Impact of change – systems and processes in place, realignment of services to ensure business continuity, evaluation of risk and weekly assurance meetings with Mr Mills, NED led for Emergency Planning.

- Establishment of a Covid-19 Risk Register. Risks identified include: remote working, staff health and wellbeing, finance & procurement and vulnerable staff groups. eg: cascade of national guidance for BAME groups.
- Next Period (3-6 months) Integrated Care System (ICS) and Accountable Care Partnership (ACP) re-establishment of the Mental Health, Learning Disabilities and Autism Delivery Board (MHLDADB) and the Psychology Board to support the system and more locally the city.
- Development of future plans for the Trust and the ACP. Review impact on service function and areas for development.
- Refresh of the Trust Strategy, taking the lessons from Covid-19.

The Chair reported that the NEDs had discussed the weekly assurance meeting with Mr Mills, and whilst acknowledging that they had been beneficial believed that as Covid-19 may feature long term, it should now be embedded into day to day operations and business as usual, allowing for any challenge or concerns to be raised through Board Committees and Board. Mr Mills supported this and added that the incident stage of Covid-19 had passed and moving into recovery phase.

Mrs Keene referenced the section on risk and asked if there were any risks identified that impacted on service users, she noted that BAME staff had been identified as a vulnerable group and whether this included BAME service users. Mr Clarke reported that service user feedback forms part of the Quality Impact Assessment (QIA) process, feedback from the Integrated Care Community Pathway had fed into Bronze and Silver Command. Ms Ditheridge believed service users should be named as a risk group and was mindful of the different risks, particularly for those being admitted. She was aware that the level of risk assessments had been high and aligned to protecting service users and had a person centred approach. Mitigation had included ensuring PPE was available and changes to delivery of services and avoidance of face to face where possible etc. In relation to the service user feedback question, Ms Fearon reported that service users are asked for feedback on the way services are now being delivered and would be taken into account for future planning. Dr Hunter reported the QIAs had been reviewed and an update would be presented to QAC in May 2020.

DWa

Mr Walsh advised a copy of the Covid-19 Risk Register would be circulated. It had been developed to specifically measure risks to services against this incident, the risks that Covid-19 created for service users needed to be captured on the Corporate Risk Register.

Mrs Keene, mindful of media coverage asked if care homes were receiving support, she also asked how partnership working had changed. Mr Clarke reported that the Trust had taken guidance on its own care homes (Woodland View & Birch Avenue). In relation to partnership working the Trust is represented on a number of ICS groups, and intelligence had been shared across networks. The Mental Health, Learning Disabilities & Autism Delivery Board (MHLDADB) would reconvene and plan to hold a meeting on 27 May 2020. The impact of Covid-19 had led to a strengthening across all health and social care providers, including working with voluntary sector who are supporting the 24/7 Helplines and would be involved in future planning. The Sheffield Psychology Board had started to look the impact of demand and surge from a psychological perspective. Ms Fearon reported that there were no confirmed cases of Covid-19 at the Trust's care homes and they were sharing the practices they had adopted with other care homes.

Mrs Keene asked how vulnerable groups were being supported and if there had been an increased demand for drug and alcohol services. Mr Clarke reported that Public Health are looking at how these groups can be supported eg: substance misuse and homeless.

	<p>Ms Ditheridge reported that the Trust is also working across the alliance, with South West Yorkshire Partnerships NHS FT (SWYFT) and Rotherham, Doncaster and South Huber NHS FT (RDASH) to create a robust 24/7 crisis line, to elevate the pressure on Single Point of Access (SPA). The Trust would also review and evaluate the areas that had been stepped down including Increasing Access to Psychological Therapies (IAPT) who adopted a number of new indicatives which they may wish to retain and the Electroconvulsive Therapy (ECT) who had only used ECT in emergency situations. She believed there would be a number of studies at all levels.</p> <p>Ms Smith asked when Board would receive the strategic analysis and have sight of the fundamental changes to the operating model. Mr Clarke advised this was part of the next phase, to take the learning from Covid-19 to reshape services and align it to the Strategy. Mr Easthope reported the Board would receive the plan for development and transformation in June 2020 ahead of the final strategy in November 2020. He used the example of the significant change in the use of technology, but noted at this stage it is unclear how this would change the model. He had also started conversations in relation the how the Trust's estate may be used in the future.</p> <p>Mr Mills referenced new guidance for office accommodation and believed this would impact the functionality of the current Trust Headquarters (Fulwood). He also asked if the new guidance challenged the business case for the future Headquarters at 722 Prince of Wales Road. Mr Easthope responded, that staff had been supported to work from home and he did not see this changing. The number of staff working at Fulwood had decreased significantly and social distancing was being observed. He was mindful that further discussions are required for the longer term plans and would form part of the next phase.</p> <p><b>Board received the report and were assured that systems and processes were in place and supported the development of the next phase. Board were assured that impact on service users had been risk assessed. Board would receive the Trust Strategy refresh at the meeting in June 2020</b></p>	PE B/F BoD June 2020
<b>Performance Management</b>		
6/5/20	<p><b>Performance Report – Period Ending 31 March 2020</b> Members received the report for information and assurance.</p> <p>Mr Easthope presented the report for the period ending 31 March 2020 and for the purpose of statutory reporting noted the Trust was not in Special Measures. There are a number of key changes in the report as it continues to develop. He referenced supervision and training narrative as two examples.</p> <p>Mrs Stanley referenced the access graph and asked if SPA were included. Mr Easthope agreed to find the answer to this question.</p> <p>Mrs Keene was mindful that datasets were being used across multiple reports and asked if there would be integrated reporting. Mr Easthope advised the aim would be to have duplication only on CQC data.</p> <p>Mr Mills asked for an update on the impact of Covid-19 on Primary Care (Clover Group). Dr Hunter reported that he had spoken with Dr Lucy Cormack, Clinical Director, who reported that they had seen a reduction in demand of up to 70% and were now able to offer same day appointments. The Primary Care Networks across the city had worked collaboratively and Clover Group had been placed within the 7 Hills Network. Dr Cormack was also mindful that there would be patients who had not sought help during this period and the impact this may have in the future. Mr Mills in his capacity as a NED did not feel assured that Board had been updated on the Clover Group and asked that an update is included in the next report.</p>	PE          PE/BF Bod June 2020

	<b>Board received the report, noted the content and were assured on a number of area. Board had not been assured on Primary Care (Clover Group) and asked for an update in the next report.</b>	
<b>Governance</b>		
<b>7/5/20</b>	<p><b>Board Assurance Framework (BAF) 2019/20</b> Members received the BAF and were asked to approve it.</p> <p>Mr Walsh reported the Board are asked to sign off the 2019/20 BAF, he added it had been through governance process and presented to Board Committees. He was aware that some elements would be carried forward.</p> <p>Mr Mills reported that Finance &amp; Performance Committee had not agreed their risks. Mr Walsh advised he had not pursued this, the landscape had significantly changed following the BAF Workshop in February 2020, the aims and objectives had changed and as he was new in post he wanted to review and assure himself. The BAF for 20/21 would be presented to Board in July 2020, so there was a period of time to allow for amendments.</p> <p>Mrs Keene asked for clarity on the process for allocation of risks and lead officers to the Board Committees. Mr Walsh advised that he would like to see all the risks prior to allocation to assign them, he was mindful that Covid-19 risks may cross all committees.</p> <p><b>Board received the 2019/20 BAF, noted the content and agreed to approve it.</b></p>	DWa B/F BoD July 2020
<b>8/5/20</b>	<p><b>Eliminating Mixed Sex Accommodation (EMSA) Declaration of Compliance</b> Members received the annual declaration for assurance and approval</p> <p>Mrs Keene asked for clarity on the process for addressing the issues raised by the Care Quality Commission (CQC) and NHS Sheffield Clinical Commissioning Group (NHSSCCG). Ms Fearon reported Bi-annual reporting had continued and the CQC were updated monthly.</p> <p><b>Board received the declaration, noted the content, were assured and approved the declaration.</b></p>	
<b>9/5/20</b>	<p><b>Freedom To Speak Up (FTSU) Bi-Annual Report (Q3&amp;4 Period 1 October 2019 to 31 March 2020)</b> Members received the report for information and assurance.</p> <p>Mr Walsh reported Ms Fowler, Freedom To Speak Up Guardian had sent apologies, she had committed to nursing shift. The report covered the period to 31 March 2020 and FTSU remains active in the Trust. Mrs Keene had asked a question in relation timescales for response, Mr Walsh agreed to source the answer from Ms Fowler.</p> <p><b>Board received the report, noted the content and were assured of the systems.</b></p>	DWa
<b>10/5/20</b>	<p><b>Guardian of Safe Working (GoSW) Report (Q4 Period January to March 2020)</b> Members received the report for assurance and information</p> <p>Dr Hunter reported that the GoSW identified one outstanding exception report, due to an extended period of leave, and that this had now been closed.</p> <p>Ms Keene asked if the trainee doctors leaving the Trust mid rotation caused problems in relation to experience. Dr Hunter advised that it did not as once a trainee doctor had passed their exams they were automatically qualified to undertake a more senior post.</p> <p><b>Board received the report, noted the content and were assured.</b></p>	

11/5/20	<p><b>Patient Led Assessments of the Care Environment (PLACE) Outcomes 2019</b> Members received the report for information.</p> <p>Mr Easthope reported the questions had been significantly different to previous years and therefore there was no direct comparison available. Performance had been measured against the national framework. The report highlighted some of the specificity, and in particular the use of dormitories and the impact this had on CQC inspection. A number of areas were rated highly including cleanliness and some elements of food etc, there were areas for development in relation to creating a therapeutic environment. The PLACE outcome review and the maintenance review would feed into the review of the Estates Strategy, he would also like there to be ownership as service level. He reported there was still work to be undertaken and that it could give false assurance, but this only related to a number of elements. There was also a need to understand the specificity of the questions. There is learning and the estate required a review with fresh eyes and acknowledged there had been a focus on Acute Care Modernisation Phase 2 (ACM2).</p> <p>Mrs Keene reported that QAC received the PLACE Report and during discussion she believed a number of areas specific to mental health trusts had been missed. Mr Easthope agreed to liaise with Estates on the areas that QAC identified.</p> <p>Ms Ditheridge believed it was important to use the PLACE Report in the review of the Estates Strategy. She noted that she had visited a number of sites and had been disappointed, she believed it would take significant work to achieve good therapeutic environments.</p> <p><b>Board received the report, noted the content and accepted the report. Board welcomed the use of the PLACE Report as part of the review of the Estates Strategy.</b></p>	PE
12/5/20	<p><b>Associate Mental Health Act Managers (AMHAMs) Report (Q4 January to March 2020)</b> Members received the report for assurance and information</p> <p>Mrs Keene asked if there was a way to improve performance. Dr Hunter responded this related to the extension of Section 3, which was a six month order for hospital admission. Patients are often subject to sequential Section 3's and that the review should take place three weeks prior to the end of Section. Late renewals result in a later start date for the period of detention. He would be performance managing this with Clinical Directors.</p> <p><b>Board received the report, noted the content and were assured.</b></p>	
13/5/20	<p><b>Annual Reporting from Board Committees</b> Members received the report for approval and assurance.</p> <p>Mr Walsh reported that each Board Committee was required to submit an annual report as a statutory requirement, the summary report with committee appendices was presented to Audit and Risk Committee in April 2020.</p> <p>Mrs Stanley asked whether the report to Board could in future be a single report that overarched all Committees.</p> <p><b>Board received the report, noted the content and were assured and approved it as part of the annual reporting.</b></p>	
<b>Board Stakeholder Relations &amp; Partnerships</b>		
14/5/20	<p><b>Governor &amp; Membership Update to April 2020</b> Members received an update on Governor and Membership for information.</p>	

	<p>Mrs Keene asked if there was a target for membership. The Chair believed there was not target and mindful it had remained static for a period.</p> <p><b>Board received the report, noted the content and were assured the Governors are receiving communications.</b></p>	
<b>Board Committees</b>		
<b>15/5/20</b>	<p><b>Board Committees – Significant Issues Reports:</b></p> <p><b>a) Audit &amp; Risk Committee (ARC)</b> Members received the ARC Minutes from the meeting held on 21 January 2020 for information and assurance.</p> <p><b>Board received the minutes, noted the content and were assured.</b></p> <p><b>b) Quality Assurance Committee (QAC)</b> Members received the Significant Issues Report from the meeting held on 27 April 2020 and the QAC Minutes from the meeting held on 21 January 2020 for information and assurance.</p> <p><b>Board received the report and minutes, noted the content and were assured.</b></p>	
	<p><b>c) Finance &amp; Performance Committee (FPC)</b> Members received the Significant Issues Report from the meeting held on 27 April 2020.</p> <p><b>Board received the report, noted the content and were assured.</b></p>	
	<p><b>d) Workforce &amp; Organisation Development Committee (WODC)</b> Members received the Significant Issues Report from the meeting held on 28 April 2020 and the WODC Minutes from the meeting held on 30 January 2020 for information and assurance.</p> <p><b>Board received the report and minutes, noted the content and were assured.</b></p>	
<b>16/5/20</b>	<p><b>Any Other Urgent Business</b> No other urgent business was discussed.</p>	

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

*David Walsh, Director of Corporate Governance (Board Secretary) [david.walsh@shsc.nhs.uk](mailto:david.walsh@shsc.nhs.uk)*  
*Sharon Sims, Board Support [Sharon.sims@shsc.nhs.uk](mailto:Sharon.sims@shsc.nhs.uk)*