

Board of Directors - Open

Minutes of the 132nd Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 10 June 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. Ms. Beverly Murphy, Improvement Director
16. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)

Public

Ms. Sue Holden, Improvement Director, NHS Improvement (Observer)
Ms. Terry Proudfoot, Lead Governor

Welcome & Apologies

The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board to the meeting. The Chair also welcomed Ms Murphy to her first meeting as the Trust's Improvement Director and Ms Holden, Improvement Director, NHS Improvement who would be observing the meeting.

Apologies for absence were received from Ms Lightbown, Executive Director of Nursing and Professions and Mr Wilson, Director of Human Resources.

Carer Story

Dr Hunter welcomed Mr Chris Sterry, a Carer and Ms Agnes Wozna, Engagement and Experience Facilitator. Agnes thanked the Board for the invitation to enable Chris to share his experience as a Carer, she also reminded members it was Carers Week.

Chris described himself as a family carer, caring primarily for his daughter Katie, who has physical health issues and learning difficulties. Katie lives at home with Chris and his wife, and has a 24/7 care package in place which allowed him to employ two staff to support him. He had been a carer for over forty years, and since retiring ten years ago had been more active in health and social care, he is a Governor of Sheffield Teaching Hospitals NHS Foundation Trust, a Trustee for two charities and attended the citywide Mental Health, Learning Disabilities & Autism Delivery Board. He is also active on social media focused on disability matters. He added that he had recently started caring for his wife.

Agnes acknowledged Chris' dedication and his focus to the carers agenda. She asked him how he had found the current situation. Chris responded that there was always someone in their home and that the Covid-19 restrictions had meant that he and his wife had not been able to take any respite by visiting family or friends. This had made him feel isolated, unsupported and had contributed to his own mental health. Agnes asked Chris if he had any message he wanted to share. Chris believed communication was key and he had been disappointed in the lack of adult social care information from the Local Authority. He also mentioned he had tried and failed to make contact with the Trust's Community Physiotherapy Team, to be told later that staff had been moved to other teams during Covid-19. He added that he missed the team at Love Street, who were knowledgeable, knew and supported him.

The Chair thanked Chris for sharing his experience and for his candour. Dr Hunter agreed to speak with Chris in relation to the problems he had experienced in contacting the community team. Ms Fearon agreed to speak to Chris in relation to the respite services. The Chair acknowledged there issues outside of the Trust and agreed to escalate to the Accountable Care Partnership (ACP).

Ms Ditheridge thanked Chris for sharing his story and assured him that Dr Hunter and Ms Fearon would make contact. She acknowledged that Covid-19 was affecting everybody and recognised there would be additional challenges for Chris and his family. She also thanked Agnes for the ensuring the key messages were heard.

Mr Clarke thanked Chris for his input into the development of the Carers Strategy and asked if there was more that could be done. Chris believed the Trust were taking the right approach. Agnes believed Chris had also been able to speak out for others who had not felt able to do so.

Mrs Keene whilst recognising that respite is important had heard that Chris' needs were not being met and asked what he felt was missing. Chris responded that he was still involved with the carers centre, albeit from a distance and that he would like additional support for his wife, but space was limited at home. He added that he also had good support from his GP.

Min Ref	Item	Action
1/6/20	<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. Mrs Keene is representing the Yorkshire, Humber 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.</p> <p>No further declarations were made.</p>	
2/6/20	<p>Minutes of the Open Board of Directors meeting held on 13 May 2020 The minutes of the Open Board of Directors meeting held on 13 May 2020 were agreed as an accurate record.</p>	
3/6/20	<p>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.</p> <p><u>Action Log: 7/11/19 Service Performance Dashboard refers</u> Ms Smith reported that further discussion had taken place on the workforce indicators and that the Workforce and Organisation Development Committee (WODC) are now receiving data. It was agreed this action was complete.</p> <p><u>Action Log: 14a/2/20 WODC Significant Issues Report – Health and Safety refers</u> Ms Smith reported that she had discussed Health & Safety risks and assurance with Mr Clarke, a report will be presented to WODC in June 2020 and WODC would be able to assure Board in July 2020.</p>	

	<p><u>Action Log: 4/2/20 People Strategy refers</u> Ms Smith reported that WODC would receive the People Strategy in June 2020 and following consultation would be presented to the Board for approve in September 2020.</p> <p><u>Action Log: 7/2/20 Freedom To Speak Up Report refers</u> Ms Smith reported that she would be speaking to Ms Parry in relation to exit interviews to ascertain if this remained a concern.</p> <p><u>Action Log: 00/2/20 – Staff Experience refers</u> Mrs Keene reported her virtual visit had been to South Recovery Team and she had spoken with Julian Tang to follow up some of the points he had raised in February 2020.</p> <p><u>Action Log: 10/2/20 Primary and Community Mental Health Trailblazer refers</u> Dr Hunter reported that this item will align to the Transformation Programme and be led by Mr Easthope. He would support in a clinical capacity.</p> <p><u>Action Log: 6/4/20 Quality Report refers</u> Mr Easthope reported work is progressing to develop an integrated quality and performance report, and acknowledged there had been delays in its progression. Board will receive a progress update in July 2020.</p> <p>Mr Walsh would work with the Executive Team to review the action log.</p>	<p>B/F (BoD Sept 20</p> <p>HS/CP</p> <p>PE/MH (B/F BoD July 20)</p> <p>DWa</p>
4i/6/20	<p>Chief Executive’s Report Members received the report for assurance and information.</p> <p>Ms Ditheridge presented her report which included updates on COVID-19 from both a South Yorkshire & Bassetlaw/Integrated Care System (SY&B ICS) and national perspective, it also confirmed the Trust’s position following the publication of the Care Quality Commission (CQC) report in April 2020.</p> <p><u>NHS Race and Health Observatory</u> A new centre had been established to investigate the impact of race and ethnicity on individual’s health through COVID-19. Ms Ditheridge suggested the Board utilise time at a development session to focus on inclusion and review the findings to understand how staff had felt. She was also mindful of the connectivity with the equality, diversity and inclusion agenda and the impact of the death of George Floyd. Ms Ditheridge referenced a COVID-19 report by Public Health which appeared to have a different view, particularly in relation to the outcomes for people from BAME Communities.</p> <p>A minute silence was observed to reflect on recent events.</p> <p><u>National Audit Office (NAO) Overview</u> The NAO would be publishing an overview of the Government’s response to COVID-19, the amount of resource has been significant and the impact is expected to be long term both on society and the NHS. The aftermath of COVID-19 would need to be considered and fed into the Trust’s strategic direction. The key findings had been broken down into five areas and included: health and social care service delivery; public and emergency services; welfare support for individuals; business support and international aid and communications. Ms Ditheridge assured the Board that these are the areas that had been focused on.</p> <p>Mr Mills acknowledged there were challenging times ahead that required sustained focus, both within the Trust and wider across the city. He did not believe there were robust national/professional governance systems in place and therefore local support may be required.</p> <p>Prof Stone referenced the equality agenda and asked Board to be mindful of the impact on BAME service users, and their perception that this Trust is “very white” and not appropriate for them. He added that there was a national focus on Workforce Race</p>	<p>DW BoD Dev</p>

	<p>Equality by the Commission for Equality and Mental Health, he added that it would be wider than race. The evidence suggests that the outcome for males of African or Caribbean heritage is poor and a rethink is required in relation to engagement for peer/community support. Ms Ditheridge believed the Trust were engaged in a number of areas that perhaps had not been shared widely and that there should also be time for reflection and focus on patient centred care and improvement for everyone. A number of the NEDs also believed the equality and diversity work had perhaps not reached all areas. Mr Clarke assured Prof Stone that the Trust were engaged with citywide groups and supporting the BAME Community, particularly in relation to accessing services.</p> <p>Mrs Stanley asked if the Trust had capacity to support the wider Sheffield projects, whilst also dealing with the impact of COVID-19 and potential surge, she was mindful of the challenges for all and how Local Authority underpins the future. Ms Ditheridge reported that she had spoken to George Lindars-Hammond, Cabinet Member for Health and Social Care who was keen to reset the relationship with the Trust and explore new ways of working. She had also spoken with Charlie Aden, Interim Chief Executive.</p> <p>Partnership working was an area that the CQC identified and would be included in both the Improvement Plan and Transformation Programme, and focused on the acute care pathway and integrated care. Ms Ditheridge believed there had been an absence of Local Authority presence at Integrated Care System (ICS) level, and their focus had been health, she was mindful there also needed to be connectivity across social care.</p> <p>The Chair reported she had received positive feedback from Voluntary Sector on its integration with the Trust, and aware there was further work to do. Dr Hunter assured the Board that Public Health was connecting with a number of organisations in relation to sharing best practice and service development. Dr Hunter also reminded members that the Primary Care Mental Health Early Adopter programme was engaging with Sheffield Mind and other non statutory third sector organisations.</p> <p>Ms Smith referenced the CQC section of the report and asked when the HR Review would take place. Ms Parry advised that there had been an initial conversation with Sally Black, the external consultant to draft the terms of reference and scoping. Ms Ditheridge advised that Sally would commence the review in September 2020.</p> <p>Mrs Keene whilst mindful of the short period of time Ms Murphy had been in the Trust asked if there were any key headlines to share. Ms Murphy responded that as an Observer in an Open Board her comments would be limited. She reported that she had been welcomed and that people had been open and transparent. She acknowledged there was a lot of work, and was pleased to see an improvement plan and had, had a number of conversations with people, including Dr Hunter the CQC executive lead. She advised that the plan needed to be developed and should be transformational and that the Trust needed to move with grip and pace, and have drive and energy. She added that Ms Ditheridge, an experienced Chief Executive was focused on this agenda.</p> <p>The Chair whilst acknowledging Ms Murphy was not a member of the Board, invited her to participate in the meeting, she asked how she would report into Board. Ms Murphy responded that there needed to be clear governance, in relation to the Improvement Plan and reporting lines, and the responsible officer for delivery was Dr Hunter and she would work with him on the governance and reporting and ensure there was clarity on escalations to Ms Ditheridge as Chief Executive and reporting to Board.</p> <p>Board received the Chief Executive’s report and were updated and assured on a number of areas: Race and Health Observatory, COVID-19, CQC Special Measures and delivery of the Board Assurance Framework.</p>	
4ii/6/20	<p>Chair’s report Members received an update for assurance and information.</p> <p>The Chair reported that due to COVID-19 restrictions on recruitment her tenure as</p>	

Chair had been extended six months upto 31 January 2021. This had been agreed by the Numerations and Remuneration Committee.

The Chair having reflected of the George Floyd incident and mindful of racist incidents believed the Trust needed to address the issues of racism.

Board Visits (NED and Exec)

The Chair reported a number of virtual visits had taken place, ensuring the visibility of the leadership team, a way of improving the connectivity from ward to Board. The details of the visits will be incorporated into future reporting and that the actions would be both operational and strategic.

Older Adults Community Mental Health Team (Edmund Road) Mr Mills & Ms Fearon

Mr Mills reported the meeting had been positive, the team were open and honest and passionate about the work they do and believed as a well established team they deliver a quality service, also respective to change. They did however feel that the older adult voice was sometimes not heard strongly enough.

Adult South Community Mental Health Team (Eastglade) Mrs Keene & Mr Easthope

Mrs Keen reported there had been a good discussion, which had included the collective dispute, CQC outcomes, care models and service users. The team are focused on supervision, reducing sickness absence and new ways of working during COVID-19. She reminded members of Julian Tang who had shared his story at Board in February 2020. She had spoken with him and he believed the Board and leadership team were now engaging and acting on a number of the issues he had raised. The key areas to follow up included: the service model and engagement with medical staff; use of social media platforms for group forums; communications; bed management and delayed discharge. She would be attending a Bed Management Group meeting to gain insight of the connectivity. Mr Easthope added the team also believed there was a gap in social care, which may be more evident post COVID-19.

Rehabilitation Unit (Forest Close) Ms Smith & Ms Parry

Ms Smith reported the team gave positive feedback on the way the Trust is responded to COVID-19, they asked a number of practical questions, including: PPE guidance, support for BAME staff and shielding. Ms Parry had answered their questions. They referenced bed management and their concerns in relation to step down beds. They had mixed views on the new on-line training. They were also focusing on supervision. Ms Parry added that sickness absence had been low during this period, and that the team had worked flexibly to support each other eg: carer/child care challenges.

Dementia Ward (G1) Mrs Stanley & Mr Clarke

Mrs Stanley reported she had asked them to sense check the morale. They are a close team and scored 8/10. The team felt that due to their location and the patient group they did at times feel isolated and felt they were treated differently, they used the example of not receiving ipads to improve working during COVID-19 when the adult in-patient wards had been given them. Recruitment and retention was a challenge and they attributed this to the complex needs of the patient group. They had welcomed the Occupational Therapy interventions and staff wellbeing. There had been COVID-19 deaths on the ward and they recalled a number distressing experiences.

Psychiatric Intensive Care Unit – PICU (Endcliffe Ward) The Chair & Mr Walsh

The Chair reported the team were enthusiastic and mindful of the CQC outcome at Board level, and the feedback they received, which had distressed them. The Chair assured members that the CQC messages were feeding down through the Trust. They had felt empowered during COVID-19 in relation to the devolved decision making, on what appeared to be minor issues. There was also a need for clarity on accountability. Mr Walsh having joined the Trust in April 2020 had found the experience valuable.

Board received the Chair's report and were assured on a number of areas including the extension of the Chair's tenure ensuring continuity, and the assurance of the ward to Board connectivity.

5/6/20

a) **Back to Good Programme**

Members received the report for assurance and were asked to note the progress and approve the programme of work.

Dr Hunter reported that the summary included details of the inspection, the findings, the Section 29A Warning Notice, the breaches and timelines for the “must and should do” actions and the Trust’s plan.

The presentation outlined the definition of the programme of work and workstreams to support the Back to Good programme.

Presentation key points:

- Back to Good Programme Board: Will be co-chaired by Dr Hunter and Ms Gilderdale. The workstreams will have named individuals and supported by a multi disciplinary team.
- Workstreams: Person Centred Care Records; Therapeutic environments; Professional and care standards; Acute care pathway; Recovery and Well led. The Section 29A Warning Notice actions and regulatory breaches will map onto one of the workstreams. The workstreams will also focus on the underlying issues, he used culture as an example. Two programme enablers are improvement of digital capacity and organisational development.
- Governance: The Back to Good Board will report into the Board and Quality Assurance Committee. A Programme Management approach will be led by the Trust’s Project Management Team. Engagement of staff and service users will be key to success and discussions are taking place with Service User Groups and the Sheffield Carers Centre. The inaugural board meeting is scheduled to later in June 2020
- Additional Support: Funding requests for investment from NHSI (£800k) to support delivery of the workstreams.
- Action Plan: A detailed transactional action plan, the transformational detail of what it would mean to a team/individual required further work.

Mrs Keene asked how service user experience and outcomes would be measured, she was aware from the virtual visit to the Recovery Team that there needed to be ownership and asked what support they had requested. Dr Hunter responded that outcomes will be built into the programme, the challenge would be to move from process to outcome orientated. From a team perspective they had asked for assurance on leadership to support them. A Quality Improvement event will had also been scheduled. Ms Gilderdale, Ms Fearon and himself, would host an event to bring together the workstreams to ensure there is an understand of what the quality improvement offer would be to support the programme. There will be a concentrated effort to engage with busy areas, eg: acute wards. Ms Fearon added there would also be a focus on organisational development to build a cohesive relationships. Mrs Keene asked if she could join the event.

Prof Stone referenced the Back to Good Board Governance and noted that staff and service user engagement was separate, he sought assurance that it is factored into the governance and was mindful that Service User Experience Group (SUEG) reported to QAC. Dr Hunter reported that the Chair of SUEG will be a member of the Back to Good Board.

Board received the report and presentation and were assured by the progress. Board supported and approved the Back to Good Programme

	<p>b) Section 29A Warning Notice Action Plan Update Members received the report for assurance and information.</p> <p>Dr Hunter reported that significant progress had been made on staffing and physical health, which were reportable to CQC on 31 March 2020. The training and supervision targets reportable by 29 May 2020 had been achieved and the Trust was compliant. The transformation element would be to drive beyond target. Dr Hunter advised these areas will continue to feed into the Back to Good Programme and routine reporting. The CQC will determine whether the Trust had met the requirements of the 29A Warning Notice.</p> <p>Mrs Keene referenced a section of the report relating to redeployment and asked if there was a scheme and whether rotational posts had been considered. Ms Fearon responded, that staff had been encouraged to support the scheme, which had allowed for a more flexible workforce and there were plans to ensure teams supported the care pathways.</p> <p>Ms Smith asked if new timelines had been identified to support the work on the dormitories. Mr Easthope confirmed that the target date for completion of work was October 2020 and a work programme to replenish the new environment is in development. The target date for the seclusion rooms was Summer 2021.</p> <p>Board received the report, noted the content and were assured.</p>	
Covid-19		
6/6/20	<p>SHSC Covid-19 and Forward Work Programme Members received a report and presentation for assurance.</p> <p>Mr Clarke reported that the summary outlined the presentation and key questions.</p> <p><u>Presentation key points:</u></p> <ul style="list-style-type: none"> • Assurance through the COVID-19 Risk Register which is owned by Gold Command and reviewed weekly. • Phase 2 would take the learning forward in preparation for the potential surge and to support development and refresh of the Trust's Strategy. • Activity levels on an upward curve for emotional wellbeing and psychological intervention. To note the number of COVID-19 positive cases were reducing. • Risks identified • Presentations to COVID-19 SHSC Plan meeting from corporate/ clinical services (What has gone well, not so well, What will be kept or lost and What had been the learning). Service Users and carers would also be asked for feedback. <p>Ms Ditheridge believed the service user voice had not been as prominent as the staff voice and asked how service users would be engaged. Mr Clarke responded, that service users are being asked for feedback on the quality of their intervention. He was in discussion with Dr Helen Crimlisk, Deputy Medical Director who is engaged with the service user groups. Ms Fearon reported that the Sheffield Psychology Board had also launched a feedback tool for service users and carers. This tool would be used in the areas where services had been changed or where COVID-19 had been present in the care setting and the data would be collated to support learning. Dr Hunter added that a number of measures, which had been compromised by COVID-19 would be stood back up. Digital technology would support the Quality Experience Survey and Friends and Family Test (FFT). The SUEG are also exploring new initiatives. Prof Stone believed the Voluntary Sector could also support this agenda. He reported that he had been co-opted onto a national group and they had started to work on were identifying the key issues for groups that had the greatest impact of COVID-19.</p> <p>A number of questions had been submitted, the themes included</p> <ul style="list-style-type: none"> • Service users voice being heard • Staff support and access to the helpline 	

	<ul style="list-style-type: none"> • Connectivity for the environmental risk assessment to the Estates Strategy • HR systems and processes eg: redeployment scheme • Impact of surge and Commissioning intentions eg: IAPT • Support to deliver training of new equipment and assurance of robust stock control systems. <p>Mr Clarke reported a number of questions had been answered. In relation to redeployment he noted that there was flexibility system to enable the movement of staff to cover shortages. In relation to environmental risk assessments, he would be working with Mr Easthope on this area.</p> <p>Mr Mills, in his capacity as NED Lead for Emergency Planning advised members that there had been an announcement in relation to the next phase of planning for a No Deal Brexit, he noted his concern in relation to capacity in the team.</p> <p>Board received the report and presentation and were assured that risks were being managed.</p>	
Quality		
7/6/20	<p>Quality Report - Period ending 30 April 2020</p> <p>Members received the report for assurance and information.</p> <p>The Chair reported that the NEDs had raised a number of questions and that similar questions had been asked on previous occasions and felt that therefore the narrative in the report had not giving members assurance. Dr Hunter responded that Ms Fearon and himself would address the questions raised, he was mindful that reporting on integration across teams required further work.</p> <p>In response to the questions relating to sexual safety, Dr Hunter reported that service users risk assessments are factored into care plans and that there was also alignment to the rules of Eliminating Mixed Sex Accommodation (EMSA). The patients on the ward are observed and particularly in the areas where they is opportunity to mix. The Trust pre COVID-19 had been engaging in the National Sexual Safety Improvement Collaborative, which should be reinstated later in June 2020. The Trust are also working on EMSA through the development of Acute Care Modernisation Phase 2 (ACM2). Dr Hunter reported that he could not assure the Board and added that there were mitigation processes in place. Ms Fearon noted that staff did report EMSA concerns or breaches. Ms Gilderdale reported that she had visited the wards and assessed from an EMSA perspective, to understand how staff managed EMSA and their approach to risk assessment. Whilst mindful there were plans to eliminate mixed sex accommodation, she observed that staff faced daily challenges and held regular huddles. The Chair asked Dr Hunter how he know that service users were safe. Dr Hunter responded he was assured by daily SITREP, that huddles take place and the right staff in place with solutions. Ms Ditheridge asked how sexual safety is demonstrated or articulated in a quality report and the need for its inclusion.</p> <p>In response to the questions relating to Care Planning, Ms Fearon reported that QAC received a detailed report in relation to CPAs, which outline the challenges and the plans for improvement. The South Recovery Team had the highest number, it is believed that the collective dispute had impacted on delivery of timely reviews. Weekly monitoring is now in place and feeds into the care network through supervision. Virtual reviews were now taking place as an alternative to face to face contact. Dr Hunter added that CPA had been an area identified by the CQC and remained a priority.</p> <p>Mrs Keene whilst mindful that assurance on the management of risks in SPA had been requested, asked what the trajectory and plan was to reduce the waiting list. Ms Fearon reported that QAC would receive a report on SPA in June 2020. She added that the team had adopted a quality improvement approach and met weekly. A recent recruitment campaign had been successful in appointing to full establishment.</p>	

	<p>Prof Stone referenced the section on Non Physical Assaults and asked if there was evidence to suggest racial abuse from service users, he was mindful of the higher rate of restraint and seclusion of service users from BAME communities.</p> <p>Mrs Stanley referenced the section on restraints noting that during April 2020 there had been a breach of the upper control total. Dr Hunter reported he had reviewed the data and was not concerned. Management on a daily basis required safe staffing levels and good care planning in the multi disciplinary team (MDT) to create a therapeutic environment. Psychological and occupational therapy offer the emotional support and deliver meaningful activity. This also aligns to one of the workstreams in the Back to Good programme.</p> <p>Mrs Keene asked if there were further risk assessments required for escorted leave. Dr Hunter responded, the granting of Section 17 leave was taken by the MDT and evaluated both risk and benefit. He added that the Trust does not benchmark highly for absent without leave.</p> <p>Board received and noted the content of the report and requested further narrative in future reporting in relation to the assurance of safe services.</p>	MH
8/6/20	<p>Well Led Development Plan Members received the report for assurance and were asked to approve the plan.</p> <p>Mr Walsh reported the plan which included twelve workstreams was a strand of the Back to Good Programme, and aligned to other strands and the CQC lines of enquiry. It included a governance improvement plan and CQC actions, whilst the deadline of 29 May 2020 for the submission of the CQC Action Plan had passed, he assured members that the work would continue.</p> <p>The plan was developed by Sam Harrison and Claire Lea, Governance Consultants and himself and was presented to Audit and Risk Committee (ARC) in May 2020. Further discussions had taken place and the plan would be refined. The Project Management Office (PMO) would monitor progress of the workstreams and prepare a RAG rated high level exception report for Board.</p> <p>Mrs Stanley whilst noting the Board would receive routine updates was mindful that the Board committees would also need time to look at the plan. Mr Walsh believed the assurance was to Board, and they would require the “live” reports when papers are published. Ms Smith asked for assurance that there was the support to ensure actions were progressed. Mr Walsh advised the function of the PMO would be to work with the executive leads. Prof Stone asked if the actions were prioritised. Mr Walsh responded that they were not and delivery of the plan had a timescale of six months.</p> <p>Ms Ditheridge believed through the reporting of this plan and the core services plan the Board would see the risks in relation to delivery and would be identified through the PMO report. She added that ARC had raised a question in relation to the cultural issues and executive sponsors for the Core Services. Ms Ditheridge believed executive leads were required for this plan and that she would be the executive lead supported by Rita Evans, Head of Organisation Development.</p> <p>Board received the report, were assured and approved the plan.</p>	
Strategy		
9/6/20	<p>Trust Strategy – Plan to Refresh Members received the report for assurance and were asked to approve the plans to develop the Strategy</p> <p>Mr Easthope reported the plan detailed how the strategy would be achieved and required a stepped change, it would replace the interim strategy on a page. He assured the Board there would be a different outcome.</p>	

	<p>The key headlines: Engagement: involvement of multiple staff and service user groups, the Board will also be engaged to understand how the strategy would be informed, he envisaged this would require a Board Development session.</p> <p>Scope: additional capacity to support wider engagement.</p> <p>Mr Mills asked what the connectivity would be with the Estates Strategy. Mr Easthope advised it would be developed within the same timeframe and included the risk assessment of the maintenance backlog. It would be presented to Finance & Performance Committee (FPC) in June 2020. There is alignment with COVID-19, Well Led Development Plan and Back to Good Programme, the executives also have clear objectives and would work collaboratively to ensure delivery.</p> <p>Mrs Stanley asked for clarity on the process for engagement with the voluntary sector Mr Easthope believed they should be involved at an early stage. Mr Mills believed this area required further consideration and was mindful the impact COVID-19 may have on future partnership working with all organisations and therefore a need to ensure the Trust was positioned well.</p> <p>Mrs Keene welcomed the comprehensive detail and believed the plan was outwardly focused and would welcome a development session to understand the mapping.</p> <p>The Chair asked if this could be scheduled for the session in August 2020 and she agreed to liaise with Mr Easthope and Mr Walsh. She believed this approach was a significant step forward, and the alignment with other strategies would be key. She also believed there needed to be transparency with those who engage.</p> <p>Board received the report, were assured and approved the plan. Board Development session to fully engage and inform Board. (12 August 2020)</p>	
10/6/20	<p>Health and Wellbeing Strategy (<i>Greg Fells, Director of Public Health</i>) This item was deferred.</p>	
Performance		
11/6/20	<p>Performance Report - Period ending 30 April 2020 Members received the report for assurance and information</p> <p>The Chair reported that a number of questions had been submitted and asked Mr Easthope to respond.</p> <p>Out of Areas – Ms Fearon reported that the lifting of COVID19 restrictions had seen an increase in demand for acute admissions, and the necessity to access out of town provision. During a two week period there had been a total of 21 referrals for out of town and plans in place to repatriate 8 of them. The Decisions Unit had been stood back up to support patient flow. Mrs Keene asked when Board might receive the review of the bed stock. Ms Fearon advised that if feed into the review of acute care and aims to shorten length of stay and reduce bed stock. She added that during COVID-19 a step-down facility had been mobilised at Forest Close, and had received positive feedback from staff and service users and would feed into the process. Dr Hunter added that this does not impact on the number of commissioned beds.</p> <p>Mr Mills asked whether virtual consultations/assessments would continue, as he believed there had been some negative feedback. Dr Hunter advised that nationally this platform had been set up hastily during lockdown, he believed with the correct training and familiarisation of the system it would be received more positively.</p> <p>Mrs Keene asked how IAPT would cope with the backlog and expected surge. Ms Fearon advised that the impact of COVID-19 had allowed for a review of the service, they had introduced virtual platforms to engage both on an individual and group level</p>	

	<p>and reviewing all options. They had offered “Coping with Covid” sessions. She acknowledged there had been challenges in obtaining funding to recruit Psychological Wellbeing Practitioner, which had been resolved locally.</p> <p>Mrs Stanley referenced the graph on waiting times and asked if this included SPA. Ms Fearon advised that it did and added that it also included specialist services. Future reporting will include key exception areas.</p> <p>Mrs Stanley asked if the workforce data could include those areas that had sickness absence over target and high vacancies to identify any trend. Ms Parry advised that this information would be made available.</p> <p>Mrs Keene asked if the frequency of monthly supervision followed best practice guidelines. Ms Gilderdale reported that the new supervision policy had been approved and the recommendation is for eight sessions per year. Dr Hunter advised that the compliance reporting would change to align with a reduction in sessions.</p> <p>Mr Mills reported he had asked for an update on Clover Group. Mr Easthope had requested an update through the Joint Executive Board (JEB), and had been advised that they are reviewing their performance data. He agreed to expedite this and added that an action plan was scheduled for discussion at the next JEB meeting.</p> <p>Board received the report and were assured. Board asked for assurance on the arrangements and relationship with Clover Group.</p>	<p>CP</p> <p>PE</p> <p>PE</p>
Governance		
12/6/20	<p>Self-certification against conditions G6/CoS7/FT4 within the Provider Licence Members received the report and were asked to approve the self certification.</p> <p>Mr Walsh reported that Audit and Risk Committee (ARC) had discussed the report, due to the nature of the content ARC requested it was presented to Board. Consideration had been given to the declarations of non compliance and it was felt they were true and accurate and that the Board were sighted. Mrs Stanley added that there also needed to be read across to the Annual Governance Statement</p> <p>Board received the report, were assured and approved the self-certification.</p>	
13/6/20	<p>Notification - Annual Members Meeting (AMM) 2020 Members received an update on the Trust’s Annual Members Meeting.</p> <p>Mr Walsh reported that the AMM was scheduled for 22 September 2020, the final arrangements had not been confirmed with the venue and further discussion was planned in relation to the options whilst adhering to COVID-19 restrictions. Board would receive an update in July 2020. A communication to Council of Governors (COG) and the membership will follow in due course.</p> <p>Board received assurance on the options for the AMM. Board were advised that the COG and membership would be notified.</p>	DWa
14/6/20	<p>Fit and Proper Person Policy Members received the Policy for assurance and were asked to approve it.</p> <p>Mr Walsh reported the CQC had identified a weakness in the Fit and Proper Person process, and lack of a policy, he added that there had been a process for checking and updating files, and this had been undertaken on an annual basis. The Deputy Board Secretary in collaboration with Human Resources had developed a policy taken it through the governance process to Policy Governance Group (PGG). The Board are asked to approve the policy as it relates to members.</p>	

	<p>Prof Stone referenced the Equality Impact Assessment noting it stated that there was no potential for the policy to discriminate against protected characteristics or opportunity to improve equality. He asked for assurance that this statement had been scrutinised. Mr Walsh assured Prof Stone that the statement was up to date.</p> <p>Board received and approved the Fit and Proper Person Policy.</p>	
Reports for Assurance and Information		
15/620	<p>Mortality Review - Period October 2019 to March 2020 (Q3 & 4) Members received the report for assurance and information.</p> <p>A number of questions had been submitted for Dr Hunter to respond to.</p> <p>Mrs Keene noted the themes appear to triangulate with the CQC findings and asked if the process for learning was effective. Dr Hunter responded that triangulation was correct and mapped on to a number of workstreams in the Back to Good Programme. Processes are in place for learning and once presented to the Mortality Review Group they are disseminated to the Service User Safety Group (SUSG) and Care Networks. Physical health monitoring is an area which required more focus. Mrs Keene asked how the assurance is sought that the loop was closed and that the learning had made an impact and she suggested discussion continues in QAC. Dr Hunter suggested that Ms Gilderdale joined the discussion and shared her experience of morality reviews in other trusts. Ms Gilderdale added that the trust's weekly meetings were robust and focused, she believed the learning had been taken forward.</p> <p>Dr Hunter advised the Quarter 1 report was scheduled for Board in September 2020 and would include a section specific to the COVID-19. He advised that there had been two in-patient deaths attributed to Coronavirus on Ward G1, both patients were elderly with Dementia. He noted there had been national concern in relation to deaths of people detained under the Mental Health Act, he assured Board that both patients had been detained appropriately. The weekly meeting had received details of thirty four deaths within community services, the majority from older adults. There had also been a nation concern in relation to excessive deaths of people with a learning disability, The Trust had recorded one death in community services in this category.</p> <p>A monthly review is undertaken of all deaths, where a patient had an open episode or contact with the Trust in the preceding six months. When reviewing the national mortality register, all cause mortality showed an increase of between 50% to 100% in all deaths for the month of April 2020. The Trust 's increase was 90%, a significant number were seen by the Liaison Team when presenting in Accident & Emergency, before admission to Sheffield Teaching Hospitals with a Coronavirus diagnosis. Mrs Keene noted she had been assured by the thoroughness of the reviews, and her question had related to organisational learning closing the loop.</p> <p>Mrs Keene noted her concern in relation to the language in the reviews as a number of them say that no physical harm was caused in their conclusion, she believed there should be additional narrative relating to system impact and preventability. Dr Hunter advised that the review template was intended for an acute hospital setting and that there is more subtlety in a mental health setting e: housing, smoking cessation.</p> <p>Board received the report and were assured. The inclusion of narrative on preventability will be included in future reporting</p>	MH
Board Stakeholder Relations & Partnerships		
16/6/20	<p>Governor & Membership Matters – Period May 2020 Members received the report for information.</p> <p>The Chair reported that she would be speaking with Terry Proudfoot, Lead Governor, on a number of areas, including her ideas to increase membership and how to engage COG in strategy. She would involve Mr Walsh in conversations.</p>	

	Board received the report for information and noted the content.	
Board Committees		
17/6/20	<p>Board Committees – Significant Issues Reports and Approved Minutes:</p> <p>a) Audit & Risk Committee (ARC) Members received the ARC Significant Issues Report from the meeting held on 28 May 2020 and the approved minutes of the meeting held on 21 April 2020 for information and assurance.</p> <p>Mrs Stanley reported the Committee received a number of year end reports.</p> <ul style="list-style-type: none"> • Internal Audit Opinion: the rating had dropped to moderate. • Fraud Annual Report: self rating Green with 2 amber areas (pre employment checks and how fraud is reviewed) • Register of Interests and Hospitality: for approval, the Committee asked whether hospitality, sponsorship and gifts was promoted as the register had no entries, they were mindful of the connection with bribery and corruption. ARC would be assured in July 2020. • Self Certification of the Provider Licence: referenced in a substantive item. • External Audit Opinion: to be received prior to sign off of reports. The Trust have been notified that there may be further questions on value for money. <p>The Chair noted the Trust had received successive significant assurance and asked if internal audit were giving appropriate advice and that they had not raised concerns. Mr Easthope believed it may be timely to challenge their view. Mrs Stanley believed the internal auditors had given a good service and their reporting was comprehensive. She believed the scope to internal audit reports looked different to an in-depth CQC inspection. She believed ARC needed to be more rigorous in identify risk and challenging the lead executive, she asked if the Executive Team were responding to matters highlighted in the Significant Issues Report, as detailed in the Internal Audit Opinion, she added that ARC have not held the lead executive to account.</p> <p>Mr Easthope believed there may also be false assurance, and on occasions the point may be missed when moving from limited to significant assurance, as the risks up to medium level are identified with actions and often not followed up.</p> <p>Board received the report and minutes, noted the content and were assured.</p> <p>b) Quality Assurance Committee (QAC) Members received the Significant Issues Report from the meeting held 26 May 2020 and approved minutes of the meeting held on 27 April 2020 for information and assurance.</p> <p>Board received the report and minutes, noted the content and were assured.</p>	
	<p>c) Workforce & Organisation Development Committee (WODC) Members received the Significant Issues Report from the meeting hold on 28 May 2020 and approved minutes of the meeting held on 28 April 2020 for information and assurance.</p> <p>Ms Smith reported Committee are continuing to monitor risks, they are not assured of the recruitment to Band 6 Registered Nurses and were pleased to hear of a new recruitment drive.</p> <p><i>To note: The minutes of the meeting held on 28 April 2020 approved the Committee's change of name to the People Committee. (PC)</i></p> <p>Board received the report and minutes, noted the content and were assured.</p>	

	<p>d) Remuneration and Nominations Committee Members received the Significant Issues Report from the meeting hold on 29 May 2020 information and assurance.</p> <p>Board received the report noted the content and were assured</p>	
18/6/20	<p>Any Other Urgent Business No other urgent business was discussed.</p>	

**Date and time of the next Board of Directors meeting
Wednesday 8 July 2020 at 10am**

(Format of meeting to be confirmed)

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