

Board of Directors - Open

Minutes of the 133rd Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 12 August 2020 at 10 am.

In accordance with national directives relating to Covid-19, 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)

Mr. Mike Potts, Chair
Mr. Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee
Mrs. Ann Stanley, Non-Executive Director, Chair of Audit & Risk Committee
Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
Ms. Heather Smith, Non- Executive Director, Chair of People Committee
Ms. Jan Ditheridge, Chief Executive
Mr. Phillip Easthope, Executive Director of Finance
Dr. Mike Hunter, Executive Medical Director
Ms. Michelle Fearon, Chief Operating Officer
Ms. Beverley Murphy, Executive Director of Nursing and Professions

In Attendance: (Non Voting)

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

Public

Terry Proudfoot, Lead Governor	Tony Clayton, Public Governor
Adam Butcher, Service User Governor	Ben Duke, Public Governor
Billie Critchlow, Carer Governor	Angela Barney, Public Governor

Welcome & Apologies

Mr Potts, the new Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and the Governors in attendance. Mr Potts introduced himself and said that he was pleased to be joining the Trust. He wished to place on record thanks to Jayne Brown the retiring Chair and to wish her well for the future.

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

Staff Story

Dr Hunter welcomed Dr Claire Pocklington who had been invited to share her experience of dealing with Covid-19 on an in-patient ward. Claire is an Old Age Consultant Psychiatrist based on G1 Ward at Grenoside Grange. G1 is an older adult ward specialising in the care of patients with complex dementia.

Claire shared her experience through a presentation. The key highlights included:

Facts: The patient group were high risk of catching the virus and poor outcomes. The focus had been on prevention and the ward was locked down on 16 March 2020, the first symptomatic patient was detected on 23 March 2020, in total four patients contracted the virus, and over a four week period sadly three died, the fourth recovered and left the ward on 22 April 2020. Claire advised that G1's experience had been similar to other Dementia wards across Yorkshire and Humber region.

Experience: A number of challenges on the Covid-19 journey. The decision to lock down was taken and preventative measures put in place, eg: increased temperature checking and hand washing for both staff and patients. Restrictions were also put on staff working in different areas.

The patients that contracted the virus did not have typical symptoms of a cough or raised temperature. On testing positive they were isolated in a contained area. The ward faced a number of new challenges, including caring for extremely frail patients who deteriorated quickly and become acutely unwell and in normal situation would have been transferred to the Northern General Hospital.

Challenges:

- The ward increased its use of Oxygen and in the early stages had to borrow cylinders from other areas until stock could be increased.
- There was a lack of Syringe Drivers to support end of life care.
- The supply of and continually changing guidance for Personal Protective Equipment (PPE)
- Staffing challenges with a high number of staff absences, which necessitated in the use of redeployment of community staff and increased bank/agency which presented further risk in relation to familiarity of the ward and continuity of care. There was also fear and anxiety amongst staff and a number of agency staff cancelled shifts once they were aware that the ward had Covid-19 positive patients.
- Ethical and moral issues in relation to decision making at times felt uncomfortable and staff had to deliver end of life care/palliative care, which is routinely undertaken by the Community Palliative Care Team, who could not enter the ward.

Positives: Containment of the virus and adherence to infection control protocol, good team work. Good end of life care which was supported by the advice and training received from the Community Team.

Do better - Learning:

- Obtaining scrubs for medical team was difficult, the ward had positive cases and needed supplies which could not be delivered.
- Lack of staff recognition and appreciation, high profile given to other wards.
- Unpreparedness for delivery of end of life care and lack of guidelines.

The Chair thanked Claire for sharing her experience and asked that thanks are also passed to the team and condolences for the patients that had died. The Chair believed Claire raised a number of cultural issues, which is something the Board are aware of and working to address.

Mr Mills asked if end of life care on the ward would be considered, avoiding the trauma of transfer to an acute hospital. He also asked if staff had been traumatised from their experiences and whether they were offered support. He added that the message of the team feeling isolated had been picked up through the Board virtual visits. Claire responded, that patients could be on the ward for up to twelve weeks and for continuity of care it would be in their best interest to stay on the ward.

Ms Murphy acknowledged that the team experience had not always been positive and that there was learning from this. In relation to end of care life she reported that Dr Hunter would be presenting the Physical Health Strategy to Board and she believed there was a gap and invited Claire to work with her and contribute.

Dr Hunter thanked Claire for sharing her experience and her openness on how the team felt undervalued.

Mrs Stanley having visited G1 acknowledged the complexity of this service and the challenges they face and asked if they were being supported. Claire said that getting back to normal would be a slow process as a number of external partners including Social Workers were refusing to come to the unit, which was impacting on staff as they had to take on additional tasks.

Ms Ditheridge thanked Claire for identifying a number of key areas, she would be speaking with Holly Cubitt, Head of Communications on the points Claire had raised in relation to communication and recognition. She would seek to understand why the logistics of the ward receiving equipment had been problematic, as being located out of the city should not be an issue. In relation to the guidance for end of life care she would like this to include long term plans for people with life limiting illness.

Board supported the development of guidance for end of life care and its inclusion in the Physical Health Strategy.

Min Ref	Item	Action
1/8/20	<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 non-pecuniary and did not cause a conflict of interest.</p> <p>Mr Potts declared an interest in Item 12 Fit and Proper Person Declaration .</p> <p>Ms Parry and Ms Murphy declared an interest in item 15d Significant Issues Report from the Remuneration and Nominations Committee</p>	
2/8/20	<p>Minutes of the Open Board of Directors meeting held on 10 June 2020 The minutes of the Open Board of Directors meeting held on 10 June 2020 were agreed as an accurate record with one minor amendment.</p> <p><u>Amendment Ref: 7/6/20 Quality Report – Period ending 30 April 2020 (pg 9) refers:</u> To read: Dr Hunter reported he had reviewed the data and the underlying causes were understood.....</p>	
3/8/20	<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 Ref: 11/06/20 – Performance Report Refers</u> Mr Mills asked for an update on Clover Group. Mr Easthope advised discussions were ongoing with Primary Care Sheffield (PCS) who in partnership with the Trust hold the contract to provide services for Clover Group. The conversations with NHS Sheffield Clinical Commissioning Group (NHSSCCG) in relation to the underlying financial deficit are progressing well and NHSSCCG and PCS are exploring solutions to rectify the situation and for the Trust to withdrawal from the partnership without contractual penalties.</p>	
4/8/20	<p>Chair's Report The Chair reported he had been in post just over a week and had started meeting with Board members. He would be focusing on the Trust's priorities, which are centred around the Care Quality Commission (CQC) outcome, action plans and workstreams. He would also be meeting with key stakeholders including Members of Parliament.</p> <p>There would be focus on Board and Council of Governor (COG) development and Mr Potts had, had an initial conversations with Terry Proudfoot, Lead Governor and Rita Evans, Director of Organisation Development to explore refreshing the relationship. He reported that Charis Consulting had been commissioned to review the assurance and governance to support a unitary Board, which would include COG development.</p> <p>Mr Potts reported that Board members had undertaken a number of virtual visits and continue to raise the profile and visibility of the Board.</p>	
5/8/20	<p>Chief Executive's Report Members received the report for approval and assurance.</p> <p>Ms Ditheridge presented her report which included updates on COVID-19 from both a National and Trust perspective, preparedness for winter planning, the NHS People Plan, Health, Inequalities and Prevention, Financial arrangements, and Freedom To Speak Up (FTSU) annual index.</p> <p>Ms Ditheridge shared the key highlights.</p> <p>Further implementation guidance had been received following the initial Phase 3 letter from Sir Simon Stephens and Amanda Pritchard. Directors will be tasked with identifying the areas that come under their portfolios and build them into their priorities.</p>	

They included:

- Planning for Winter and the Flu Campaign
- Commencement of elective services (acute trusts)
- Increased focus nationally on mental health, return to “business as usual”, impact of COVID-19 and transformation of the mental health improvement standard, whilst considering local priorities and gaps.

The NHS People Plan had a number of tight deadlines which need to be delivered, the Trust also have urgent issues to address including recruitment. Whilst all directors have a role to play Ms Parry would be the Executive lead.

Mrs Stanley, asked if the New Care Model (Forensic) and the Primary Care Mental Health (PCMH) Networks were on hold due to Covid-19. Ms Ditheridge advised that the Trust’s Transformation Programme had progressed, The New Care Model had not advanced and this was attributed to it being a system and national project and the restrictions imposed during lockdown, which had started to be lifted. The PCMH Networks was operationalised during lockdown and options being explored to roll the project out further. Board would receive a Transformation Programme report in September 2020 and would include revised timelines.

Mrs Stanley asked if the Trust are required to submit Operational and Financial Plans for 2021. Mr Easthope advised a revised Financial Plan would be required and whilst a full Operational Plan would not be required, the Trust would be expected to update on key priorities. Ms Ditheridge added that work was progressing within the System and she would expect a submission date during September 2020.

Ms Ditheridge referenced a question Mrs Stanley had raised in relation to future partnership working with NHS Sheffield Clinical Commissioning Group (NHSSCCG) and System wide commissioning. The Trust appeared to have a positive track record and good relationships, she did however believe that effective and efficient governance arrangements with NHSSCCG and at local Alliance and System level could be strengthened to drive forward transformation of the mental health and specialist services agenda. The Chair added that as part of his induction he would be meeting Dr Terry Hudson, Chair of NHSSCCG.

Mrs Keene referenced the Reducing hospital beds/Transforming Care National programme and recalled the review of Learning Disability services that had been presented to Board in 2019. She asked whether the plans were still to reduce beds at Firshill Rise. (Assessment and Treatment Service). Ms Fearon advised that following consultation, the focus had moved to scoping the requirements for complex care needs at regional level and initial discussion had taken place with local Clinical Commissioning Groups, if approved Firshill would retain a number of beds contracted to Sheffield and allocate three beds to be externally commissioned.

Mrs Keene referenced the section of the report relating to health, inequalities and prevention and asked if a lead had been identified and whether this work would relate to staff and service users. Ms Ditheridge reported that she would like Board approval to lead, she added that there are specifics that could be separated between staff and service users. Human Resources and Organisation Development will support the staff element and the People Plan and Dr Hunter as the lead for Service Users Engagement will support that element and both would feed into the transformation programme

Mrs Stanley referenced the FTSU reported for 2019 and was mindful that all the recent improvement work would be no reflected in this report. She asked if there was enough resource in this area and if staff were convinced that action was taken if they spoke up. Mr Mills noted the Trust were at the bottom of the table and whether there was an action plan to address this, he added that Ms Ditheridge’s previous trust was rated highly. Ms Ditheridge believed there was an asset to build on, and she would use the learning from her previous trust to focus on creating a culture and environment where staff could speak up, are heard and action is taken. She added that the Staff Survey and CQC outcome were all considered when a trust is rated. The systems and

	<p>processes of reporting an incident are also key. including receiving feedback and feeling safe or empowered to make a difference. Mr Walsh and herself will be working with the FTSU Guardian to create a dispersed diverse model. She reminded Board that FTSU was for patient safety issues and that there were other forums for staff concerns. The Chair added that there also needed to be a degree of honesty and be realistic that not all issues may be addressed and the need for prioritisation.</p> <p>Mrs Keene mindful the Staff Survey was annual asked if there were options to review more frequently. Ms Ditheridge reported that Rita Evans was leading on this area, capturing intelligence through flash surveys, staff experience, virtual Board visits, OD cultural work and Black Lives Matters etc. To identify a number of top priorities that were key and had impact. The Chair added that the staff forums and networks should also feed into this work.</p> <p>Mr Mills asked who would lead the Covid-19 Plan. Ms Ditheridge advised that Covid-19 had been a priority focus over the last six months and that Mr Clarke had lead this, supported by Ms Fearon. As de-escalation continues the Chief Operating Officer would be leading on the strategic elements supported by clinicians. There were further discussions in relation to the continued role for Gold, Silver & Bronze Commands, it was Silver Command that were focused on operational delivery.</p> <p>Board received the report, were updated and assured on a number of areas. Bring Forward: Transformation Programme Report (September 2020) Board approved Ms Ditheridge as the lead for Health, Inequalities and Prevention Board were assured that there were plans to redress the poor FTSU index rating.</p>	PE
Care Quality Commission (CQC)		
6/8/20	<p>Back to Good Programme</p> <p>Members received the report for assurance and were asked to note progress.</p> <p>Dr Hunter reported there were two sections to the report. Firstly the Trust continue to monitor and report on the four key areas identified in the Section 29A Warning Notice which included; safer staffing, physical health monitoring, mandatory training and supervision. The dashboard is an indicator against progress. He added that there was greater flexibility in the system to support safer staffing levels.</p> <p>The second section related to the Back to Good programme, the Board oversee the seven workstreams. Each workstream had a named lead supported by a team to work through the tranches in the programme. From a governance perspective the Back to Good Board meet monthly and review the progress of the workstreams and ensure there is evidence to complete and embed the actions. The workstream leads were supported by the Project Management Office (PMO), Ms Murphy and himself, and input from the Operational Directors.</p> <p>The report included an improvement actions overview, two actions had fallen into exception reporting due to non delivery. They both related to the delays in upgrading the Structured Query Language (SQL) database, a part of Insight. The actions relate to the recording of a particular type of safeguarding information and information relating to falls assessment.</p> <p>Ms Murphy reported that she had attended a Section 29A meeting and believed there was a new risk emerging in relation to the extensions that had been applied to mandatory training, the extensions ran to 31 August 2020 and were due to expire. She would discuss the matter with Dr Hunter, Ms Parry and Ms Fearon. Dr Hunter noted her concern and the need for staff to be released to complete Respect Level 2 training.</p> <p>Ms Smith noted her concern in relation to the assurance of the right digital information systems and that failures with the Insight system had resulted in manual reporting. She asked when these would be resolved. Mr Easthope responded, the long term solution to replacing Insight would be an 18 month project, this is a priority workstream under the Transformation Board and the Outline Business Case would be presented to the</p>	

	<p>Board (Confidential). The medium term solution is to ensure the system remains stable. there are risks associated with this and they are recorded on the Corporate Risk Register and Board Assurance Framework. The immediate work is to upgrade the database, which cannot be an “add-on” due to the fragility of the system, therefore a managed process is required, the significant risk would be the loss of Insight. Ms Fearon advised that the upgrade was scheduled for 5 September 2020 and would include a test. The Chair asked if Board could be kept informed of any concerns and updated in September 2020. Dr Hunter assured Board that the Back to Good Board were sighted on this and would be monitoring slippage.</p> <p>The Chair asked if there was sufficient capacity in the PMO to support the projects. Ms Murphy advised that the PMO had been supportive, she did however have concerns in relation to recent performance which would be explored, she was also aware staff were taking leave. Mr Easthope advised there had been slippage in the Transformation programme and he had agreed to additional capacity in PMO up to 31 March 2021. Ms Ditheridge whilst recognising that there was a large PMO team believed they were not being supported, she attributed this to operational pressures, capability or capacity leading to a lack of ownership.</p> <p>Ms Ditheridge believed that if staff read this report or the Quality Report, they would not reflect how they are feeling, as they lacked the show and tell element. She noted her concern on two specific risk areas, firstly the changes to the environment were not moving at pace and secondly the high vacancy factor and recruitment challenges . Dr Hunter believed that whilst there was triangulation at Board with Back to Good, Quality and the Corporate Risk Register it required strengthening.</p> <p>Board received the report and presentation and were assured by the progress. Board asked to be updated on the Insight upgrade at the September meeting. The Executive Team were tasked with ensuring the show and tell message is clear in reporting through Committees and Board.</p>	PE/MF All
7/8/20	<p>Well Led Development Programme Members received the report for assurance and were asked to note the progress.</p> <p>Mr Walsh reported the paper details the progress against the workstreams and the lowest common denominator determined the rating. A large element of the Well Led Programme had been consumed within the Back to Good Programme. The areas linked to governance of the Well Led Programme were discussed at Audit & Risk Committee (ARC) and it was agreed this would continue to report into ARC.</p> <p>Mr Walsh was mindful that there were a number of areas rated Amber and attributed this to the delay in engaging Charis Consulting. They are now progressing at pace and focusing on the committees and groups below Board level. He asked how frequently Board wished to see the report and if there was support for ARC to control governance. The Chair advised that he had spoken to the Consultant at Charis and they were keen to progress. He advised that he would be helping drive the Well Led Programme and meeting with the Non Executive Directors early September 2020.</p> <p>Ms Smith asked if a column could be added to the table to indicate the areas covered by the Back to Good Programme, and additional narrative if the term “in progress” was used.</p> <p>Board agreed to receive a progress update alongside the Back to Good Programme report..</p> <p><i>To note: Prof Stone left the meeting.</i></p>	DW
8/8/20	<p>Covid-19 SHSC Covid-19 and Forward Work Programme Members received a report and presentation for assurance.</p> <p>Mr Clarke updated on the key issues. The Trust’s Emergency Planning Structure</p>	

mobilised in March 2020 and had continued with the command and control of Gold, Silver and Bronze, but with flexibility within each and managed locally. The day to day management and monitoring is supported by the Covid-19 Risk Register.

The NHS Benchmarking Network data had been released and the Trust was able to review performance, mindful that there cannot be direct comparison as care models and pathways varied across the country. The Trust scored low in relation to digital contact despite having developed its digital technologies and purchased over 500 licences to support mobile working and the implementation of tools to support virtual engagement with service users and from feedback had been positive and expected to support future development. The level of referrals and acceptances scored low for Community Mental Health Teams (CMHT) and would be challenged. The Trust is aware of high waiting lists for Sheffield Adult Autism and Neuro developmental Service (SAANS) and working on a reduction plan.

The SHSC Covid-19 Plan meetings had focussed on developing the learning and invited clinical and corporate services and the service user engagement group to feedback on their experiences and feed into the refresh of the Trust's Strategy led by Mr Easthope and supported by Jason Rowlands, Director of Strategy & Planning.

Ms Smith noted that whilst there had been a control and command structure, she believed there had also been delegated authority and autonomy and from a cultural perspective would like to see this reflected in the report

Mrs Keene had a number of questions relating to the benchmarking data and would raise these through Quality Assurance Committee (QAC). She referenced the future assumption of need and asked if there had been discussion at the Integrated Care System (ICS) or Commissioner level in relation to financial modelling. Mr Clarke advised that additional resource and support had been offered to access helplines and community services. There is an expectation that Commissioners would fund in line with the expected standards for mental health. Mr Easthope added that whilst the standard is clear, there is uncertainty on what will be passed through and discussions are ongoing, from the Trust's perspective crisis services would be priority.

Ms Ditheridge asked if work had commenced on identifying which areas within the Trust related to the modelling impact assessments against core service delivery, she was mindful that service user feedback was still being gathered and was keen to understand who had and who had not received a service. Mr Clarke believed that crisis services would be impacted, the number of referrals had dropped during the lockdown but had starting to increase, he believed support for Primary Care would be key. Ms Ditheridge added she would like to see risks identified and the mitigation.

Ms Murphy asked that consideration is given to engaging with staff to prepare them for a potential spike and to ensure the wellbeing and sustainability of teams.

Ms Fearon reported that she would be focused on Winter Planning to include resource for services and staff. The crisis services remain a priority she noted use by the Police of Section 136 had also increased significantly. A number of specialist services eg: Specialist Psychotherapy, SAANS and Gender Identity also needed support for them to return to business as usual. Dr Hunter added that all CMHT service users would be reviewed and risk assessed in line with the Phase 3 instructions.

Ms Smith referenced the learning and asked if there were resource, capacity and capability concerns in developing digital enhancements. Mr Easthope believed there had been a good response to mobile working and new technologies and would be evaluated for future planning. He also acknowledged there remained a gap in leadership. The significant projects being progressed are the resilience of the Electronic Patient Record (EPR) system and the telecoms infrastructure.

Ms Smith also had a number of questions relating to implications for the People Plan which she would raise through the People Committee.

	<p>Mrs Stanley mindful that staff had been redeployed and returning to their substantive roles asked if they were being supported. Ms Fearon advised that flexibility remained to support acute services and some staff had returned. There was learning in relation to preparing staff for the challenges of working in an acute setting, and this would feed into the review of staffing, care models and pathways. The acute staffing challenges remain and are primarily attributed to vacancies. Ms Parry added that there had been a campaign to mobilise staff including using volunteers and a return to work programme.</p> <p>Dr Hunter reported there were national concerns in relation to the wellbeing of people with a learning disability, the Learning Disabilities Mortality Review (LeDeR) process had been impacted by Covid-19, he assured Board that Covid-19 related deaths in the Community had been reviewed through the mortality review process, there had been a total of thirty one deaths, including one from the Community Learning Disability Team.</p> <p>Mr Mills reported he would be keen to progress as many business cases through Finance & Performance Committee (FPC) to improve infrastructure and would discuss this with Mr Easthope.</p> <p>Mr Mills in his capacity as NED for Emergency Planning was mindful of the current issues of Covid-19, Winter planning and No EU deal and the pressure this would place on the Emergency Planning Officer.</p> <p>Mr Walsh believed the “live” Covid-19 Risk Register had worked well and asked members to consider if this model could be adopted for the Corporate Risk Register.</p> <p>Board received the report and presentation and were assured that Covid-19 continues to be managed and risk assessed. Board asked for an update on the issues that will impact the Winter plan Board to consider adopting a different model for the Corporate Risk Register</p>	
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Quality		
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9/8/20	<p>Quality Report - Period ending 30 June 2020 Members received the report for assurance and information.</p> <p>Dr Hunter reported there are a number of headlines the Board needed to be aware of. The options being explored for single sex accommodation have to take into account both the estate and care models and assurance on compatibility. The management of safer staffing on wards is at times problematic, the flexibility that is required in the system to move staff can causes instability. Management of waiting times had proved difficult and there had also been an increase in the number of restraints. He believed a number of these issues are interconnected.</p> <p>The Chair whilst acknowledging the content of the report believed that the key areas Dr Hunter had raised were not prominent in the summary.</p> <p>Ms Murphy reported on the following areas:</p> <ul style="list-style-type: none"> • The eradication of mixed sex accommodation: There is no date for completion of this project, and mindful Covid-19 had delayed progress in some areas. Mr Easthope and herself will be working on this area. • Safer Staffing: There are concerns in this area in relation to staff turnover and meeting patient acuity which is evaluated on a shift by shift basis. Not all wards were using the E-Rostering and Safe Care effectively, and further work was required in this area. • Out of Area: There is a risk to quality of care for patients out of area. • Incidents: There are a number of action plans that had needed to be closed. <p>Mrs Keene reported that Quality Assurance Committee (QAC) had been monitoring a number of these issues, and had asked for improvement and action plans to support them. She asked how Board and Committees can be assured that the details were</p>	
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	<p>correct. Mr Easthope responded the merger of the Quality and Performance reports should draw out the information and data to triangulate. The Chair asked if there were good examples of the type of report required which could be developed for Trust use. Ms Ditheridge believed the Board were well sighted on the significant risks and whilst they were not prominent in the report would expect the executive leads to be asking questions.</p> <p>Ms Smith acknowledged the report had improved over time would welcome the addition of targets, she also noted that the term “common cause variation” had started to appear and required supporting narrative.</p> <p>Ms Smith referred to the deadline of 30 September 2020 for reduction in waiting list targets and was concerned it was not reducing, Mrs Stanley shared similar concerns. Ms Fearon responded that Single Point of Access (SPA) team were exploring options, the waiting list remains between 700 – 800. She believed a new initiative was required and would include discussion with NHSSCCG and Primary Care Sheffield (PCS). The Chair asked how quickly a solution could be identified and implemented. Ms Fearon assured the Board that those on the waiting list are continually assessed by the team and there is a robust process of engagement. The review of the waiting lists feeds into the Transformation Programme and the Community Model were due to report back in December 2020. There was also a keenness from the team to address the issues sooner. Ms Ditheridge suggested time is allocated to review the model and engage with Primary Care in discussions with Commissioners, she would expect this be undertaken before December 2020. Mrs Stanley asked if the feedback and comments from the virtual visits would be fed into the review, as she believed they would be added value.</p> <p>Ms Murphy added that issues raised would be reported into QAC.</p> <p>Board received and noted the content of the report. Board asked that the summary identifies the key areas of concern. Board asked for an update on the timeline for the eradication of mixed sex accommodation in September 2020</p>	<p>MH BM</p>
Strategy		
<p>10/8/20</p>	<p>Physical Health Strategy Members received the report for assurance and were asked to approve the Strategy</p> <p>Dr Hunter reminded members he had previously presented a brief outline of the Strategy, work had progressed and detail added on number of areas, to produce an interim iteration. Further work was required on implementation, governance and financial impact. Ms Murphy would be leading its development and Board were asked to support this. Dr Hunter added that an end of life dimension would also be included.</p> <p>Ms Ditheridge did not believe it was a strategy, and she would support it as a plan to move forward, the Board were in agreement.</p> <p>Board were not able to approve as the Trust’s Physical Health Strategy and supported further development of the plan.</p>	
Performance		
<p>11/8/20</p>	<p>Performance Report - Period ending 30 June 2020 Members received the report for assurance and information</p> <p>Mr Easthope presented the report and noted as with the Quality Report, it was lacking in the “so what” detail and understanding of next steps which would be addressed in the next report. He had also been made aware that the functionality of the hyperlinks to drill down in the PDF version were limited which would be addressed. The timelines for the collation of the Quality and Performance reports were detailed giving Board assurance of progress.</p>	

	<p>A number of key issues were highlighted in the report including; turnover, Single Point of Access (SPA) and Emotional Wellbeing Service (EWS), Out of Town Placements and IAPT recovery rates. A number of safety concerns were highlighted and narrative added to fully understand the issue. The comprehensive dataset supported improved reporting.</p> <p>Mrs Stanley noted the data had been omitted for delayed discharges and asked if there was a problem with data collection. Mr Easthope reported this would be rectified in future reports.</p> <p>Mrs Keene asked if a summary of the lines of inquiry could be included.</p> <p>Mrs Keene referenced the long waiting times for Gender Identity and SAANS and asked if there were concerns that needed to be escalated. She noted the SAANS team had referred to the list as the SPA waiting list. She also asked if reduced bed stock and increased length of stay were impacting on the wards and staffing. Ms Fearon advised that whilst Gender Identity and SAANS were nationally commissioned services the teams were exploring options and discussing with Commissioners. The Gender Identity service had recently undergone re-tendering and would now be working in partnership with the third sector. She noted there had been tension with the SAANS and SPA teams, but they were now working collaboratively. The Out of Area usage is a concern and remains a priority area whilst ensuring patient safety.</p> <p>Ms Ditheridge reminded Board that there were significant numbers of bank/agency staff working in the acute setting which could compromise continuity care making discharge planning more challenging and potential to increase length of stay. She believed there was also a community element of people not always on the right pathway at the right time which required further work. She believed there were multiple drivers leading to less than optimal discharge planning and that a catch up situation would be in operation until full establishment of wards was achieved.</p> <p>Board received the report and were assured. Board believed there was further additions to refine the report. Board asked for further details on delayed discharges and waiting times to be reported through QAC</p>	PE MF
Governance		
12/6/20	<p>Fit and Proper Person Declaration Members received the declaration for approval. <i>The Chair declared an interest in this item.</i></p> <p>Mr Walsh reported in line with the Fit and Proper Person Policy the Trust are required to make a declaration annually as of 31 July. He reported that the Trust was compliant.</p> <p>Mr Walsh reported the appointment of the new Chair had not been in line with Trust process and had been agreed with NHS England/Improvement and reported to Council of Governors in July 2020. He also noted that whilst Ms Murphy, had been appointed as Improvement Director and was an employee of the Trust, her appointment had approved by NHSE/I. Further guidance will be sought in relation to whether a Fit and Proper Person test is required for Ms Murphy's new role as Director of Nursing and Professions.</p> <p>Board received the report, were assured and approved the declaration.</p>	
13/8/20	<p>Corporate Risk Register Members received the register and were asked to approve it.</p> <p>Mr Walsh reported there had been five new risks added to the register. One low risk, three medium risk and one high risk which related to nursing placements. A number of</p>	

	<p>risks are scheduled for review and would be updated in due course.</p> <p>Dr Hunter referenced Risks 3679 (in-patient environment) and 4284 (improvements) noting they were related and linked to patient safety and quality of care. Ms Murphy and himself were tasked with reviewing them. Mrs Stanley referenced Risk 3679 and asked if the timescale of one year was correct. Dr Hunter advised that not all the elements would take 12 months, eradication of dormitories and mixed sex accommodation were the priorities. Mr Easthope advised the timelines would be a staged process, the completion of the dormitories work by 31 October 2020, replacement of the bed stock by 31 December 2020 and new seclusion rooms by 30 June 2021.</p> <p>The Chair reminded members of the question Mr Walsh had raised in relation to adopting a new risk register model, it was agreed to discuss in a development session.</p> <p>Board received the CRR were assured of the content and approved it. Board agreed to discuss the model for the register at the development session</p>	DW
14/8/20	<p>Board Assurance Framework 2020/21 Members received the Board Assurance Framework (BAF) for assurance and were asked to approve it.</p> <p>Mr Walsh advised the report had been prepared prior to the discussion at the Board Development session on 5 August 2020 and believed members were now more sighted. The BAF had followed governance process and discussed in Board Committees through July 2020. There had been an inclusion of a risk under the Strategic Aim: improve our use of resources. BAF008 linked to patient safety and the fragility of the Information Technology (IT) system.</p> <p>Mrs Stanley believed further discussion was required to clarify what the BAF was used for. She believed it was being presented to Board to review the assurance ratings and ensure alignment with the reports presented.</p> <p>Mrs Stanley reported that Audit & Risk Committee (ARC) requested an amendment to BAF.0002 Delivery of Well Led Development Plan which had been completed. They had also asked for the inclusion of a risk relating to IT and digital aspiration. She noted BAF.0008 had been included with an assurance rating of GREEN. She believed the rating should be reduced to AMBER and attributed this to the current IT Infrastructure, the gap in leadership, replacement of Electronic Record System (EPR), instability of the current system (Insight) and the Digital Strategy. The Board supported the request to reduce the risk to AMBER.</p> <p>Board received the BAF were assured of the content and supported the recommendation to reduce the assurance risk of BAF.0008 to AMBER</p>	DW
Board Committees		
15/8/20	<p>Board Committees – Significant Issues Reports and Approved Minutes:</p> <p>a) Audit & Risk Committee (ARC) Members received the Significant Issues Report from the meeting held on 21 July 2020 and the minutes from the meetings held on 28 May 2020 and 23 June 2020 for assurance and information.</p> <p>Mrs Stanley reported that committee discussed in detail the CQC Action Plan Audit Report that appertained to the previous action plan and planning process and committee had also asked Internal Audit to review the current CQC action plan. Committee had agreed the Internal Audit Plan in April 2020, but due to Covid-19 restrictions a number of audits had to be deferred. Committee will continue to monitor progress. Committee would also review assurance in relation to Information Governance, which remained high profile.</p>	

	<p>Board received the report and minutes, noted the content.</p> <p>b) Quality Assurance Committee (QAC) Members received the Significant Issues Report from the meeting held 27 July 2020 and approved minutes of the meeting held on 26 May 2020 for assurance and information.</p> <p>Mrs Keene reported that committee raised further concerns in relation to staffing in the Complaints Team and asked when this would be addressed. Mr Walsh advised that the Complaints Team would be included in the Corporate review. Committee had also received a report on Health and Safety compliance, Ms Murphy believed a number of elements had been omitted from the report. Mrs Keene advised that committee will be monitoring this.</p> <p>Ms Ditheridge noted she was pleased that committee had raised concerns in relation to capacity in the Complaints Team, she was also concerned with the process and management of complaints and agreed that Mr Walsh and herself would review, identify the next steps and share the outcome.</p> <p>Board received the report and minutes and noted the content. QAC to receive an update following a review of the Complaints process and capacity in the team.</p>	JD/DW
	<p>c) Finance and Performance Committee (FPC) Members received the Significant Issues Report from the meeting held 27 July 2020 for assurance.</p> <p>Mr Mills reported committee expressed concerns in relation to the Out of Town Placements expenditure and pressures on the financial position, which required careful management. There was also significant slippage on Capital, with a predicted spend, which could be deferred further due to Covid-19 restrictions, a review of the risk would be undertaken and CRR amended accordingly.</p> <p>Board received the report and noted the content.</p>	
	<p>d) People Committee (PC) Members received the Significant Issues Report from the meeting hold on 25 June and 14 July 2020 and approved minutes of the meeting held on 26 May and 25 June 2020 for assurance and information.</p> <p>Ms Smith reported that the committee had been receiving new policies/procedures and strategies that had potential to impacted on culture which was positive and encouraging, this included a new approach to the quality of supervision, bullying & harassment and resolution of staffing issues.</p> <p>Committee had noted their concern on two areas, firstly Health & Safety and had asked for a further report, whilst policies/procedures were in place, committee were concerned with compliance. Committee suggested the Health & Safety Team work with Organisation Development on implementation. Secondly there does not appear to be a joined up approach to equality, diversity and inclusion and over time the Trust had just responded to data request without exploration. Committee had requested a paper in September asking how the Trust's values and culture based approach aligned to the equality agenda.</p> <p>Mr Clarke, lead for Health & Safety had focused on ensuring policies were taken into practice. A gap in leadership of the team had been identified leading to recruitment for a new post of Head of Health & Safety. Ms Parry added that committee also discussed the cultural aspects of health and safety, the Health and Safety Executive (HSE) had delivered training to senior managers which had been impactful and she believed could be cascaded down.</p>	

	Board received the report and minutes, noted the content and were assured.	
	<p>e) Remuneration and Nominations Committee Members received the Significant Issues Report from the meeting hold on 29 May 2020 for assurance. <i>Ms Murphy and Ms Parry declared an interest in this item.</i></p> <p>Mr Walsh reported committee approved a number of changes to the Executive team. They had also reviewed and agreed their Terms of Reference.</p> <p>Board received the report noted the content and were assured</p>	
Reports for Assurance and Information		
16/8/20	<p>Controlled Drugs Accountable Officer – Annual Report Members received the report for assurance</p> <p>Dr Hunter reported that Abiola Allinson, Chief Pharmacist, in his capacity as Controlled Drugs Accountable Officer (CDAO) had a statutory duty to report annually to the Board on the criminal misuse of controlled drugs.</p> <p>Mr Allison advised that during the 2019/20 he had no concerns in relation to the safe control of drugs. He noted that drugs were categorised into five Schedules, Schedule 1 being the highest The Trust had historic cases linked to the loss of drugs in Schedules 4 & 5, and it had been necessary to implement new procedures as an added safety measure and the Trust had purchased ADIos, a monitoring and reporting system.</p> <p>Dr Hunter advised Board that Quality Assurance Committee (QAC) review Medicines incidents monthly and received a quarterly report. He noted there were underlying themes of stock discrepancies of lower Scheduled drugs eg: Benzodiazepines and on investigation appeared to be attributed to inconsistent practice, including failure of double signature. He asked Abiola if he could explain why he was not concerned and had given overall assurance. Abiola explained the double signature was put in place to ensure patient safety and give assurance, there had been significant improvement since implementation as ADIos allowed a drill down to pinpoint gaps and timelines etc, he used shift change as an example of where double signature failures could arise.</p> <p>The restrictions of Covid-19 had impacted Top Up procedures on the wards. He reported that there had been a recent incident outside of this reporting period relating to the loss of four Benzodiazepine-rectal, which is under investigation and would feed back through the reporting process.</p> <p>Ms Fearon asked if there was further work to be done in Clinical Operations in relation to medicines optimisation. Abiola believed that ward based Medicines Optimisation Technicians would be the solution, to free up nursing staff and to integrated them into a Multi Disciplinary Team to support and train staff on medicines optimisation.</p> <p>Board received the report, noted the content and were assured.</p>	
Board Stakeholder Relations & Partnerships		
17/6/20	<p>Governor & Membership Matters – Period June 2020 Members received the report for information.</p> <p>The Chair reported he had attended the virtual Council of Governors meeting on 23 July 2020, where they received the Trust's Annual Report, the Quality Account, details of the process of appointment for a Non Executive Director and the previous Chair's appraisal. They also received notification of the new Chair appointment.</p> <p>Three Governors had served their full term of office, Janet Sullivan, Sue Highton and Jules Jones, the Chair noted he would be writing to thank them for their support. Details of the Governor elections would be announced on 28 August 2020. Membership stands at 11,609 and had recently undergone a data cleansing exercise.</p>	

	Board received the report for information and noted the content.	
Board Committees		
18/6/20	<p>Board Business Programme Members received the work programme aligned to a proposal to alter the frequency of open meetings for approval.</p> <p>Mr Walsh reported that the proposal is for the Board to continue to meet monthly and hold open meetings on a bi monthly basis starting September 2020. This would allow the Board to use the intervening months for development and focussed discussions. He advised that Extra Ordinary Open Board meetings could be convened if the need arose. A review of the arrangements would be scheduled for 2021/22. The Board programme had been drafted and populated against the new schedule and may require amendment. The programme would be a standing agenda item.</p> <p>Mr Walsh advised an action from the Well Led Development Programme was to review committees to ensure the information flow aligned with governance process and aligned to timescales. He added that the scheduling of Board and committees may be subject to change.</p> <p>Mr Mills whilst supporting the proposal believed a degree of flexibility would be required over the next few months, to allow for key capital projects that may have been scheduled to report progress to review and realign to the new schedule if necessary.</p> <p>Ms Ditheridge welcomed the change and assured members that if there was a requirement for an open board meeting outside of the schedule it could facilitated. The Chair was also in support of the change.</p> <p>Board received and noted the content and approved the proposal Board agreed to review the arrangement in 2021/22</p>	DW
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 9 September 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*