

Board of Directors - Open

Minutes of the 134th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 9 September 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. Beverley Murphy, Executive Director of Nursing, Professions and Operations

In Attendance: (Non Voting)

Mr. David Walsh, Director of Corporate Governance (Board Secretary)
Ms Caroline Parry, Director of Human Resources
Ms. Fleur Blakeman, Director of Improvement, NHS England/Improvement
Mrs. Sharon Sims, Personal Assistant to the Chair (Minutes)
Mr Paul Scott, Service User and Ms Liz Davies, Occupational Therapist (Service User Experience)
Dr Sobhi Girgis – Responsible Officer & Associate Medical Director for Revalidation (Item 20)
Ms Holly Cubitt, Head of Communications

Public

Terry Proudfoot, Lead Governor
Adam Butcher, Service User Governor
Tony Clayton, Public Governor
Laura Colby, Liaison Manager

Welcome & Apologies

The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies for absence were received from Prof Brendan Stone, Associate Non-Executive Director.

Ms Ditheridge welcomed Fleur Blakeman, Director of Improvement, NHS Improvement and advised that she would be observing the meeting.

1/9/20 Service User Story

Dr Hunter welcomed Paul Scott, a service user and Liz Davies an Occupational Therapist.

Paul explained that he had felt unwell and didn't know what was wrong and following a visit to his GP was referred for assessment, the process was slow and took five months. Paul's diagnosis was Post Traumatic Stress Disorder (PTSD) and Bi Polar, had had also abused alcohol and "it all needed unravelling". Paul was assigned a Psychotherapist and explained that he had not felt comfortable with this person and after a period was offered a new therapist, which took ten weeks and set him back, his alcohol consumption increased which exacerbated his PTSD. Having worked with the new Therapist for a period he was able to understand and apply the tools for his PTSD and Bi Polar. When well enough Paul engaged with Sheffield Treatment and Recovery Team (START) for his alcohol abuse, which he recognised as his trigger. He has continued to feel well and has started to support others on their journey and enjoying family life again.

Paul believed understanding the complexity of mental health was not easy, especially if you have not experienced it and felt that people often sympathise rather than empathise.

Paul was mindful of waiting lists, bureaucracy and lack of resource, but believed that once service users were on their journey any shift in momentum was a set back and could be demoralising. Consistency and routine were key to him to support recovery and coping with daily life. The support he had been given has significantly changed his life and he was thankful.

The Chair thanked Paul for sharing his experience, he was pleased that the therapies were helping his recovery and that he had the confidence today to share his story. The Chair made reference to a number of Paul's points including waiting times and ensuring good relationships with key workers.

Dr Hunter assured Paul that he would look at the delay in transferring to a new Therapist. The Trust offered a diverse range of psychotherapies and it was important to find the right ones and to build a good relationship between Service User and Therapist to ensure positive outcomes. Paul added that when he had accessed services he was at his lowest point and would have benefitted from more information about options and preferences, to avoid repetition of sharing his history.

Ms Ditheridge noted her admiration of Paul for sharing such personal information, particularly having to do this over video and social distancing. For her Paul's story was a reminder that people are most vulnerable at the start, when accessing services and the need to make it a smooth and supported process. There are national challenges in relation to access for mental health and learning disability services and Sheffield has its own challenges which need to be addressed. Paul's openness in sharing how he had not "got on" with the first Therapist felt real, and emphasised the importance of having a safe therapeutic relationship. Ms Ditheridge believed that choices was an area that may be overlooked and Paul's experience had brought to the forefront some of the key issues the Trust was working to improve.

The Chair asked if Paul had received any support whilst waiting to access services. Paul responded, that his GP had offered medication in the interim. The Chair believed that supporting people waiting to access was an area that required further exploration.

The Chair asked if feedback could be given to Paul on the outcome of the discussion. The Chair reiterated his thanks to Paul for his openness and candour and wished him well for the future. Paul thanked the Board for allowing him the opportunity to take part and thanked the staff who had supported him. The Chair assured Paul that his comments would be shared with the teams involved in his care.

Min Ref	Item	Action
2/9/20	<p>Declarations of Interest: No declarations were received.</p>	
3/9/20	<p>Minutes of the Open Board of Directors meeting held on 12 August 2020 The minutes of the Open Board of Directors meeting held on 12 August 2020 were agreed as an accurate record with the following amendment.</p> <p><u>Amendment Ref: 10/8/20 Physical Health Strategy</u> For clarity the Board approved the report, as the plan and supported the further development of the strategy.</p>	
4/9/20	<p>Matters Arising & Action Log Members reviewed and amended the action log accordingly. Updates on outstanding actions were noted.</p> <p><u>Ref: 15b/08/2020 Quality Assurance Committee (QAC) Significant Issues Report</u> Mrs Keene referenced the above action, noting it had been recorded as complete and asked what action had been taken to assure QAC in relation to the concerns raised in relation of capacity and capability within Complaints. Mr Walsh reported that the post of Complaints Manager was ready to be advertised and additional interim support had been sourced. The action narrative would be amended to read: To undertake a full review of capacity, capability and outcomes in relation to complaints, to be monitored through QAC, the rating would be also altered to amber. A new process to manage complaints at a local level would be implemented from 1 October 2020 and Mr Walsh was working with Ms</p>	

	<p>Murphy to ensure operations were fully sighted on the changes. Ms Ditheridge added that she had increased leadership in this area to ensure the safety agenda remained a focus from both a corporate and operational perspective.</p> <p><u>Ref: 5/8/2020 Chief Executive's Report (Transformation Programme)</u> Mr Easthope referenced the above action noting the report had not been available, and therefore the rating would be altered to Red. A revised timescale would be shared with Finance & Performance Committee (FPC) and Board. The Chair noted his disappointment in not receiving the report and asked if Board should be concerned and whether additional support was required. Mr Easthope had been surprised this had slipped and had asked for an explanation and assurance the programme would get back on schedule.</p>	
<p>5/9/20</p>	<p>Chair's Report</p> <p>The Chair reported he had continued his induction meetings and had meet all Executives and planned to meet Clinical Leaders. Further meetings were scheduled with the chairs of partner organisations and key stakeholders and Sheffield's Members of Parliaments. The MP's he had met had been keen to reinstate quarterly meetings with the Trust.</p> <p>The Chair had held his first meeting with the Non Executive Directors (NEDs) as part of the Board Development Programme and Julie Houlder from Charis Consulting had been in attendance. The session had been positive and focused on the role of a NED in a unitary board.</p> <p>Regular meetings were scheduled with Terry Proudfoot, Lead Governor and discussion had taken place in relation to COG development. The Chair was mindful that this work had commenced pre Covid-19, the original working group would be asked to reconvene and work with Claire Lea from Charis Consulting, Mr Walsh and himself. A proposal would shared with COG at its meeting in October 2020. Terry and the Chair had also discussed observing local COG meetings and they had been invited to observe South West Yorkshire Partnership NHS Foundation Trust's (SWYFT) COG meeting in October 2020.</p> <p>The interviews for the NED position of Chair of the Audit and Risk Committee would take place on 29 September 2020. A review of the NED skill mix would also be undertaken to identify gaps and ensure future recruitment to NED positions enhanced the Board.</p> <p>The Chair reported he had been interviewed by Attain, who had been commissioned by the Integrated Care System (ICS) to review governance arrangements. Being new in post he had not been able contribute, but had shared this thoughts on what he believed they should be focused on. He had also been interviewed by Price Waterhouse Cooper who were seeking comments on Sheffield Children's NHS Foundation Trust ten year ambition.</p> <p><u>Forthcoming Events</u></p> <ul style="list-style-type: none"> • New Governor induction (10 September 2020) • Accountable Care Partnership Board Development (September) • Board virtual visits (monthly) • ICS Oversight Board (October) • Annual Members Meeting (22 September 2020) <p>Ms Ditheridge added that diversity of the Board would also be considered when appointing a new NED and referenced the following reports; Workforce Race Equality Standard (WRES) Report & Updated Action Plan 2020 and the Workforce Disability Equality Standard (WDES) Report & Updated Action Plan 2020. (Items 14 & 15)</p>	
<p>6/9/20</p>	<p>Chief Executive's Report</p> <p>Members received the report for approval and information.</p> <p>Ms Ditheridge presented her report which included both national and local issues, and included changes within the Executive team. The update for NHS Mental Health Trusts from Dr Kevin Cleary had raised a number of questions.</p>	

Ms Ditheridge reported that Mr Clive Clarke, former Deputy Chief Executive/ Chief Operating Officer had commenced his secondment as Director of Inclusion with NHS England, North East and Yorkshire Region. The Board formally recorded their thanks to Mr Clarke for his contribution to the Trust over the last twenty years and wished him well for the future. Ms Murphy was welcomed in her new role as Executive Director for Nursing, Professions and Operations, having initially joined the Trust as Director of Improvement. An induction programme had been scheduled for Ms Murphy to support her transition.

A number of the Executive Team attended the Scrutiny Committee to update them on the progress against the actions following the Care Quality Commission (CQC) outcome. Ms Ditheridge believed the key messages to service users in relation to improvement detailed in the action plan needed to be strengthened. A number of questions had been raised by the public, and were answered in the meeting, the majority of questions had been raised by Defend our NHS. Ms Ditheridge believed they had not been sighted on any from of an apology from the Trust and she had been able to articulate this.

Ms Ditheridge believed the letter from Dr Cleary was both relevant and timely and linked to the CQC outcomes and feedback on the Trust's estates and environment, particularly in relation to meeting standards, this can be attributed to the deferred maintenance schedule and delivery of the transformation programme in the acute setting. More recently safety and ligature risks have been at the forefront and the Acute Care Modernisation Phase 2 (ACM2) had been re-evaluated to ensure compliance. A funding request to redevelop the seclusion rooms in line with eradication of dormitories had also be submitted as part of a national programme.

When reviewing the Well Led feedback it had been apparent that Board and Committees had not been fully sighted on a number of the decisions that had been made. The work on the environment has been prioritised through transformation and estates projects and a detailed report on each project, with increased visibility of quality and impact is scheduled for presentation at Board in November 2020. This report would ensure that all projects were reported in one place and that Board are sighted on the progress against the key projects that make the most difference to service users. The Estates Strategy was undergoing a refresh and the Board would be involved, the estates and maintenance plan would be developed through the committee structures, whilst strategic issues would be through the Board. There were a number of risks in the Back to Good Programme that related directly to the estate and therefore there was a need to "show and tell".

The Executive portfolios had been revised and Ms Ditheridge agreed to share it with the Board, the leadership structure beneath the Executive for quality & patient safety, risk management and health & safety required further work. Ms Ditheridge reported that Ms Murphy would be the nominated executive for Care Quality Commission (CQC) replacing Mr Clarke and Dr Hunter.

Mr Mills in response to Ms Ditheridge comments relating to risk and the Estates Strategy, believed the Board had been sighted on a number of significant risks and untoward incidents, and whilst it had been recognised that there were gaps in sharing the broader environmental risks. The Finance & Performance Committee (FPC) were scheduled to receive the Estates Strategy in October 2020 and as Chair of FPC, he noted his concerns in relation to capacity and capability in progressing the Strategy, and added that he was mindful that urgent issues were being addressed. Ms Ditheridge agreed that Mr Mills could not be assured, noting there had been significant change, she believed it was the role of the Board to review strategies, which had perhaps not been as robust in the past. Ms Ditheridge reported that following the CQC report, she believed there were good reasons to defer the Acute Care Modernisation Phase 2 (ACM2) and the sale of the Fulwood site, but perhaps not fully sighted on the quality impact on service users. Ms Ditheridge reiterated the need for Board to see progress against the transformation projects and alignment to the overarching strategy and suggested this was mapped out. She had some thoughts on capability and leadership on key quality improvement projects including Estates and Digital. She was also mindful this was underpinned by the clinical strategy. Ms Murphy advised Board that the Ligature improvement work and been completed and assurance would be given to FPC and QAC.

	<p>Board received the report and were updated and assured on a number of areas including the Trust's strategic objectives and key risks. Board noted the changes within the Executive Team, the Chair would formally write to Mr Clarke thanking him for his service to the Trust. Bring Forward for Board of Directors November 2020:</p> <ul style="list-style-type: none"> • Revised Executive portfolio • Transformation Report <p>Board noted that Ms Murphy would be the named Executive to connect with CQC.</p>	<p>Chair</p> <p>JD PE</p>
Quality		
7/9/20	<p>Back to Good Programme (Core Services and Well Led Development) Members received the report for assurance and were asked to note progress.</p> <p>Dr Hunter referenced the Section 29A Warning Notice and four key areas. The target for improvement for safer staffing and physical health monitoring had been March 2020 and May 2020 for supervision and mandatory training. The evidence to support the Trust's improvement plan on all areas had been submitted to CQC. Covid-19 restrictions had impacted on mandatory training and extensions had been applied to individual compliance records. In relation to supervision, focus would be on quality and the number of sessions had increased. The daily monitoring of physical health assessments and assurance of safer staffing on each shift was now managed by the senior nursing team and plans were in place to recruit to the nurse vacancies.</p> <p>Dr Hunter referenced the section on Back to Good, he noted the Board were concerned with the "Must and Should Do" actions. He assured the Board that work had progressed and updates from the workstreams had been provided and included a summary of the actions, identified themes and details of progress. In relation to Ms Smith's question on the staff voice, Dr Hunter advised that the workstreams were led and supported by those responsible for delivering services, there was also triangulation with the Organisation Development Team who were focused on addressing culture and behaviour.</p> <p>Mrs Keene noted that CQC had returned to re-inspect a number of areas and asked if there had been feedback. Ms Ditheridge advised that the CQC had not yet published information in the public domain, they had feedback informally and this would be shared in confidence.</p> <p>Ms Smith asked how staff engagement would be included in the validation process, and for assurance of the triangulation. Dr Hunter advised the assurance would be sought from the staff voice in the work streams, in collaboration with the audits conducted by Care Standards Team whose role it was to seek the evidence of implementation.</p> <p>Ms Ditheridge welcomed the table detailing the themes and had discussed with Dr Hunter how achievements and engagement could be included. She believed progress to date was starting to make a difference, however she was mindful that this may not be visible from a service user perspective and had feedback corroborating this. She referenced the Therapeutic and Great Place to Work workstream and noted that the aesthetic element to create a visually pleasing and safe environment was missing.</p> <p>Dr Hunter agreed and noted there was evidence to suggest that healing and recovery improved if an environment was therapeutic and he would reinforce this to the workstream. Mr Mills believed a more radical approach was required in relation to the architecture and interior design in both the current estate and new projects and offered his support. Mr Easthope reported that a new Architect had been commissioned to review the estate and he was awaiting their findings. It was noted that both staff and service users could contribute. The Chair asked if the consideration could also be given to engaging with the Council of Governors.</p> <p>Board received the report and presentation and were assured of the progress.</p>	

	<p><u>Well Led (Governance)</u> Mr Walsh reported that the Well Led development plan had progressed, to identify the elements that were separate to the Back to Good Programme. This included governance, risk, committee flow and the role and function of the Board and Council of Governors (CoG). Julie Houlder, Charis Consulting had commenced work with the NED's and CoG. The Board Development plan had been drafted and would be shared with members. Mr Walsh advised that the sessions would take place bi-monthly and commence in October 2020 and aligned to the new Board meeting structure.</p> <p>Mrs Stanley noted the development plan was extensive, she referenced the specifics within the Care Quality Commission (CQC) including committee effectiveness and asked how they would be prioritised. Mr Walsh advised that committee structures would be a priority and work had commenced, he was aware that the outline structure had been shared with NEDs. He added that the Audit and Risk Committee (ARC) would focus on governance. Ms Ditheridge advised that careful thought had been given to mapping the "Must do's" against a Well Led development programme and that checks and balances would be continuous. She believed that a number of elements of the CQC Report would need to be taken forward as a long term development programme.</p> <p>Board to receive the Draft Board Development Plan</p>	DW
8/9/20	<p>Single Gender Accommodation Members received the report for assurance.</p> <p>Ms Murphy reported the Board had requested an update following concerns raised from the Quality Report in relation to the sexual safety incidents. Ms Murphy advised that the Trust meet the Eliminating Mixed Sex Accommodation (EMSA) guidelines and was therefore technically compliant and had reported breaches. The operation of mixed gender wards had a greater risk than single gender wards, she was however mindful that incidents of sexual safety could occur on same gender wards. Ms Murphy reported that Clinical Operations were committed to patient safety, reducing risk and moving to single gender wards, there were however a number of areas that would continue to operate as mixed gender. A target date of February 2021 had been set to alter Burbage and Stanage Wards to single gender and would be managed with other environmental projects, eg: ligature reduction and upgrade of seclusion rooms. Maple Ward would remain mixed gender with controls to manage gender separation. Ms Murphy referred to Mr Easthope's question in relation to financial limitations, she reported that they would be limited. She added, that consideration would also be given to changing Endcliffe Ward, (Psychiatric Intensive Care Unit - PICU) to a male ward and that this aligned to the national demographic. Provision for female patients could be negotiated with an external provider.</p> <p>Mrs Keene asked if there were implications for single gender wards, particularly in relation to an imbalance of admissions. Ms Murphy advised that the Trust's admission data had been reviewed and the evidence supported the operation of two single gender wards combined with the flexibility of one mixed gender ward. Ms Murphy added that staff engagement and consultation would be important as working in a single gender environments had its own challenges.</p> <p>The Board were assured that the concerns raised in relation to sexual safety were being addressed and welcomed the proposal to create two single gender wards, and consideration given to changing PICU to a single gender (male) ward.</p>	
9/9/20	<p>Quality Report for Period ending 31 July 2020 Members received the report for assurance.</p> <p>Ms Murphy reported that the quality of care was outlined in the report, she was however mindful that the data alone did not provide assurance, and there was a need to see and hear from floor to Board. Dr Hunter and herself had met and discussed the emerging quality and performance framework with service leaders and would be working with Mr Easthope's team on its development. The report highlighted areas of good practice and concerns which may not have been evident based solely on data.</p>	

Ms Murphy referenced a question that had been raised in relation to the use of restraint (hand-cuffing). She reported that the company involved in the transfer had used this method of restricted practice and it had been identified that they were not registered for this activity, she added that this was not routine practice. In relation to regulated providers, the Trust had evidence of its work with the provider. Ms Murphy advised that an alternative provider had been sourced. The incident had also led to conversations on the use of restricted practices and the contributing factors and the need to explore ways to reduce the practice.

Ms Murphy referenced a question that had been raised in relation to the Emotional Wellbeing Service (EWS) and was mindful this was an on-going concern, being new in the Trust she had taken this opportunity to explore this further and believed that recent interventions had, had limited impact on waiting times. As an immediate intervention to reduce waiting times the Trust had employed a cohort of Assistant Psychologists.

Ms Murphy highlighted a number of key risks. She reported that staff shortages continue to be managed on a shift by shift basis and should reduce over the coming months and attributed this to an increase in post registered nurses. Reducing Restricted Practice was a further risk and Ms Murphy had alluded to this earlier in her report. There were also a number of risks relating to system changes including Insight and the server upgrade.

Ms Murphy reported that Birch Avenue, one of the two residential nursing homes had reported a Covid-19 outbreak. Ten patients had contracted the virus and sadly one had died. A total of twenty-five staff had also tested positive. The Trust were working closely with Public Health England (PHE) and Infection Control to manage the outbreak. The spread had been significant in a short time period and Public Health would review the Track and Trace data. Board were advised that Woodland View, the other residential nursing home were reporting a number of positive cases, PHE and NHS Sheffield Clinical Commissioning Group (NHSSCCG) would investigate and determine if this is a further outbreak. Ms Murphy believed it would and that the unit would be under surveillance. The Chair formally noted the Board's condolences to the patient that had died.

Mr Mills, mindful of the imminent server upgrade asked if NEDs could be updated on Monday 13 September 2020. In relation to EWS, he welcomed the review that Ms Murphy had planned, as the service did not appear to be delivering significant improvement. He noted that concerns and risks had been highlighted and asked how they triangulate to the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).

Mrs Keene asked if the review of SPA/EWS was in collaboration with the Review of Community Mental Health Teams (CMHT), an action from the Collective Dispute. She added that staff she had spoken to on a Board visit had expressed strong views that the current model hadn't worked. Ms Murphy advised that she would be working with Mr Easthope, and the CMHT review would be considered, she added that there would also be full consultation with staff.

Ms Keene whilst mindful that all the acute wards were under pressure asked if Burbage Ward had stabilised. Ms Murphy advised that Dr Hunter and herself had monitored the situation and appointed an interim Ward Manager, they would review capacity and capability, to ensure safer staffing and advised that beds had been reduced.

Ms Ditheridge advised changes to EWS would link to significant transformation projects, and include the implementation of the Mental Health Standards and Crisis & 24/7, whilst ensuring the pathway supported the acute services. Ms Murphy would support this operationally and the "refreshed" Board needed to be mindful of the history and the impact of the industrial action, but this could not stop the progress to improve services.

Board received and noted the report and were assured.

Board to be advised on the success of the Server upgrade

Consideration to be given to how the risks are triangulation in the BAF and CRR

PE
DW

Performance	
10/9/20	<p>Performance Report - Period ending 30 July 2020 Members received the report for assurance and information</p> <p>Mr Easthope referenced Slide 4 and advised this included exception reporting and key areas of focus. The acute wards are experiencing increased lengths of stay and actions were being taken to address the Out of Town.</p> <p>A question had been asked in relation to the calculation of bed occupancy, Mr Easthope advised that bed occupancy is calculated against the national KHO3 guidance, other Key Performance Indicators (KPI's) are used to supplement the data to give an overall picture that would include Out of Area, Section 17 leave and expected admissions.</p> <p>Mr Mills asked for an update on key areas. Mr Easthope reported that IAPT were achieving current rates and had improved recovery rates, he added that the standards were set pre Covid-19, a more detailed plan would be developed post Covid-19. Ms Murphy reported that Out of Area had started to increase from September 2019, closing beds to distance during Covid-19 and to undertake the dormitory and seclusion work had also contributed. The operational leads would be refocussing on the use of bed stock and reduction in length of stay to bring control to the system. Ms Murphy could not give a timeline but assured Board it would be monitored daily, capacity to manage the system would also be reviewed. The Chair asked if this could be fed in the relevant Board Committee(s). Dr Hunter added that reducing length of stay was key and needed to be managed down from 40 to 30 days.</p> <p>Mrs Stanley noted that inappropriate and self referrals into SPA appear to have a significant impact on staff and waiting times, mindful also of the impact Covid-19 asked whether the work Ms Murphy was leading on would address these issues. Mr Easthope advised there were inappropriate referrals from GP's and that once there was capacity in the system to review the whole waiting list, there would be opportunity to feedback to GPs. He added that the Primary Care Mental Health Networks had started to pick up the unmet needs. Dr Hunter advised the key would be to define a service offering good quality and accessible secondary mental health care. The Chair asked if there was GP Development/Primary Care Network where the Trust could engage and advise GPs. Dr Hunter confirmed this was still in existence and relationships were good.</p> <p>Board received the report and were assured.</p>
11/9/20	<p>Covid-19 Update (Management of Risk and Response from Specialist Quadrant). Members received the report for information and assurance</p> <p>Ms Murphy presented the report and advised the content included detail of how staff and patients are kept safe in the context of a global pandemic. The learning to date from a service perspective had been included in the report. Ms Murphy asked if Board could formally note thanks to Tony Bainbridge, Deputy Director of Nursing and Dianne Highfield, Manager at Birch Avenue, for their work during the recent period.</p> <p>Gold Command had received the Covid Risk Register. Risks 2 and 14 which related to the protection of staff had been escalated and further mitigations would be put in place, as a result of the outbreaks at Birch Avenue and Woodland View.</p> <p>A question had been raised in relation to the further use of technology for accessibility and care. Ms Murphy advised that MS Teams and Zoom were two platforms being used, she was however mindful of the fragility of the Trust's system and the risk this may have on delivery of care.</p> <p>Ms Murphy shared her concerns in relation to Covid-19, which included the availability and protection of staff and the safety of staff and service users. She added that the patients at Birch Avenue had contracted the virus whilst in care. Communication on Covid-19 remained high as the virus continues to be a serious threat.</p>

	<p>The Chair noted there had been a number of changes in practice and asked if staff and service users had feedback. Ms Murphy advised there had been engagement with both staff and service users and as expected there were mixed views which needed to be considered. Ms Ditheridge believed the service user voice had not been as visible at Board, Dr Hunter was in agreement, and added that there were some who were missing the face to face contact.</p> <p>Ms Ditheridge reported that the press were reporting dramatic increases in cases and that Sheffield was on the watch list. The Regional Public Health Director had made a timely reminder that this period was still Phase 1. Sheffield being a University city had a greater risk due to the movement and behaviour of young people. This risk would increase when they returned home and mixed with people in high risk categories. Gold Command was now co-led by Ms Murphy and Dr Hunter to ensure strong clinical leadership.</p> <p>Mr Mills referred to the slide “Going Forwards” and the reference to re-energising service change, noting that there were a number of significant service changes that had been deferred and asked for assurance that the Transformation Programme would connect them all and to ensure priorities were identified and plans agreed. Ms Ditheridge advised there that the Transformation priorities had been agreed and there was a need to ensure visibility through the transformation report.</p> <p>A question had been raised in relation to working from home. Ms Parry advised that a package had been developed, with a checklist to monitor staff health and wellbeing.</p> <p>Board received the report and were assured. Board noted current situation and potential for further lockdown for Sheffield.</p>	
12/9/20	<p>Implementing Phase 3 of the NHS Response to the Covid-19 Pandemic – Winter Planning 2020/21 Board received a progress report for assurance</p> <p>Ms Murphy reported the Trust needed to be prepared for Winter 2020. The Phase 3 key priorities were detailed in the report and Ms Murphy advised they were achievable. Ms Michelle Fearon had drafted a plan and would support implementation. Ms Murphy added that delivery of the flu campaign would be a high priority, to ensure the safety of service users and staff and continued delivery of services. All frontline staff would be offered the vaccine. There is a plan in place and would start to be delivered once the vaccines arrive (mid/late September 2020). Ms Parry would be leading the campaign.</p> <p>The Chair noted the Trust response in 2019 was poor (54%) and asked if there was a reason for the low uptake. Ms Ditheridge believed things had not been in place to deliver a screenful campaign.</p> <p>Mr Mills noted there were a number of actions which did not have timescales and asked how they would be monitored. Ms Murphy agreed to produce a map timescales and committees. Ms Ditheridge added that planning for Winter needed to remain separate.</p> <p>Board received and noted the content and were assurance plans were in place. Board to receive timescales for the actions and the separation of plans for Winter.</p>	BM
13/9/20	<p>Board Declaration of Emergency Preparedness, Resilience and Response Self-Assessment & Workplan for 2020/21 Board received the report for information.</p> <p>Ms Murphy reported the requirements for 2020 had been condensed and there was no requirement to seek Board approval, therefore the report was received for information. Mr Mills, in his capacity as NED lead for emergency planning supported the report and added that he was mindful of capacity and that Terry Geraghty, Emergency Planning Officer would soon be required to submit daily No Deal EU exit returns, which was an onerous task, whilst continuing with Covid-19. Mrs Stanley advised that Audit and Risk Committee</p>	

	<p>(ARC) received regular updates and she asked Board to formally noted its thanks to Terry Geraghty and his team.</p> <p>Board received the report for information, noting submission for 2020 had not required Board approval.</p>	
14/9/20	<p>Workforce Race Equality Standard (WRES) Report & Updated Action Plan 2020 Board received the Report for approval</p> <p>Ms Parry reported that completion of the WRES was a regulatory requirement. Whilst there had been progress, a number of areas required further focus, including senior level appointments. Ms Parry added there was alignment and overlap with the People Strategy and the People Plan, and actions to hit both WRES and national targets. She added that a number of the targets in the People Plan would be revisited by Liz Johnson, Lead for Equality and Diversity.</p> <p>The risk areas include Metric Three - Management of capability. The Trust has a disproportionate number of BAME staff going through the disciplinary process and this is also a focus area in the People Plan. Bullying and Harassment was also a concern, and in most cases this was racial abuse from patients, carers or the public. The Trust had been working with South West Yorkshire Partnership NHS FT who were leading in this area and the BAME Staff Network Group were fully engaged.</p> <p>Ms Parry advised that focus areas included the diversity of senior leaders, promotion of practices and addressing the discipline gap. Ms Parry added the network groups were supporting delivery of the People Plan and looking at wider Trust engagement.</p> <p>Mr Easthope believed every vacancy was an opportunity to look at diversity and felt this message could be strengthened in the actions. The Chair asked if this could be actioned before submission.</p> <p>Ms Ditheridge advised that the Trust are required to submit a Five Year Plan to address the diversity gap at Board and senior leadership level reflective on the population of the Trust or City. She added that there had been a change in gender at both Board and Executive level. Ms Ditheridge, mindful the report was from 2019/20 believed the data was useful and could be used to drive change.</p> <p>Ms Smith offered her support to ensure the actions were focused.</p> <p>Board received the report and were assured there were plans in place and with the amendments approved the return for publication.</p>	
15/9/20	<p>Workforce Disability Equality Standard (WDES) Report & Updated Action Plan 2020 Board received the Report for approval to publish.</p> <p>Ms Parry reported the WDES data had been submitted before the deadline of 31 August 2020. The WDES covered ten metrics and aims to compare the experience of disabled and non disabled staff. The data is required to be published, supported by an action plan. A disability staff network group had been formed and were engaging in this work.</p> <p>The risk areas were the metrics linked to the staff survey, and further exploration would be required. Ms Parry used the example of bullying and harassment as an area that remained a concern despite focused sessions and included a review of the policy. She added that staff had also feedback that they felt undervalued, which would required further exploration.</p> <p>The Chair asked if Staffside had been involved. Ms Parry confirmed that the Joint Consultative Forum (JCF) had supported the completion of the WDES, and that they were also engaged in the People Strategy and Plan.</p> <p>Ms Ditheridge reported the Human Resource (HR) Team had worked hard on redeveloping and realigning the policies, and it would require support from the local</p>	

	<p>leadership team to implement them, support leaders and staff practically and reduce the number of grievances. She would also be looking at the diversity across staffside and union representation.</p> <p>Ms Keene asked if the actions could be reviewed to ensure they were focused.</p> <p>The Chair believed the quality of annual appraisals (PDR) was important, particularly in relation to constructive management of performance and that this was not construed as bullying and harassment. Ms Parry believed more work could be done on auditing the quality of PDR, as they remained confidential between the individual and their manager.</p> <p>Mr Mills asked if Covid-19 had impacted on responses. Ms Parry reported that a section on Covid-19 had been included in the new staff survey.</p> <p>Board received the report and were assured there were plans in place and approved the WDES for publication.</p>	
16/9/20	<p>Staff Survey 2019 - Progress against actions and Plan Board received a progress update for assurance</p> <p>Ms Parry advised the report provided an update on the actions from the 2019 survey and planning for 2020 survey. Organisation Development and HR had worked closely and the results from 2019 had been localised and issues had been addressed at local level.</p> <p>Staff engagement had continued and Listening into Action (LiA) had been proactive in a number of areas including health and wellbeing and establishment of the HR Helpline. Covid-19 has had a significant impact and it is hoped that staff will recall the early interventions when completing the survey.</p> <p>The planning and approach in preparing for the 2020 Survey had included a larger group with wider communication focus and assurance that the survey would be confidential. It is hoped these interventions would increase numbers. The Chair believed this was a good opportunity to receive feedback from staff, in light of the CQC situation.</p> <p>Ms Ditheridge believed it was important for leaders to hear the staff voice, she felt that the report had not included achievements and suggested further work on this area to ensure the aspects that involved everyone were included. A reminder that the staff survey was an opportunity to share positives as well as negatives and was a public document.</p> <p>Board received the update and plans and agreed to strengthen some areas</p>	CP
Strategy		
17/9/20	<p>People Strategy - Implementation Plan and Next Steps Board received a progress update for information.</p> <p>Ms Parry reported that work had commenced in 2019 and there had been wide engagement with a variety of groups, tracking the interim People Plan had helped shape the Strategy. It was presented to Board in February 2019 and was approved pending further discussion with staff network groups and Staffside. The People Plan had also been developed in parallel.</p> <p>The four key areas in the Strategy were: Health & Wellbeing, Workforce Transformation, Recruitment & Retention and Leadership and will all drive the priorities.</p> <p>The key risk areas included recruitment & retention, which would require an overhaul of processes. Workforce Planning is another area that required focus and the governance would be reviewed. A dashboard would be developed to be used to track new roles and developments and identify gaps, this would be supported through a system called TRAC, and a business case had been scheduled for presentation at Business Planning Group.</p>	

	<p>A further risk related to the provision of placements for nursing students. A number of practical measures would be put in place, including provision of IT equipment and protected time to mentor and support staff.</p> <p>Mr Mills asked if the resource was sufficient to manage the demands and believed investment would be required to support the Plan. He was mindful that there were a number of “minor” business cases and asked whether processes could be expedited. Ms Ditheridge believed a number of practices were antiquated and it would take time to realign, she also acknowledged there had been changes in the executive team. She would support expediting a process if it was deemed the right thing to do and believed that as leaders become more empowered things would happen. It has also been acknowledged that the Recruitment Team did not have capacity or capability in some areas to support the changes and plans are in place to address this.</p> <p>Ms Murphy believed the Trust should be proud that it had developed, created and recruited to new innovative roles both in medical and nursing to create Multi Disciplinary Teams (MDT). She was mindful whoever that the new roles would require specific training to practice to the quality standards and they would need clarity on career progression. A key to success would be to drive down turnover and reduce bank and agency usage.</p> <p>Mr Easthope noted planning would be key to ensure the right environment and to support people to do their job well, ultimately improving patient care, Notwithstanding the financial implications and cost pressures that would be applied for the next few years.</p> <p>The process of planning and collaboration between functions and the development of business cases would ensure that all parties are sighted and assurance they are fit for purpose. He added that the process did not need to be lengthy. Ms Ditheridge whilst not dismissing good governance, believed the pace on a number of projects could be expedited.</p> <p>Board received the strategy and agreed that further work was required in developing the plan.</p>	CP
Board Committees		
18/9/20	<p>Board Committees – Significant Issues Reports and Approved Minutes:</p> <p><u>Finance and Performance Committee (FPC)</u> Members received the Significant Issues Report from the meeting held 27 July 2020 for assurance.</p>	
Governance		
19/9/20	<p>Register of Interests and Register of Hospitality, Sponsorship & Gifts (2019/20) Board received report for approval.</p> <p>Mr Walsh reported that Audit and Risk Committee (ARC) received the report in May 2020 and had a number of questions which needed to be addressed. ARC received and endorsed the report in July 2020 and Board were asked to formally approve the Report.</p> <p>Board received and endorsed the report, and noted it had been endorsed by ARC.</p>	
20/9/20	<p>Medical Appraisal and Revalidation Annual Report Board received the report for assurance and approval</p> <p>Dr Hunter reported that Doctors were subject to a stringent annual appraisal and successful compliance with the process for revalidation with the General Medical Council (GMC). The report provides assurance to Board that processes were in place. The Chair or Chief Executive is required to sign off the report prior to submission to NHS England.</p>	

	<p>Dr Hunter welcomed Dr Sobhi Girgis, Associate Medical Director for Revalidation and William Wright, Data Analyst to the meeting to assure the Board that the correct processes had been applied. Dr Girgis reported that as a result of Covid-19 trusts had been granted an extension for the completion of appraisals. The Trust had completed 90% of appraisals and when audited they were found to be of good quality.</p> <p>Dr Hunter advised that NHS England monitor the reporting of medical appraisals and the Trust has had a good track record of completion and therefore were exempt from quarterly reporting. The Chair noted the report was very thorough and explained the process and that the outstanding actions were clear. He asked if there were any themes or trends that had emerged that Board needed to be sighted on. Dr Girgis advised there were no untoward trends and that both appraiser and appraisee feedback was good. Dr Hunter advised that the report was for assurance of the process to NHSE. He believed that if the morale of the medical workforce were rated, it would currently be fair to good. A low morale would map on to other measures including CQC outcome, services/teams challenges and stress and would be managed through engagement, job planning and peer group supervision. As additional support through Covid-19 a weekly Drs call had taken place, a forum to support, build relationships and share experiences through the pandemic. Ms Ditheridge acknowledged that the appraisals had taken place through the pandemic and commended the team for ensuring that the medical workforce were supported through their development and recognised this as good practice.</p> <p>Board received the report and were assured processes were in place. The Chair agreed to sign off the report prior to submission on 30 September 2020 .</p>	Chair
21/9/20	<p>Guardian of Safe Working (GoSW) (Quarter 1) Board received the report for information and assurance</p> <p>Dr Hunter reminded Board that the incorporation of the role of GoSW had been a resolution from the industrial dispute between the British Medical Association (BMA) and Department of Health and Social Care (DOH) for the protection of trainee doctors & psychiatrists. The GoSW was independent of the Medical Director and ensured safe working practices and conditions of the junior medics. An annual report was presented to Board by the GoSW and Dr Hunter presented quarterly reports if there had been no concerns. Dr Hunter reported that Dr Raihan Talukdar had taken over from Dr Mike Attar.</p> <p>The report covered the period of Covid-19 lockdown and there had been impact on the way doctors were working, a significant number were shielding/isolating, resulting in challenges covering on-call rotas. There were a small number of exception reports filed, these related to a Doctor on day shift continuing to work into an evening to ensure safe patient care and handover. The cases were reviewed and closed.</p> <p>Board received the report and were assured process were in place.</p>	
Reports for Assurance and Information		
22/9/20	<p>Infection, Prevention & Control (IPC) Annual Performance Report 2019-2020 / Infection, Prevention & Control Programme for 2020 Members received the report for assurance</p> <p>Ms Murphy presented the 2019/20 IPC Annual Report and Plan for 2020. She noted there had been some good work this year and acknowledged the team's support during the pandemic.</p> <p>A question had been raised in relation to uniforms, Ms Murphy reported that she had been aware that full and meaningful consultation had not taken place with staff. She was also mindful that introducing uniforms in a mental health setting had challenges and they needed to be suitable for the delivery of safe care. The roll out had been delayed due to Covid-19 and as an interim "scrubs" were the preferred option.</p> <p>Ms Murphy as incoming Director for Nursing and in her capacity as Director of IPC (DIPC) had a clear view, which is shared with Ms Ditheridge that the IPC team need to be at the</p>	

	<p>point of care.</p> <p>In relation to IPC issues Woodland View had been declared as an outbreak by Public Health England due to the unit having four positive cases, two staff and two patients.</p> <p>Mrs Keene noted that IPC compliance had been discussed regularly at Quality Assurance Committee (QAC) and she welcomed the move to visibility on the frontline.</p> <p>The Chair asked if MRSA screening was optional. Ms Murphy advised that screening is dependent on where the patient was admitted from, there was strict criteria to follow. Any breaches would be reported to Service User Safety Committee and upto QAC</p> <p>Board received the report, noted the content and were assured there were plans. The Chair formally noted thanks to the IPC team for their work during this period.</p>	
Board Stakeholder Relations & Partnerships		
23/9/20	<p>Governor & Membership Matters – Period August 2020 Members received the report for information.</p> <p>The Chair reported there had been a number of changes in Council following recent elections. The membership had declined slightly to 11,050, and a further campaign may be necessary. No Governor questions had been received during August 2020.</p> <p>Board received the report for information and noted the content. The Chair would formally write to the Governors whose terms of office had ended.</p>	Chair
24/9	<p>Board Programme Board received the report for assurance and approval</p> <p>Mr Walsh advised the programme had been further refined following further discussion with the Executive Directors. The statutory and mandatory reporting would be identified. A new Finance Report will be produced and presented in Open Board.</p> <p>Mr Mills asked if the significant Business Cases could be scheduled in the programme. Ms Ditheridge believed the scheduling would be identified through the Transformation reporting and project timeline. Ms Ditheridge reminded Board that Open meetings would be conducted bi-monthly, the Board would continue to meet on the intervening months for Confidential Business, Strategy and Development, the more focused discussions could be taken to the Confidential sessions and decision making in Open sessions.</p> <p>Review and schedule items that require focused Board discussion for the Confidential sessions and align with timelines of the Transformation Board</p>	Execs DW/PE
24/9/20	<p>Any Other Urgent Business No other urgent business was discussed.</p>	

Date and time of the next Board of Directors meeting

Wednesday 11 November 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