

Board of Directors - Open

UNCONFIRMED Minutes of the 136th Open Board of Directors held at 10am on Wednesday 13 January 2021. Members accessed via MS Teams.

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. Papers available on the Trust website.

Present:

(voting) Mike Potts, Chair
Jan Ditheridge, Chief Executive
Anne Dray, Non Executive Director, Chair of Audit & Risk Committee
Phillip Easthope, Executive Director of Finance
Dr. Mike Hunter, Executive Medical Director
Sandie Keene, Non Executive Director, Chair of Quality Assurance Committee
Richard Mills, Non Executive Director, Chair of Finance & Performance Committee
Beverley Murphy, Executive Director of Nursing, Professions and Operations
Caroline Parry, Executive Director of People
Heather Smith, Non Executive Director, Chair of People Committee

(non voting) Prof. Brendan Stone, Associate Non-Executive Director.
David Walsh, Director of Corporate Governance (Board Secretary)

In Attendance: Fleur Blakeman, Director of Improvement, NHS England/Improvement (NHSE/I)
Pat Keeling, Director of Special Projects (Strategy)
Sharon Sims, PA to The Chair & Director of Corporate Governance (Minutes)

Governors and Staff Ben Duke, Public Governor
Adam Butcher, Service User Governor

Welcome & Apologies

OBOD 21/01/001 The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance.

No apologies were received for the meeting.

Staff Experience Story

OBOD 21/01/002 Rebecca Walls, a Clinical Nurse Specialist in Mental Health and Deafness shared her experience of working with deaf service users.

Rebecca is employed by Rotherham, Doncaster and South Humber NHS Trust (RDASH), the South Yorkshire Service for Deaf People with Mental Health Needs is commissioned by the four Clinical Commissioning Groups in South Yorkshire to work alongside secondary mental health teams. The team comprises of a Care Navigator/Support Worker and herself.

Sign language users identify themselves as a cultural minority rather than someone with a disability. Whilst British Sign Language (BSL) is recognised, many using the service have limited language skills and may never have learnt to sign.

The data from the GP Census (2011) showed that there were 885 deaf people in Sheffield. Evidence suggests that 40-60% would access mental health services, in comparison to 25% of hearing people.

Rebecca noted that they are not seeing 400 people in the services and believed the barriers included access to a GP. The pandemic has resulted in a reduction in face to face contacts, and telephone being the preferred method of communication, which has meant barriers for deaf people as they cannot communicate or access services unless they use Relay UK, a text phone service, she added that this required good English skills and that they are similar to automated call and can be deemed as nuisance calls and terminated.

The Accessible Information Standards in relation to communication preferences is often overlooked, examples include appointments booked without interpreters, information sent in English which may not be the first language and a telephone number as contact to arrange appointments or access crisis mental health services.

Rebecca acknowledged that whilst there had been many challenges during the pandemic, there had also been some positive outcomes which included increasing the use of technology (MS Teams, Zoom and WhatsApp) all of which are accessible to deaf people and things she had advocating for over a long period.

For Rebecca one of the most important areas to focus on is improving access and promoting the service, RDASH now have deaf awareness champions who have basic sign language skills and knowledge of deaf culture.

Beverley Murphy believed the relevance for mental health services was clear and the need to ensure accessibility and equity of treatment without barriers. She was mindful that there would be an unmet need if people were excluded and this needed to be shared wider across the Integrated Care System (ICS). Beverley believed there were a number of actions that could be taken including the use of text phones in key areas and promotion of the service.

Anne Dray noted that this had been the first occasion where raising the profile of deafness had been a discussion at Board level, and would be keen to see how the Trust can address some of the barriers.

Fleur Blakeman reported that a number of acute trusts had identified champions and trained staff in basic BSL and she would share her contacts. Rebecca responded that RDASH had started offering BSL level 1, but had experienced high drop out rates and lack of funding to reach the level required to work with service users. Their focus was now on promoting Deaf awareness champions.

Richard Mills whilst mindful of technology, asked if it was younger people who were more skilled in this area and therefore had not learnt to sign. Rebecca confirmed that deaf young people were more proficient in using social media platforms, but also likened this to the habits of all young people. Needs could be met with the addition of technology and she used the example of text phones which could be used by both deaf and hearing people, as well as people with anxiety, phobias or speech impediments. In relation to deaf children Rebecca noted that the majority of the deaf schools/colleges had closed and children were integrated into mainstream education, but the level of BSL trained staff was limited and this has led to a further increase in mental health issues.

Dr Mike Hunter added that deafness also challenged the notion of disability. In relation to strategic development the small number of in-patient mental health services for deaf people are currently commissioned nationally, but there are plans to move to a system approach and therefore opportunity to have an input.

Pat Keeling believed there were a number of areas to focus on from a digital strategy perspective and would welcome Rebecca's input.

Sandie Keene whilst acknowledging the barriers to access asked if a fast track system might be the solution and whether there was opportunity to engage through service user groups.

Prof Brendan Stone was aware of the inequity in secure mental health services for deaf people particularly for females, the data also suggests that the length of stay for deaf people is longer than average and things to consider in the development of in-patient environments.

Heather Smith asked if Rebecca was connected with communities where English was not the first language. Rebecca responded that she had worked with interpreters and the Roma community which had been particularly challenging.

The Chair thanked Rebecca for sharing her story. The Board agreed that Beverley would work with Rebecca to identify areas that the Trust could develop and raise the profile of the service. The Board would also reflect on this story in the Confidential session.

Action

OBOD 21/01/003

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.

OBOD 21/01/004

Minutes of the Open Board of Directors held on 11 November 2020 and the Extra Ordinary Board of Directors held on 9 December 2020.

The minutes meetings held on 11 November 2020 and 9 December 2020 were agreed as an accurate record.

OBOD 21/01/005

Matters Arising, Action Log and Bring Forward

Members reviewed and amended the action log accordingly. Updates on outstanding actions were noted.

OBOD 21/01/006

Chair and Non Executive Directors Report

Members received the report for information.

The content included an update on Chair and Non Executive Directors activity, it also included the areas that the chairs of the Board committees felt important to share following the meetings.

Following discussion it was agreed to move the committee reporting to the section of the agenda under "Board Committees", and for a report to be co-produced by the committee chairs and executive leads. It was felt that this report would be beneficial to the Governors.

The Chair reported that the Trust has a vacancy for a Non Executive Director (NED), and he would convene a Nominations and Remuneration Committee (NRC) to seek their input and support to progress with this recruitment. He would also like to propose the appointment of an Associate Non Executive Director. The Chair had spoken with Daniel Hartley, Regional Director of People and OD, North, NHS England who had offered advice in relation to engagement with communities to ensure equality and diversity at board level and development for a NED role.

Board agreed to develop a report from the committee chairs and exec leads following a committee meeting to present in Public Board.

DW

OBOD 21/01/007

Chief Executive Report

Members received the report for information.

Jan Ditheridge reported that the Ockenden Report, an Independent Review of Maternity services at the Shrewsbury & Telford Hospital NHS Trust had generated a number of questions and believed further discussion would be beneficial. Jan advised that she was the Chief Executive in this system from 2013 and managed the Community Hospital where the initial event occurred and due to the sensitivity would share her thoughts with Board in confidence. She was also mindful that behind each statistic there was a family.

Whilst the focus on the review had been midwifery and perinatal services, there were references to mental health which may require the completion of a self assessment. Jan also suggested this report is reviewed in a Board Development session from a well led perspective, particularly in relation to the learning from a

well led and governance perspective, it could then be discussed in committees.

Members had raised a number of questions in relation to complaints, Jan believed that the Trust had been challenged in this area. She assured members that she was sighted on all complaints and on occasion had notified the Chair of any significant complaint. A set of standards had been developed and that the investigation process had improved significantly. In relation to the types of complaints Jan advised that reporting through Quality Assurance Committee (QAC) should identify themes. She would also like to see the connectivity through governance process for feedback and learning. She added that the post of Complaints and Claims Manager had been appointed to.

A question had been raised in relation to capital, as referenced in the letter from Sir Andrew Cash. Jan advised that the Trust were engaged in discussions.

A question had been raised in relation to Covid-19. Jan advised that there had been significant progress in relation to the staff vaccination programme,

A question had been raised in relation to Well-being Hubs as referenced in Amanda Pritchard's letter. Jan advised that the Trust had a number of activities in this area.

The Trust had submitted comments on the proposal for the Integrated Care Board, on the whole these were supported, further clarity would be sought on a number of areas including partnership working across mental health services and assurance that service users and carers remain at the centre.

Jan reported that the Trust had successfully recruited to the post of Executive Director of People and that Caroline Parry had been appointed. Caroline responded, saying that she was very pleased to be taking the role forward.

Members raised a number of points on the Ockenden Report. Anne Dray referenced the work with the Alliance and organisations working together offering an independent viewpoint and that this could be applied to any actions.

Prof Brendan Stone believed that in most instances the set of issues are similar but often difficult to get right, in this incident one area raised was that women and their families were not listened to. The voice of the service user is important, and therefore feedback from all areas, not just complaints is key to understanding the overall picture. Brendan would be meeting the Chair to discuss how he could support the work to promote the service user voice, including being a NED Champion and supporting Council of Governors and their development. Jan advised that Dr Mike Hunter and herself had recently met a man whose son had committed suicide whilst in our care and he continued to seek answers to what failed his son. She was also aware of professional tribalism, "we know best" that can close the patient voice down.

Caroline Parry noted the references in the report to compassion and kindness and team building through working and training together and believed this was an area the Trust could take forward in terms of leadership development.

Heather Smith referenced the Integrated Care System and reported that Anne Dray and herself had attended a Good Governance Institute Webinar and heard what other Trusts are doing. Key headlines included the Provider Collaborative, policy, alignment of strategic aims across the ICS, democracy and collaboration with Local Authority (LA) Jan noted that the revision of the Clinical and Social Care Strategy would ensure partnership working, although she was mindful that the ICS is outside of LA boundaries. The Chair believed that some LA's would engage if they felt there was value, their main focus is people, health & wellbeing, community and economy. The Trust is also strengthening this with an Associate NED.

Dr Mike Hunter welcomed the opportunity to be able to challenge the Accountable Care Partnership (ACP) and the ICS on their patient safety and quality measures.

Sandie Keene noted that whilst the LA decision making process is at a political level and Politicians have no mandate across boundaries there are however professional groups in the LA who act as advisors and work across boundaries. The Chair added that the focus had been on Place and linked to policy guidance.

Board agreed to review the Ockenden Report at a Board development session to consider whether a self assessment is required, this would fall under the remit of Well Led in relation to examining the detail within the report.

Development of future Complaints Reporting, to include themes, feedback and learning.

DW

The work on the wellbeing hub would be led by Caroline Parry.

CP

Strategic Objective 1: Covid : Getting through safely

OBoD 21/01/008

Management of Covid-19 Pandemic

Members received the report for assurance.

Beverley Murphy presented the report, she noted that future reporting would not be as detailed and that the information would be available to members on request.

Key highlights included:

Vaccinations for service users and staff: the majority of service users are in community services and would access through the Primary Care route, the Trust would support the harder to reach communities and are able to access systems to monitor progress. In relation to the nursing homes, residents and staff would be vaccinated as part of the priority programme.

Staff will be contacted by Primary Care particularly if they are in a vulnerable category, Sheffield Teaching Hospitals (STH) had also offered to vaccinate staff at their hub, and to date 300 staff had been vaccinated. The Trust had registered to become a hospital hub and were awaiting confirmation. The Mayfield Suite has been identified as suitable to deliver this service and would be refitted accordingly.

A number of questions had been raised in relation to the impact on staff. Beverley reported that more staff had returned to shielding in this lockdown and challenges to cover the gaps. Feedback is that staff are tired, afraid and overwhelmed having been in this situation for 11 months. The focus for managers will be health and wellbeing and to ensure staff receive supervision and take leave.

In relation to service users, all services are running, but some have had to alter how they deliver services and the modality of treatment, there has been a reduction in face to face contacts and more focus on tele communication. Beverley believed there was not a systematic understanding of the impact on service users. She was mindful that the data in the IPQR has shown improvement in CPA Reviews, access to IAPT and 7 day follow up, but the user experience element was missing.

A number of new appointments and changes had been made to the leadership team to strengthen the clinician support, all Bands 6 and 7 posts had been recruited to in Acute In-patient services. A framework had been established in Community to monitor the impact of less contacts and all out of area patients are also monitored.

A question was raised in relation to the pinch points. Beverley reported it was more difficult to mitigate risks in community services with high vacancies and staff shielding, than in in-patient areas which operated a shift structure.

A question was raised whether there was a "think tank" looking at the impact on mental health. Beverley advised that there was connectivity through the Chief Executives, Medical Directors and Directors of Nursing into the national agenda.

As an example; the use of Section 136 had increased significantly across the country and therefore a review of investment would be required whilst services continue to transform.

Jan Ditheridge believed service user experience had become slightly muddled, the NEDs and governors had asked if patients were having difficulty accessing services and waiting longer. Community had reduced their face to face contact and had been triaging patients and delivering different therapeutic interventions, this is all as a result of staff absence. Experience should also include the effect of national trends eg: S136 and out of area and there is also homicide, suicide and deaths in learning disabilities to consider and pulled together.

Jan asked if there were any direct or indirect impacts of Covid-19 that would prevent the Trust getting back to good. Beverley believed there had been continued improvement on key essential actions over the last 6 to 12 months and compliance could be demonstrated. There are a number of estates projects going through the procurement process which could be delayed, due to outside agencies. Dr Hunter believed it would be naive to say that there had been no impact during the pandemic and this is another area of mitigation. Jan added that she believed there had been significant impact on developing culture, she as Chief Executive had not been able to enact some her initiatives.

The Chair noted that the CoG had been challenging on patient safety and seeking assurance the Trust had assessed and mitigated against risk, an update could be shared with them at the next CoG meeting in February 2021.

Sandie Keene whilst mindful of the impact on Community and the industrial dispute on staffing and caseloads asked if this was impacting on behaviours and morale. Beverley believed the recent national benchmarking data was a good indicator that caseloads were comparable with other trusts, despite staff feeling they were doing too much. The project group led by Phillip Easthope had worked in collaboration with ACAS on a number of challenges and he believed there had been a change in behaviour and culture. He would be handing this over to Beverley and had the support of the Unions. He anticipated further challenge on the detail of the staffing model in relation to capacity and demand planning. The Chair noted that a number of Board visits had identified poor technology as an area that could impact on efficiency and cause additional stress, it was also noted that there had been some creative interventions. Phillip added that whilst there is more emphasis on core mental health services, the feedback from specialist services is equally as important.

Prof Brendan Stone offered his support on the areas relating to gaining service user experience. Dr Mike Hunter had asked the Clinical Effectiveness, Research & Innovation and Quality Improvement teams to work with Clinical Directors to scope and develop a framework to understanding user experience.

**Board received the report and were assured of the management of Covid-19 but not fully assured that user experience had been captured.
Board were aware that funding may be available and to agree where this resource should be focused.**

Strategic Objective 2 CQC: Getting Back to Good

OBoD 21/01/009

Back to Good Report

Members received the report for assurance.

Dr Mike Hunter presented the report and noted that the key risks to the delivery of the programme were Estates and IMST projects. The mitigations on the Estates projects include the eradication of dormitories, ligature anchor points and refurbishment of seclusion rooms. A new Chief Digital Information Officer (CDIO) commences in post in February 2021 and the ISMT projects will be a key focus.

A number of questions had been raised in relation to the risk in understanding the impact of the programme and triangulation of meaningful information in a process related approach to measure impact and outcomes. Mike believed that it was not beneficial to have an outcome for each actions, but to see the bigger picture and the overall difference and improvement in physical and mental health from a staff and service user perspective. The next steps are to ensure the workstream leads move towards impact outcomes.

Prof Brendan Stone referenced the work of the Patient Centred Care Records (PCCR) workstream and the co-production with service users of care plans and risk assessments, he was interested to understand the need to balance compliance and change. Mike advised that Sheffield Flourish had been engaged in the project and he was mindful that this is a journey of cultural change.

Sandie Keene reported that Quality Assurance Committee (QAC) have requested a timeline of the estates projects linked to the quality agenda and asked when this might be available. Mike was mindful that QAC should have received this and he would expedite it at the Back to Good Board on 15 January 2021. Beverley Murphy advised that QAC had received the Integrated Performance and Quality Report (IPQR) and Back to Good and both had reported a delayed position. Beverley advised that she had taken over the leadership of the Acute Care Modernisation (ACM) programme and as a priority had ensured a timeline for the work on seclusion rooms and dormitories. Pat Keeling will be working with the Estates team. From a quality perspective Beverley added that the new Director of Quality had reviewed the structure and wished to include a number of experts by experience as advisors. Pat reported that she had met with Phillip Easthope to review timelines and the potential for any reduction in procurement process. Pat had also met with Helen Payne, Director of Estates and Facilities to review the Estates Strategy and would liaise Fleur Blakeman in relation to additional resource.

Fleur Blakeman referenced the exceptions table (Pg 5) and asked if further narrative could be included in relation to the extension period on the areas impacting on quality and experience.

A question had been asked in relation to mechanical restraints, Mike advised that reporting of any incidents would be through the IPQR, under restricted interventions.

Richard Mills welcomed the change of pace on the Estates projects and asked for further clarity and a timeline for the IMST projects, he was mindful of the system and procurement issues and the pressure on the system with remote working. Phillip advised he was working with the team on the production of a timeline and would report to Back to Good Board. He added that robust testing of Insight had been scheduled as an action following the data loss incident and the results would hopefully give assurance the system is stable. He would also be looking at the technological issues, which often relate to the infrastructure of the building and loss of network/Wi-Fi.

Board received the report and were assured there was a robust process. The updated actions were noted, with a further 30 actions requiring definition in future reporting.

**Exceptions table (pg 5) further narrative on the timeline extension
QAC to receive a timeline of the estates projects linked to the quality agenda**

Beverley Murphy reported that Salli Midgley, the new Director of Quality would revise the Board visit schedule and ensure it aligned with the Executive Team visits. A Standard Operating Process (SOP) and framework for visits was in development and would ensure actions and follow ups are captured. QAC would receive a report at its meeting in January 2021 on this work and how the outcomes would triangulate

with other intelligence.

She used the following examples:

Staff on Endcliffe Ward had expressed concerns with lack of communication upto senior managers, Beverley reported that all the vacant Band 6 and 7 posts had been recruited to and the leadership strengthened. The Acute Care Forum had been stood back up and had been received positively by staff.

Recovery Team South had experienced problems with using Zoom for clinical sessions, the solution was to move to a system called Attend Anywhere, which had been trialled by IAPT.

Ward G1 at Grenoside had raised concerns about lack of equipment, particularly Syringe Drivers, the ward are now managed through medical engineering contract.

The Board noted that QAC would receive a report in January 2021 on the next steps and would suggest a timeline for reporting back to Board.

OBOD 21/01/011

Integrated Quality and Performance Report (IQPR)

Members received the report for assurance.

Phillip Easthope reported that the process for the IPQR would be for detailed discussion at the committees and then presented to Board as an assurance report with progressed against actions. He would welcome feedback on this approach.

Prof Brendan Stone noted that his Board visit to St Georges and highlighted concerns about the waiting times for some specialist services and the stress and anxiety this puts on service users, he was mindful that benchmarking may indicate averages, and suggested the simple solution would be to employ more staff. He reiterated the need for service user feedback and noted that Care Opinion had not generated as much as hoped and were there other options to explore. Beverley noted that the waiting times data is from a range of services and that some more areas are more complex as Brendan had alluded to. The specialist services were meeting the targets and outcomes of the contracts that had been commissioned. A review of the service model may be required to assess effectiveness and efficiency, she also noted that she believed there was more work to do with the third sector. If the services are meeting KPI's the Commissioners need to be made aware that demand is outstripping resource.

She added that she believed some specialist services should be mainstream and used Borderline Personality Disorder (BPD) as an example, she was mindful that some of the work in community had been slow in developing a contemporary model and engagement with the third sector and Primary Care Networks will be key to moving this forward. The benchmarking report is also a good indicator that people in community services are seen less frequent and therefore more work to do in this area.

Sandie Keene in her capacity as QAC Chair noted that committee reviewed this information in depth, she would like to see the report contain more data sets on risk areas including Mental Health Act compliance and community statistics and asked if there was a timetable for this development. Jan's responded that her vision would be to decrease the data for the Board report and ensure discussion takes place in committees.

Board received the report and agreed that the committee review the Board Assurance Framework risks for 0002 and 0003.

Board noted the development of the report and received greater assurance, further work on articulating performance and quality was required.

Board acknowledged the concerns in relation to waiting times and agreed that this was an area for QAC to focus on.

The Chair experienced connectivity problems and Richard Mills took over as Chair.

Performance

OBoD 21/01/012

Finance Report

Members received the report for assurance

Phillip Easthope reported an improvement to the Forecast Out turn as at October 2020 from £4.1m to £2.1m overspend. He attributed this to a reduction in out of area (£750k) and Covid-19 expenditure (£900k) and a further increase in the investment standard (£500k). He added that this was the detailed report that Finance & Performance Committee (FPC) received and in line with the IPQR this report would be revised for presentation to Board with exceptions and key risks.

The impact of the mitigation plans for out of area were outlined in the report and scheduled for discussion at FPC in January 2021.

The mitigation against the forecast deficit of £2.1m as of November 2020 would continue. A finance meeting had been scheduled with the Integrated Care System (ICS) the financial position would be presented and the Trust would share the mitigating actions in year.

Richard Mills in his capacity as Chair of FPC advised that FPC would discuss the report in more detail and the impact of the deficit and underlying issues on cost improvement to meet targets.

Beverley Murphy whilst acknowledging Phillip's comments was mindful that financial management was a trustwide responsibility and leaders have sufficient data and are clear on the expectation. She assured the Board that there was an improvement plan to manage out of area, she added that a number of beds had been taken out of use due to Covid-19 risk assessment and during the estates refurbishment projects. Discussion had also taken place with Commissioners in relation to a number of patients who Beverley believed would be best placed in a different environment.

Anne Dray asked if the Trust was under pressure from the ICS to improve the position further and were they assured of the plans. Phillip advised that following submission of the revised financial plan there had been a degree of challenge from Sir Andrew Cash for all trusts to achieve financial balance. The first ICS financial meeting was scheduled for 14 January 2021, and all trusts would present their position with the aim of achieving breakeven/financial balance and recurrent position. To note the Trust had not reported a deficit position for a number of years. Phillip added that the System had received a further £3m for sustainability to be held centrally could be offset against system performance,.

The Chair reported that having read the reports he was not fully sighted on the drivers underpinning the deficit and the plans to address the position. Pat Keeling advised that she was working with Phillip's team on the connectivity of financial and operation planning and cost improvement planning and the role and functions of the Business Planning Group (BPG) and annual planning group to identify aspirations and quality improvement in the context of the annual plan.

Phillip acknowledge the challenge on the key drivers, and would review how this is articulated to Board, he was mindful that FPC had, had substantive discussions.

Board receive the report, the Chair noted that there was a lack of assurance in relation to the key drivers. FPC would review at its meeting in January 2021. The next report would be presented to the Board Workshop in February 2021.

The Chair returned to the meeting.

Board Committees Significant Issues & Approved Minutes

OBoD 21/01/013

Quality Assurance Committee (QAC)

Members received the Significant Issues report from the meeting held on 21 December 2020 and the approved minutes from the meetings held on 23 November and 26 October 2020 to provide assurance to Board that QAC had discharged its duties.

Sandie Keene reported that committee met to discuss the IPQR, a number of significant issues had already been raised (Estates and IMST).

OBoD 21/01/014

Finance & Performance Committee (FPC)

Members received the Significant Issues report from the meeting held on 30 December 2020 to provide assurance to Board that FPC had discharged its duties

OBoD 21/01/015

People Committee (PC)

Members received the Significant Issues report from the meeting held on 25 November 2020 and the approved minutes from the meetings held on 15 October 2020 to provide assurance to Board that PC had discharged its duties.

Heather Smith reported that committee are focused on the People Strategy and improving the quality of reporting. An issue relating to Health and Safety had been escalated and resolved.

OBoD 21/01/016

Remuneration and Nomination Committee (RNC)

Members received the Significant Issues report from the meeting held on 30 December 2020 to provide assurance to Board that RNC had discharged its duties.

Governance

OBoD 21/01/017

Board Programme Planner

Members received the programme for information. David Walsh advised that the new Board and Committee structure from April 2021 was nearing completion.

OBoD 21/01/018

Governor & Membership Matters

The Chair reported that activity had reduced significantly during the pandemic. Amber Wild had been appointed as Corporate Assurance Manager in a part time role and would be supporting the Council of Governors (CoG).

Ben Duke had been nominated to represent CoG on the NHS Provider Governor Advisory Committee. The process would be through election.

OBoD 21/01/019

Any Other Urgent Business

No other urgent business was discussed

Date and time on next scheduled meeting:

Wednesday 10 March 2021 at 10am

Format of meeting to be confirmed

Apologies to: Sharon Sims, PA to Chair and Director of Corporate Governance

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