

Board of Directors - Open

Minutes of the 120th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 13 February 2019, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

1. Ms. Jayne Brown, Chair
2. Mr. Kevan Taylor, Chief Executive
3. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
4. Mr. Richard Mills, Non-Executive Director, Chair of Finance, Information and Performance Committee
5. Cllr. Olivia Blake, Non-Executive Director
6. Prof. Laura Serrant, Non- Executive Director, Chair of Workforce & Organisation Development Committee
7. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
8. Mr. Phillip Easthope, Executive Director of Finance

In Attendance:

9. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
10. Mr. Dean Wilson, Director of Human Resources
11. Dr. Helen Crimlisk, Deputy Medical Director
12. Ms. Brenda Rhule, Deputy Chief Nurse
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
14. Ms. Honor Hamshaw, Inspector, Care Quality Commission
15. Mr. Terry Geraghty, Emergency Planning Officer, (Item 10)
16. Ms. Julie Walton, Head of Care Standards and Quality Assurance (Item 11)
17. Ms, Wendy Fowler, Freedom To Speak Up Guardian (Item 11)

Apologies:

18. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
19. Dr. Mike Hunter, Executive Medical Director
20. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

Public:

Mr. J Buston, Public Governor

Ref	Item	Action
	<p>Award winners in the Trust are routinely invited to meet the Board.</p> <p><u>Specialist Registrar of the Year, Royal College of Psychiatrists Awards</u> Dr Charlotte Blewett was recognised by the RCPSYCH and received the Trust Learner of the Year in 2017. Mr. Taylor noted the Trust employs all junior doctors in the region and Charlotte has been instrumental in supporting the Junior Doctor Forum.</p>	

	<p><u>National Positive Practice Awards</u> The Respect Training Team won in the patient safety category, Kim Parker, Greg Hughes and Catherine Carlick attended to meet the Board. Mr. Taylor reported the Trust is proud of the Respect training, the programme evolved following feedback from the Afro-Caribbean Service User Group and has developed with new techniques, eliminating the use of prone restraint. The programme has been shared with the Gulu (Uganda) Partnership, and has been received positively.</p>	
	<p>Welcome & Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance; she added Honor Hamshaw was in attendance to observe. Apologies were noted and the meeting was quorate.</p>	
1/2/19	<p>Declarations of Interest: Cllr Blake declared an interest in issues relating to the Trust's Partnership Agreement with the Local Authority. It was determined the items were non pecuniary and would not require Cllr. Blake to leave the meeting. No further declarations were made.</p>	
2/12/19	<p>Minutes of the Board of Directors meeting held on 12 December 2018 The minutes of the meeting held on 12 December 2018 were agreed as an accurate record with the following amendments.</p> <p><u>5/12/18 Service Performance Dashboard (31 October 2018) refers.</u> Mrs Stanley referenced financial planning, and asked if the Provider Sustainability Fund (PSF) "match funding" latterly increased to 2:1 querying if this is sustainable.....</p> <p><u>12/12/18 Chief Executive Update –Working Together event refers</u> The Trust has recently appointed a number of individuals from a BME background to senior positions.....</p>	
3/2/19	<p>Matters Arising and Action Log Members reviewed and amended the action log accordingly.</p>	
Strategy		
4/2/19	<p>Dementia Strategy - Trust response Members received for approval the Trust's response to the Dementia Strategy Commitments.</p> <p>Mr. Clarke reported following a period of consultation across the city on the Dementia Strategy, thirteen commitments have been identified, each of which include narrative outlining the strategic direction. The Trust's response has been collated following a presentation at the Board of Directors in December 2018, a Board development session and through the Executive Directors' Group (EDG). The recommendation is to support the direction of travel, he was mindful further work was required in relation to complex needs.</p> <p>The Chair requested clarity regarding how the Trust response will feed into the process. Mr. Clarke responded the Trust's response will feed into the Dementia Strategy Group, reporting into the Mental Health and Learning Disability Delivery Board (MHLDDB).</p>	

	<p>Mrs. Stanley asked to what extent the Trust will be able to develop a robust delivery plan and queried the current level of internal and external training and asked if there were opportunities for income generation from delivering external training and who would develop this area. Mr. Clarke responded, to date a delivery plan for the whole strategy had not been developed, the Trust will be involved and work with Multi-Disciplinary Teams (MDT) across the city.</p> <p>From a training perspective, the Trust currently delivers mandatory dementia training to staff. There could be opportunities to develop this and support delivery of a “Dementia friendly city”.</p> <p>Cllr. Blake referenced commitment 10: Care homes will take account of the need of people with dementia, and queried whether this was a narrow statement, and whether it should be expanded to cover home care. Mr. Clarke responded, he would support Cllr. Blake’s suggestion.</p> <p>The Chair asked for clarity on the definition of complex needs in relation to a dementia diagnosis. Mr. Clarke responded, co-morbidity, would be considered complex e.g. physical, behavioural and mental health issues. Dr. Crimlisk added, a significant number of people with dementia are cared for in a home environment and may not engage with our Trust services and was mindful of support for carers. The complexity arises from multiple interventions from MDTs at different levels within the Trust. The Chair suggested adding a complex needs descriptor.</p> <p>Prof. Serrant asked for clarity regarding integration with new and developing strategies and existing and established approaches as there is evidence to suggest people from minority and diverse groups have worse outcomes. For future strategies presented to Board, the Chair suggested using the ‘Links’ section on the summary template to cross reference other strategies or areas.</p> <p>The Board received the report and with minor amendment approved the Trust response.</p>	MS
5/2/19	<p>Nursing Vision and Strategy</p> <p>Members received the Nursing Vision and Strategy for approval.</p> <p>Ms. Rhule reported the focus was “how it feels to be a nurse” in this Trust and the wider NHS and the challenges this brings, the strategy was shared in a number of forums with staff with Prof. Serrant also engaged in the process. The strategy has a short, clear mission statement and vision with key strategic aims. The delivery plan will include clear deliverable outcomes and span a period of three to five years. It is believed the strategy over time could be developed to include all front-line staff and how the Trust can support all staff.</p> <p>Mr. Taylor acknowledged the strategy was a statement of where the Trust wants to be. He welcomed the focus on celebration of being a nurse and supporting a health and wellbeing culture.</p> <p>Prof Serrant noted in conversation with Ms. Lightbown the aim was to develop a short concise strategy with clear direction of travel, the detail will be included in the action plan. This strategy is broad and can incorporate future changes and the national agenda, mindful of Ruth May’s recent appointment as Chief Nursing Officer, NHS England. She added, the areas to evidence, measure and monitor will be included in the action plan not the strategy. Mr. Wilson</p>	

believed outcomes from the staff survey could be incorporated.

Mr. Mills noted his concern in relation to the level of discrimination experienced by front line staff (community) and how the delivery plan can support staff. He was also mindful of reduced resource and the project with e-rostering to address the gaps, which may reduce pressures. Ms. Rhule responded the Actual Funded Establishment (AFE) project for each in-patient ward had commenced.

Prof. Serrant in response to Mr. Mills comment in relation to front line staff discrimination and harassment referenced the Workforce Race Equality Standard (WRES) report recently published which details the types of incidents staff from various staff groups incur from service users which is of interest. All trusts should have access to their own data to enable comparisons. Link: <https://www.england.nhs.uk/publication/workforce-race-equality-standard-data-reporting-december-2018/>

Dr. Crimlisk welcomed the strategy and noted there are a number of key workforce developments which she believed were blurring boundaries between professions, which is a good however also presents a risk. The Trust should be looking towards new roles which cross cut between nursing and medical traditions whilst recognising the long standing traditional identify. Prof. Serrant agreed, noting there were similarities and also notable differences, the nature and the impact is different when applied to certain staff groups.

Cllr. Blake, welcomed the strategy and noted her concern in relation to working issues, the reasons nurses gave for leaving the profession are highlighted however would like to see a proactive approach to recruitment of student nurses articulated in the action plan. Prof. Serrant responded, from an education perspective there is a decline in the number of applications across the country of between 20% and 25%, which has in reality only changed reduced the ratio of the number of places available, eg: 1:8 to 1:6, with the same number being trained integral to which is enabling the Trust to make itself an attractive employer. The reduction in the number of nurses in the system is the real problem, a further challenge is retaining qualified nurses, particularly those with twenty years plus service.

Ms. Rhule wished to steer from numbers alone and focus on intervention and hoped the AFE project will have a positive effect. Mr. Clarke reported the Trust does currently engage with the Universities and this forms part of the recruitment marketing campaign with Trust nurses involved in promoting the Trust. The Trust is also offering positions to student nurses provided the criteria are met. Ms. Rhule added the campaign will cover schools and colleges who offer health and social care courses.

The Chair welcomed the concise strategy and approach and suggesting using this as a template. She asked how nursing staff will be involved in the co-production of the delivery plan. Ms Rhule responded Ms. Lightbown and herself will engage with staff be more visible and ensure policies and procedures are adhered to. Mr Taylor added the Board can be assured there will be full staff engagement.

The Board received and approved the strategy.

Performance Management		
6/2/19	<p>Service Performance Dashboard for the period ending 31 December 2018 Members received the Service Performance Dashboard for the period ending 31 December 2018 for information and assurance.</p> <p>Mr. Easthope reported there are a number of season changes, which require ratification through the next quarter. The Trust remains in Segment 2, with no key changes on the system wide indicators. The Executive Directors' Group (EDG) noted their disappointment on two areas, firstly 7 Day follow up, this is an isolated issue which will be monitored and secondly Care Planning Approach (CPA) Annual Review challenges to be reported to Quality Assurance Committee (QAC) in February 2019.</p> <p>Due to a number of capacity issues in relation to production of this performance report, as a result of staff sickness, he was mindful there were a number of gaps in the analysis.</p> <p>Mr. Clarke reported EDG received a Community Mental Health Team "Deep Dive" the presentation including analysis of activity and performance. It was noted cases loads had increased but not excessively and benchmarked nationally. More staff have been recruited and staff are being supported. QAC will receive a presentation in February 2019. The Chair asked how Commissioners were responding. Mr. Easthope responded, their response has been positive and negotiations are on-going.</p> <p>Mr. Mills asked if there was an update on pressure on the acute wards. Mr. Easthope responded the data suggests a slight improvement whilst recognising the challenges continue. Mr. Clarke added there were a number of hot-spots including Endcliffe and G1 wards. The introduction of the 24/7 home treatment service will support the acute wards and alleviate a number of pressures. The Decisions Unit is scheduled to open on 25 February 2019.</p> <p>Mrs. Stanley mindful of assaults on staff as a new risk on the Corporate Risk Register, noted the assaults narrative on the safety dashboard and asked for clarity on the reference to the count of victims of an assault. Mr. Easthope agreed to seek clarity from the author. In relation to the workforce data she asked for clarity on the calculation applied for turnover. Mr. Wilson responded the formula uses starters, leavers and total headcount.</p> <p>Mrs. Stanley noted short term sickness absence no longer appears on the dashboard, and requested to see this data.</p> <p>The Board received the report for information and assurance.</p>	<p>PE DW</p> <p>DW/PE</p>
7/2/19	<p>Safer Staffing Reports for period 1 November to 31 December 2018 Members received the Safer Staffing Reports for the period ending 31 December 2018 for information and assurance.</p> <p>Ms. Rhule reported slight improvement in relation to fill rates and vacancies. An area of concern with high vacancies is Ward G1, at their Confirm and Challenge meeting concerns were raised in relation to safety and as a consequence the roster is being reviewed and additional support from agency agreed. Ms Rhule added a number of unsuccessful recruitment drives have been held. Mr. Taylor assured members EDG will monitor the situation.</p>	

	<p>The Confirm and Challenge meetings continue and provide an opportunity to engage with Ward Managers. Ms. Rhule believed staff have a better understanding of the e-rostering system and headroom to support the AFE Project,</p> <p>Prof. Serrant in response to the unsuccessful recruitment drive on Ward G1, asked if rotational posts had been considered to allow a strategic flexible workforce. Mr. Clarke responded, there is a programme for staff rotation on a six monthly basis. In addition, the Flow Co-ordinator has an overarching picture and review staff numbers of each shift and move staff to cover.</p> <p>The Chair noted the flexible “generic” workforce is becoming standard practice. Ms. Rhule supported this initiative, to employ staff into the Trust rather than specific wards. Dr. Crimlisk saw this as development and opportunities to build into culture and practice.</p> <p>Mr. Easthope believed there were a number of areas to explore in the plan. He was mindful that Ward G1 due to the nature of the service and complexity of needs for dementia patients has operated over funded establishment, using bank/agency as cover, which over time has created issues in relation to recruitment to substantive posts. He noted negotiations for increased funding with Commissioners had been positive and expected a resolution for the next financial year.</p> <p>Mrs. Stanley noted the vacancies on a number of wards and the comments of staff feeling unsafe, she would like clarity on what staff mean when they say they feel unsafe. Ms. Rhule responded, she believed staff also linked this to skill set particularly for some of the specialist wards.</p> <p>The Chair asked how other professions could be incorporated into report, mindful it focuses on nursing staff and asked Mr. Wilson for his opinion from a wider workforce perspective</p> <p>The Board received the report for information and assurance.</p>	LL(BR)/DW
8/2/19	<p>Healthcare Worker Flu Vaccination Programme 2018/19 – Final Report Members received the final report in relation to the flu vaccination programme for information.</p> <p>Ms. Rhule reported the data has been collated, a total of 50.9% had been achieved against a 75% target, this is circa 6% lower than 2017/18. The Trust will receive a proportion of the CQUIN equating to £19k. There has been a culture shift and the uptake from nursing staff has improved. The introduction of peer vaccinators assigned specific areas has been successful. A concern going into 2019 is new guidelines and CQC recommendations in relation to patient group directive in which to peer to peer vaccinators will cease. The vaccination programme would be assigned to the occupational health provider. The Chair asked if all options can be explored.</p> <p>Mr. Mills noted his disappointed with the results, particularly when comparing mental health and acute trusts and queried the culture and need for a new approach believing the intervention of occupational health may not be the solution. The Chair added it was encouraging that nursing uptake had increased. Ms. Rhule added leavers are extracted and starters included when applying the formula for the calculation. Prof. Serrant referenced the</p>	LL(BR)

	<p>breakdown in staff groups noting that less than 50% of senior managers had been recorded as having received the vaccination and whether this can be explored further in relation to those who declined. Cllr. Blake asked if the message was being shared in relation to protection of service users.</p> <p>The Board received the report for information.</p>	
Assurance, Risk Management		
9/2/19	<p>Corporate Risk Register (CRR) Quarter 3</p> <p>Members received the Corporate Risk Register for information and assurance.</p> <p>Ms. Saunders reported significant progress, two risks have been re-assessed and the rating reduced and one risk in relation to EU Exit has been escalated.</p> <p>Mrs. Stanley whilst acknowledging the progress, noting a number remained static. She referenced a number of risks with scores below 12 and asked why these were on the CRR as they were below the Board threshold. Ms. Saunders responded EDG review each of the risks and determine the risks should remain on the CRR for the Board to be assured.</p> <p>Mrs. Stanley was aware there was a development session focusing on risk and asked if consideration can be given to assessing the risk appetite, mindful some are linked to the safety domain and therefore need to be at the forefront.</p> <p>Mrs. Stanley referenced Risk 4021 in relation to consultant cover, she noted there had been successful recruitment and asked if this still remained a high risk area. Dr. Crimlisk responded, two in-patient consultants commenced in post within the last week, further interviews are scheduled for late February 2019. Recruitment of medical staffing remains challenging, new and innovative ideas are being explored including offering short term placements to staff who have retired and wish to return on a flexible arrangements. Mrs. Stanley was mindful the risk rating was high and whether this required a review as the narrative relates to the impact on safety and quality of care. Prof. Serrant added this links with the safer staffing report and by having flexible recruitment the risk may reduce. Mr. Easthope believed this risk also linked to succession planning.</p> <p>Mr. Mills in relation to the risk relating to “Insight” and mindful of Finance, Information and Performance Committee (FIPC) decision to support the business case for the replacement Patient Administration System (PAS) detailed under item 16. He believed the narrative to this risk could include the procurement. He would like further clarity on the sustainability of the current system in the interim period. Mr. Easthope responded EDG reviewed two risks, one will be managed at directorate level, with timescales in the future and the second risk, EDG asked for further work on controls and actions to mitigate any risk and to understand the level of work required to stabilise the system over the next 18-24 months and give assurance.</p> <p>Mr. Mills queried whether Risk 3831 relating to the acute wards, should reference Ward G1.</p> <p>Board received the report for information and were assured.</p>	

10/2/19

EU Exit

Members received an update on EU Exit for information and assurance

Mr. Clarke reported the update is for assurance the Trust have reviewed the Government's recommendations linked to a No Deal exit and are working through an action plan. He attended a regional meeting organised by NHS England and noted the presentation at this point in time is sensitive and cannot be shared in the public domain.

Mr Geraghty reported there has been progress throughout January 2019 with the key areas for the Trust to consider including; workforce, medicines, primary healthcare and medical equipment. A risk assessment of nine areas has been completed. Medicines is considered to be the Trust highest risk for the Trust with the instruction from NHS England not to stockpile and manage normal stock levels. Mr. Taylor noted clear guidance has been issued and should be adhered to. He added the principal concern of the Board had been taken out of Trust hands as the instruction has been received nationally. Pharmacy has been issued with instructions not to dispense where concerns of raised regarding stock piling. The Trust is aware there are a number of medicines currently proving difficult to obtain and the situation post 29 March 2019 remains unknown.

All Trusts will be expected to report on a daily basis through March 2019.

The Chair asked what areas are of concern to the Trust. Mr. Geraghty responded the key risk is the uncertainty in relation to medicines. The Chief Pharmacists in the region are working collaboratively and sharing information. There are other potential risks to consider which may affect the workforce, giving examples of shortages of 'everyday' medicines e.g. insulin or ventolin as an example. Mr. Clarke added the feedback from the regional meeting indicated medicines and workforce as the highest risk areas.

Mr. Mills in his capacity as Non-Executive Director lead for Emergency Planning thanked Mr Clarke and Mr. Geraghty for their input and not to underestimate the amount of additional work this exercise has created. The Board cannot be assured as issues are out of the control of the Trust.

Dr. Crimlisk believed the Trust was right to be concerned and was endeavouring to mitigate any risk. Communications and messages to staff is key, to articulate the message not to stockpile and allow additional lead times and give as much reassurance as possible with Pharmacy offering support to prescribers and potentially offering alternatives. Mr. Easthope added, Mr. Allinson, Chief Pharmacist had attended EDG and explained the Pharmacy stock system and that it was normal practice to hold what could be considered as low stock levels and offering alternatives would not be a new initiative. Dr. Crimlisk added there are a small number of drugs with no suitable alternative, citing Clozapine as an example.

Cllr. Blake asked if there was any indication there would be fuel shortages, mindful of the Trust's fleet of vehicles. Mr. Taylor responded to date there has been no directive in relation to fuel shortages.

Prof. Serrant, not losing the impact on staff, asked if there was information held on staff that are on routine medication, and how this would impact if they were not in receipt of medication. It was noted this data was not available.

	<p>Mr Taylor added in his open letter to staff he had referenced medicines issues for staff and service users.</p> <p>The Board received the report for information and assurance.</p>	
<p>11/2/19</p>	<p>Freedom To Speak Up (FTSU) – Self Review</p> <p>Members received a report following a Self Review of Freedom To Speak Up</p> <p>Ms. Walton reported a task and finish group was established to undertake the self-assessment. In December 2018 the Safety Conference was launching and the Trust had recently undergone Care Quality Commission (CQC) Well Led inspection with safety high on the agenda. Staff engagement and obtaining views were key. The tool developed by the National Guardians Office was used, and to reach a wide audience, a survey monkey was developed and a member of the team attended Trust events.</p> <p>A total of 327 responses were received. Mindful the FTSU expectations link to Board and leadership, the Trust Management Group (TMG) can also be included in this segment to look at views and assumptions and next steps. A further survey monkey was created specifically for the audience based on the national tool. The findings of the review have been presented to TMG .</p> <p>Desktop exercises have been carried out with a forum for sharing views. A benefit of the way the review has been carried out is the visibility of Ms. Fowler in her capacity as the FTSU Guardian and individuals reflection and their approach. A review of policies and procedures was undertaken to identify where FTSU fits.</p> <p>It was identified there has been much positive work, during the embedding of the role. The next steps will be to focus on organising structures and embedding the role further. It was noted a Non-Executive Director had not been identified to support the work. The Chair responded, as she was unable to hold the position she will ask Mrs. Keene in her capacity as Chair of QAC to undertake this role.</p> <p>Mr. Taylor noted the profile of the FTSU guardian has been raised and believed triangulation with other information was required and used staff survey as an example to create an emerging picture.</p> <p>Mr. Mills believed staff did not have a problem speaking up, it is whether their concerns will be taken seriously, and the minor the issue the easier it can become dissipated. Mr. Clarke responded, that on occasions someone may struggle to be heard or the message is not relayed properly. The next phase will be to build confidence.</p> <p>Dr. Crimlisk believed this was an excellent piece of work, adding Ms. Fowler has presented in a number of forums and articulates the role well. She asked Ms. Fowler if there are any challenges. Ms Fowler, believed staff did not always feel listened to or receive a respond accordingly, managers needed support, as concerns raised are not reflective of poor management as it is a human characteristic to become defensive. Not all managers see the value of a speaking up culture, she believed if one person has a concern there could be more that felt similar. Further education and training could be developed and role modelling of how concerns are received, accepted and responded to.</p>	

	<p>Mr. Easthope welcomed the report and noted the role for Audit Committee in relation to assurance and considered that was missing and should be reflected. The annual plan was in development and asked was FTSU where the Trust wanted it to be and from a cultural perspective managers need to feel supported and not stuck in the middle.</p> <p>Mr. Wilson recalled a meeting with Ms. Fowler noting cultures have been alluded to for example a grievance is received from a complainant, he was of the view the perception of the individual with a grievance needs to change. He believed there was something in the terminology that will feed the culture and change the approach and would expect changes when the policy is reviewed. Dr. Crimlisk linked that analogy to the attitude to service users and carers and the increased interest the Trust is endeavouring to show and actively demonstrate curiosity with how services are perceived which should be replicated with staff.</p> <p>Mrs. Stanley reiterated the point of ensuring there was an objective linked with audit, and enacting policy. She believed the Non-Executive intervention was crucial, in relation to barriers which may be challenging, but fundamental to breaking barriers. The Chair noted she had selected Mrs. Keene to maintain the connectivity with the quality agenda.</p> <p>Board received the report for information and assurance.</p>	
Board Stakeholder Relations & Partnerships		
<p>13/2/19</p>	<p>Chair's Update</p> <p>The Chair reported Mr. Mills, a number of executives and herself had attended a Board to Board with NHS Sheffield Clinical Commission Group (NHSSCCG) The meeting, a formal process of feedback following the CQC inspection. She believed it was a positive meeting with a sense of partnership. A number of challenges to take forward including transitions, discussion also on localities and neighbourhoods. Two action areas include working collaboratively with Sheffield Children's NHS Foundation Trust (SCNHSFT) to agree a solution for a gap in services, e.g. the transitions for 16-17 year olds which is currently a non commissioned service. A further meeting will be scheduled for six months (August 2019) and the Chair suggested full Board representation.</p> <p>Mr. Mills added he was aware SCNHSFT had been experiencing extreme pressure on this age group. The discussion on primary health care aspect was interesting and believed there was a gap and investment potential, but unsure where this would fit in the Trust's plans. The Chair believed there are opportunities, but mindful of the current Trust pressures on community services and in particular the Single Point of Access (SPA). Mr. Taylor added Dr. Steve Thomas and Dr. Fiona Goudie have been commissioned to review primary mental health care and neighbourhoods. Dr. Crimlisk believed this was an area to explore, and the potential to work more closely with Clover Group, and the newly appointed Clinical Director. One area being explored is offering GP's special interest groups in SPA.</p> <p>The Chair thanked Prof. Serrant for hosting the awards event, she believed the event went well, and there was good will and sharing of positive practice. She wished to thank the Communications Team for the organisation of the event.</p>	

14/2/19	<p>Governor & Membership Matters</p> <p>Members received an update on Governor and membership matters for information.</p> <p>The Chair reported she had chaired a Nominations and Remuneration and Committee (NRC) and met separately with staff Governors to see how they can support in responding to the staff survey and work with Listening into Action (LiA) . She asked if progress had been made on the Membership Strategy, Ms. Saunders responded it was in draft.</p>	
Executive Management Updates		
15/2/19	<p>Chief Executive's Verbal Update</p> <p><u>Accountable Care Partnership (ACP) Update</u> Members received the ACP update for information.</p> <p><u>Health and Safety Executive (HSE) inspection</u> Mr. Clarke reported following the inspection Mr. Wilson and himself have meet with the HSE team on two occasions. The Trust is focusing on the areas identified during the inspection and have developed an action plan. Focus has been on manual handling, violence and aggression, the material breaches included maintenance of lifts and hoists and environmental risk assessment for staff. The schedule for devices maintenance and outcome of risk assessments have been shared with HSE. An external facilitator has been appointed and will be delivering health and safety training to senior managers.</p> <p><u>Service Accreditation</u> Mr. Clarke reported Forest Close has received accreditation</p> <p><u>Psychiatric Decisions Unit</u> Mr. Taylor reported the unit will open on 25 February 2019.</p> <p><u>Executive to Executive with Sheffield Children's NHS Foundation Trust.</u> Mr. Taylor reported an Executive to Executive was scheduled with SCHNHFT on 14 February 2019, the agenda will include discussion following the Coroner ruling and the Trust receiving a Regulation 28. Mr. Clarke reiterated the ruling links to the un-commissioned service for 16-17 year olds. A system has been put in place in the interim, awaiting commissioning intentions. If a 16-17 year old presents in Accident and Emergency, and is unknown to Child and Adolescent Mental Health Service (CAMHS), the Trust has agreed to care for the individual for up to 72 hours to allow time for CAMHS assessment. The arrangement will be routinely reviewed. Mrs. Stanley referenced a discussion at QAC, and that NHSSCCG had suggested adding this to the Risk Register as both NHSSCCG and SCHNHSFT have a recorded risk.</p> <p><u>Meeting with MP's</u> Mr Taylor reported the Chair and a number of the executive recently met with the Sheffield MP's. This was a positive meeting to provide an update t on the work of the Trust.</p> <p><u>Listening into Action (LiA)</u> Mr Taylor reporting LiA have met with the senior management group. The first stage "Pulse check" which is a snap shot of the Trust will commence late February 2019 and run for a three week period.</p>	

Papers for Information and Assurance	
16/2/19	<p>Associate Mental Health Act Managers (AMHAM) -Quarter 3 Members received the Associate Mental Health Act Managers (AMHAM) Report for information and assurance. The Chair thanked Ms Lightbown for chairing the recent meeting in her absence.</p>
17/2/19	<p>Board Committees</p> <p>a. Quality Assurance Committee (QAC) Members received the Minutes of the Quality Assurance Committee meeting held 17 December 2018 and the Significant Issues Report from the meeting held on 28 January 2019 for information.</p> <p>Mr. Mills reported the committee had an interesting discussion on the Hydration Strategy. QAC will receive the CMHT Deep Dive at its meeting in February.</p> <p>b. Finance, Information/& Performance Committee (FIPC) Members received the Significant Issues Report from the meeting held on 28 January 2019 for information.</p> <p>c. Audit Committee Members received the Minutes of the Audit Committee meeting held 16 October 2018 and the Significant Issues Report from the meeting held on 22 January 2019 for information.</p> <p>Mrs. Stanley reported the focus of the agenda had been the year-end process, and work of internal and external auditors. The committee reviewed the EU Exit report and Emergency Planning Compliance arrangement and Audit Committee will continue to monitor progress. She believed there was further work to meet compliance. Mr. Clarke reported the three actions had been completed and believed the Trust was fully compliant. Mr. Easthope for clarity noted the Trust were compliant against current standards, the Trust are required to meet the new standards from July 2019.</p> <p><u>Revised Terms of Reference</u> Mrs. Stanley reported the committee reviewed the Terms of Reference (ToRs) which included reference to emergency planning, which falls within this committee remit, The AC remit will also include risk, and therefore AC recommends a change of name to the Audit and Risk Committee (ARC). Board approved the amendments.</p> <p>d. Workforce & Organisation Development Committee Members received the Minutes of the Workforce & Organisation Development Committee held on 30 October 2018 and the Significant Issues Report from the meeting held on 31 January 2019 for information.</p> <p>Prof. Serrant reported committee had reviewed the ToRs, focusing on purpose, governance and reporting and to align with other committees. The publication date for Workforce Race Equality Standard (WRES) has moved to September, therefore an adjustment to dates is required. the Workforce Disability Standard will also align to WRES. In relation to EU Exit committee did review potential risks relating to workforce, nothing untoward was identified.</p>

18/2/19	Any Other Urgent Business No Other Business was discussed.	
19/2/19	Chief Executive's Announcement of Confidential Business <i>In the interest of probity the Chief Executive announced the commencement of confidential business in accordance with the published agenda</i>	
20/2/19	Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting <i>In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.</i>	

Date and time of the next Board of Directors meeting
Wednesday 13 March 2019 at 10am
Tudor Boardroom, SHSC, Fulwood Conference & Training Centre,
Old Fulwood Road, Sheffield, S10 3TG

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