



Board of Directors – Open

Minutes of the 115th Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 11 July 2018, 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. Ms. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
5. Prof. Laura Serrant, Non-Executive Director, Chair of Workforce and Organisation Development Committee
6. Cllr. Olivia Blake, Non-Executive Director
7. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
8. Mr. Phillip Easthope, Executive Director of Finance
9. Dr. Mike Hunter, Executive Medical Director
10. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

In Attendance:

11. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
12. Mr. Dean Wilson, Director of Human Resources (HR)
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
14. Ms. Honor Hamshaw, CQC Inspector and SHSC Relationship Holder (Observer)
15. Mr Peter Pratt, Controlled Drugs Accountable Officer (CDAO) (Item 9)
16. Dr. Fiona Goudie, Clinical Director for Strategic Partnerships (Item 5)
17. Ms. Toni Mank, Associate Clinical Director, Scheduled and Planned Care Network (Item 5)
18. Ms. Nicola Haywood-Alexander, Director of IMST, (Item 6)
19. Mr. Chris Wood, Associate Clinical Director, Crisis and Emergency Care Network (Item 6)
20. Dr Sobhi Girgis, Associate Medical Director for Revalidation (Item 10)
21. Mr. William Wright, Medical Directorate Analyst. (Item 10)

Apologies:

22. Mr. Richard Mills, Non-Executive Director, Chair of Finance, Information and Performance Committee

Public Gallery:

Mr. T Morgan, Service User Governor
Ms. A Richards, Assistant Service Manager
Ms. B Rhule, Deputy Chief Nurse
Ms. J Hardwick, Assistant Service Director

	Item	
1/7/18	Welcome & Apologies The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies were noted and it was noted the meeting was quorate.	

2/7/18	<p>Declarations of Interest: Cllr. Blake declared an interest in issues relating to the Trust's Partnership Agreement with the Local Authority, and in particular Item 7iii Contractual Arrangements (S75) with Sheffield City Council however, it was determined that these were non-pecuniary and would not require Cllr. Blake to leave the meeting during discussion relating to these items.</p> <p>No further declarations were made.</p>	
3/7/18	<p>Minutes of the Board of Directors meeting held on 9 May 2018 and 13 June 2018 The minutes of the open Board of Directors' meeting held on 9 May 2018 were agreed as an accurate record following minor amendment.</p> <p><u>4ii/5/18 Digital Transformation Strategy refers</u> Correction: the reference Digital Information Governance Board (DIGB) should read Digital Transformation Board (DTB).</p> <p><u>13/5/18 Corporate Risk Register refers</u> Dr. Hunter reported the directorate level medical staffing risk will be escalated, as the recent recruitment drive was only partially successful.</p> <p><u>15/7/18 Chairs Update</u> Inclusion: Cllr. Blake referenced engaging with Learn Sheffield.</p> <p>The minutes of the open Board of Directors' meeting held on 13 June 2018 were agreed as an accurate record.</p>	
4/7/18	<p>Matters Arising</p> <p><u>4ii/5/18 Digital Transformation Strategy refers</u> Mr. Easthope reported timelines will be added as an addendum to the Strategy and completed by 31 July 2018.</p> <p>Action Log Members reviewed and amended the action log accordingly.</p>	
09/7/18	<p>Controlled Drugs Accountable Officer (CDAO) - Annual Report Members received the CDAO annual report for, the period ending 31 March 2018, for assurance. The report is a statutory requirement.</p> <p>The Chair welcomed Mr. Pratt to the meeting.</p> <p>Dr. Hunter reported following the Shipman Inquiry all NHS trusts were required to appoint an independent CDAO reporting directly to the Board with the responsibility to review and report annually incidents regarding the misuse of controlled drugs.</p> <p>Mr. Pratt reported as CDAO the content of the report related to controlled drugs and was aware medicines safety and incidents relating to non controlled drugs were investigated internally in the Trust.</p> <p>Mr. Pratt reported the process was now digitalised, the format changed and locality boundaries widened now encompassing the North East region. Mr. Pratt assured the Board the Trust's systems, procedures and structures in</p>	

relation to medicine safety or incidents of major concern are fit for purpose.

There had been one serious incident relating to an ex member of staff and the use of fraudulent prescriptions. The individual was now deceased and part of a South Yorkshire Police enquiry which continues to investigate the incident. Mr. Pratt has access to the Police Liaison Officer and will also link into the Coroner's office investing the death of the staff member.

The incident had highlighted a number of issues in relation to Standard Operating Procedures (SOPs) including the control of prescription pads with measures taken to tighten procedures with a secure audit trail. The lack of a robust system to control the management of returned medicines was also a concern. Medicines are controlled up to the point of being handed to the end user, at which point they become the property of the service user. The Local Intelligence Networks (LIN) has discussed this topic and the SOP for returned medicines updated.

Mr. Pratt referenced the recent Gosport Inquiry noting the investigation was on-going and had identified staff who having raised concerns were allegedly not listened to. Mr. Pratt added SHSC has effective systems in place for reporting and monitoring all concerns and deaths are investigated by the Mortality Review Group, chaired by Dr. Hunter.

Mr. Pratt noted the appointments of Abiola Allinson, Chief Pharmacist and a Medicines Safety Officer (MSO) will strengthen investigation lead-times and reporting and will work closely with him to ensure systems continue to be efficient.

The report included details of low level discrepancies e.g. incidents of missing tablets with the new system able to identify any recurring trends. The Medicines Safety Committee will be sharing the learning from incidents information with the Medicines Safety Group and amend SOPs/Policy accordingly.

Woodland View had a number of incidents relating to controlled drug patches. These are being investigated and assurance received from the MSO that audits are being conducted.

Mr. Taylor referenced the Gosport Inquiry and believed the Trust has an open culture where staff do speak up and are responded to and Board can be assured. Mr. Pratt recognised seeking assurance was a challenge, noting his role as an independent reviewer and the connections with the LIN. Dr. Hunter noted Board today are receiving this report, the Mortality Dashboard and the Revaluation of Doctors Annual Report and for members to consider the triangulation of the reports and the assurance provided.

Ms. Keene noted Mr. Pratt had referred to a death in the opening summary connected to the serious incident, adding this was no indication of this in the report. Mr. Pratt responded the death occurred within the time period of this report and is an on-going police matter still under investigation; to date the circumstances of death has yet to be determined by the Coroner. Mr. Taylor responded, as assurance to Board, he had no concerns and the level of detail including in this report is appropriate as this stage.

Ms. Keene noted the reference to medication becoming patient property and

mindful dispensing is undertaken by a health professional queried if there contractual agreements or good practice guidelines in existence to ensure medicines are dispensed appropriately to avoid the potential for misuse particularly involving children. Mr. Pratt responded within the Substance Misuse Service, the team would undertake a risk assessment with medicines supplied in a lockable container. If concerns are raised an option would be move to supervised dispensing. Mr. Pratt added there is also a wider challenge in relation to management of non-controlled drugs e.g. pain relief medication. The Chair added there was also an issue of ensuring people with capacity remained empowered. Mr Pratt added all practitioners should be mindful of medicines safety and medicines treatment, reiterating medicines were service user property once dispensed.

Ms. Lightbown noted the reference to assurance by Mr. Taylor and how this is sought, believing the CDAO, the appointment of the Chief Pharmacist and MSC gave an additional level of assurance. As Executive Nurse she would also like to be more involved from a nurse prescribing perspective and for Dr. Hunter and herself to review via the Medicines Optimisation Committee and Medicines Safety Group and sign off revised Standing Operating Procedures (SOP).

Dr. Hunter clarified the Trust has a process for receiving and destroying returned Trust prescribed medicines with the complexity arising from the disposal of other medicines. There is an Accountable Care Partnership City-wide Pharmaceutical workstream with Maddy Ruff, CEO, NHS Sheffield, Clinical Commissioning Group (NHSSCCG), as Chief Executive lead and he is the Executive lead. The workstream is focusing on integration of systems across all sectors.

The Chair thanked Mr. Pratt for his report and attending the meeting and noted the Board were assured by his report.

Strategy

5/7/18

Community Wellbeing Strategy

Members received the Community Wellbeing Strategy for approval.

The Chair welcomed Dr. Goudie and Ms. Mank to the meeting.

Mr. Taylor reported members had discussed the Strategy in a number of development sessions and had agreed as a Board it was a key plan. Dr. Goudie and Ms. Mank will present an update and members are asked to consider and approve the Strategy.

Dr. Goudie updated members regarding the Strategy including the progression of the Strategy and actions to support the delivery plan through 2018/19. Nationally the next steps for the Five Year Forward view will focus on prevention, resilience, primary care, workforce and integrating physical and mental health. The Trust is well placed as a pilot site and is at the forefront having Improving Access to Psychological Therapies (IAPT) and the Well Being Service within the Trust. In relation to the local context and the health and wellbeing programmes in Sheffield both dovetailed with the national strategic direction. Progress to date on projects is outlined in the report and includes work via IAPT, the improving employment agenda for those with a range of mental health and physical health problems and the continued engagement in key partnerships by the Trust.

Ms. Mank reported Sheffield has the highest service user engagement nationally regarding the physical health pathways. The Trust has also taken an innovative approach and trained key professionals with additional skills, e.g. a physiotherapist who having received additional training was enabled to deliver a number of mental health therapies. Members watched a short video, commissioned by NHS England, showing a member of staff sharing their story, outlining the way these innovations have been applied and how service users had benefited. Ms. Mank noted a further video is available from the service user perspective. Dr. Goudie added this particular service is well located at Graves Sports Centre, working with partners providing service users access to integrated physical health services.

The next steps include engaging with the sixteen neighbourhoods. Dr. Goudie asked if Board would benefit from a development session to consider the options available to engage with the process.

Dr. Hunter believed the work undertaken in Sheffield, integrating physical and mental health was innovative and progressing in the right direction.

Cllr. Blake was conscious of the roll out of Universal Credit and queried if benefits advice will be available with service users made aware of their entitlements. Dr. Goudie responded the topic has been identified as a risk and was being discussed at the Local Integration Board (LIB), co-chaired by Mr. Taylor, with Sheffield City Council leading on this area. Dr. Goudie added as co-chair of the Employment Support Services Group a number of workshops have been organised to explore options including how the information is cascaded. Mr. Taylor believed Board would benefit from an update specifically on Universal Credit noting the Accountable Care Partnership (ACP) had asked for a city-wide response to integration.

(B/F BoD
Nov 2018)

Mrs. Stanley believed this was a good initiative recalling having raised a point at a previous session in relation to the numerous ways individuals can refer and asked how demand will be managed. Ms. Mank responded there will be multiple access points and integration into physical health pathways. The online booking system will allow a degree of flexibility and instant access, and working in collaboration with physical health clinicians to manage demand noting momentum was being generated across the city. Dr. Goudie added evidence suggested there are benefits to co-locating and having resources in one place. Ms. Mank added research is also being gathered to support the project and will be used nationally.

Ms. Lightbown acknowledged mental and physical health integration was the way forward and supported the work being undertaken and would like to visit to learn more of the opportunities.

Ms. Keene noted this was a new area for her recognising there was tremendous potential and growth into the voluntary sector. Community wellbeing linked with the Care Act and social care duty of care reflective of the Trust offer as a health and social care provider. Further clarity was sought regarding the liaison implications in developing the Strategy with regard to the intentions of Sheffield City Council (SCC).

Dr. Goudie responded Dr. Greg Fell, Director of Public Health was leading one of the workstreams within the ACP linking to prevention, social prescribing and

	<p>employment. The attention was focused on the areas of investment with the potentially highest gains and outcomes, noting children will be at the forefront. The Trust as a mental health provider needs to consider where it positions itself mindful of the children and transition agenda. Mr. Taylor added the Trust response is more than a tradition health response, and suggested it would be beneficial for Dr. Fell to attend a Board to update from the perspective of SCC. Prof. Serrant added as the University academic representative on the Health and Well Being Board (HWBB) the formalisation of the Strategy is a citywide project with representation from police, commissioners, NHSSCCG, NHS trusts and voluntary sector. The Strategy comprises of a three pronged life stage approach; early start children and young people, living well into adulthood and healthy aging and good death older adults to end of life.</p> <p>Mr. Easthope noted Dr. Goudie had touched on the development of social prescribing specifically in relation to debt and financial support.</p> <p>Mr. Clarke noted the agenda going forward is to seek support to progress one of the objectives and engage with IAPT to generate a conduit linking work and employment. Prof. Serrant understood partners will be asked to clarify the role of each individual organisation at every life stage.</p> <p>Dr. Hunter responded to the comment from Mrs. Stanley in relation to capacity noting as the initiative grows it will reduce reliance on the acute sector and further raise the issue of rebalancing of healthcare commissioning. Ms. Mank responded the research group is linking with NHSSCCG regarding the reviewing of utilisation savings.</p> <p>The Chair reported the Board received, reviewed, supported and approved the Strategy going forward. The Chair would speak with members in relation to the proposed development session.</p>	(B/F BoD Oct 2018)
6/7/18	<p>Digital Integrated Mental Healthcare Programme (DIMHP) - Strategic Outline Case (SOC)</p> <p>Members received the Strategic Outline Case (SOC) for approval.</p> <p>The Chair welcomed Ms. Haywood-Alexander and Mr. Wood to the meeting.</p> <p>Ms. Haywood-Alexander reported Mr. Wood, Associate Clinical Director had accompanied her in his capacity as Senior Responsible Officer (SRO), adding the programme is multi-disciplinary led.</p> <p>The current Insight system is fifteen years old and provides a level of functionally insufficient to sustain future demands. It is opportune to combine clinical knowledge and technical skills to develop a new third generation system, focusing on care through patient pathways. A number of options have been considered including: do minimal and repair the current system, purchase a propriety system mindful of the risks associated with this option in relation to on-going support, flexibility and control, as a number of these systems have been piloted in other Trusts and feedback from the Global Digital Exemplar systems suggests their use is limited. A further option is for the Trust to engage in the Digital Integrated Mental Healthcare Programme (DIMHP) to support the development of an integrated system. A full financial economic model will be developed to determine the preferred option. The Chair was mindful the SOC had been discussed in the Finance, Performance</p>	

and Information Committee (FIPC) and views were sought from members. In the absence of Mr, Mills, FIPC Chair, Cllr. Blake reported the FIPC discussed the SOC in detail, noting the strategic case with clinical input as a driver was clear. Mrs. Stanley added FIPC wished to fully support the programme, and had discussed the resource implication for a multi-disciplinary team. In relation to capacity and associated risks and to provide assurance day to day services would continue details would be included within the Outline Business Case (OBC). Ms. Haywood-Alexander responded, the finance directorate were working on a finance model which would include a multi-disciplinary technical team. The Chair sought clarity on the points Mrs. Stanley raised. Mr. Taylor responded intuitively this was the right move, the development of Insight has proved a success. This agenda is significant, whilst mindful of other Trust change programmes adding the Care Quality Commission (CQC) while inspecting the Trust had noted the number of change programmes and were assured the Trust would analyse the scale of change. The Chair acknowledged the scale and significance of this project.

Mr. Wood added from a clinical perspective, Insight is a key clinical/technical tool, cultural change is required to support and develop a new system and number of colleagues have expressed interest. Dr. Hunter added the new Secretary of State for Health and Social Care, Rt. Hon Matt Hancock MP has moved from a digital portfolio.

The Chair asked for clarity on recommendation five in relation to Trust leadership. Mr. Taylor suggested this is changed to, 'support capacity to deliver...' noting this may require additional backfill and resource.

The Chair noted the Trust commitment of £3m. Ms. Haywood-Alexander responded, the Board was asked to support the SOC to progress the partnership. Mr Easthope responded the financial investment would only be agreed at OBC/Full Business Case (FBC) stage through governance process.

Ms. Keene, queried if additional resource is required to move the project to the next stage. Mr. Easthope responded, additional resource will be required to develop the OBC/FBC and costing will be undertaken and submitted.

The Board was assured and agreed to support the DIMHP SOC.

Performance Management

7/7/18 Service Performance

- i Service Performance Dashboard for the period 1 to 31 May 2018
Members received the Service Performance Dashboard for the period 1 to 31 May 2018 for information.

Mr Easthope reported there were similar challenges as reported in recent months which was disappointing. The Trust remains in segment two. Performance against system wide key performance indicators (KPIs) was as expected and being marginally behind plan in IAPT however this was not significant. The key indicators to note in the overall performance report which were of concern were bed occupancy and Care Planning Approach (CPA) annual review. EDG had requested two reports, the first on bed occupancy linking to the Safer Staffing Report and the Board Assurance Framework (BAF) to understand the system and utilisation of staff. The second report due at the end of Quarter 2 will be required to demonstrate

improvements to deliver the CPA target.

Mrs. Stanley noted good progress against Early Intervention Service (EIS) targets querying if the delay in the recruitment of the Clinical Director of the Clover Group was impacting on the service. Dr. Hunter responded interest had been expressed and was optimistic an appointment would be made in this recruitment round adding he has taken an enhanced proactive clinical leadership role in this regard. Mrs. Stanley reported the RAG ratings evidence more targets in a green position. In relation to the arrows clarity was sought regarding the positioning, as an upward arrow indicated an improvement albeit a downward arrow in relation to sickness absence was an improvement.

Mr. Clarke highlighted a number of areas relation to the exception reporting, noting EIS had enhanced productivity. The system is being managed well within resources, albeit acknowledging the over occupancy and the maintenance of the out of town policy. Mindful of the Community Mental Health Team (CMHT) transformation in 2017 new operating systems had been implemented and were now embedding, ensuring service users are safe and enabled to and flow through the system quicker. Dr. Hunter had undertaken a clinical shift in Single Point of Access (SPA), which gave him assurance the triage service to home treatment and acute emergency services was functioning well.

Mrs. Keene sought clarity regarding Section 2.3 of the report, noting reference to an overspend, requiring action to pull the forecast back, and asked if this was normal for Month 2 and what action was being taken. Mr. Easthope responded, although not usual it is usual for a Cost Improvement Plan (CIP) gap and non-recurrent mitigation against overspends. There was a slight concern which was shared with EDG and it was agreed no action would be taken at this time. An improvement of the performance to year end would be required by directorates. Any actions required would be taken at the end of Quarter 1, and for the performance of directorates to be reviewed and targets adjusted.

Board received, reviewed and were assured by the report.

ii Safer Staffing Reports for period 1 April to 31 May 2018

Members received the Safer Staffing Reports for period 1 April to 31 May 2018 for information.

Ms. Lightbown updated members of the May 2018 position noting the registered nurses fill rate had improved on the majority of wards. Dovedale had been lower and this was attributed to planned leave and the departure of the deputy ward manager however the ward was managed and safe during this period. Occupancy levels remain high and reported upwards from 110% to 123%, on the three in-patient acute wards, Maple, Burbage and Stanage. Ms Lightbown had visited the wards during periods of handover and assured members wards were operating safely with additional healthcare support workers had supported the wards during busy times. A project to review decision making in clinical practice in relation to the increase healthcare support usage is being undertaken by Mr. Bainbridge, Deputy Chief Nurse (Operations) and Ms. Rhule, Deputy Chief Nurse. Embedding of the e-rostering system allows scrutiny of performance at ward level, particularly utilisation of contracted hours for improvement.

Following a data cleanse and additional training a re-run report showed an improved position. Recruitment and retention will focus on the acute in-patient wards.

Ms. Lightbown referenced Appendix 3 and the key areas the Senior Nurse leadership team are focusing on, which include oversight and responsibility for implementation of e-rostering, reduction of bank and agency usage and recruitment and retention rates working in collaboration with corporate functions.

Dr. Hunter referenced Table 4 of the report, the fill against core trainees was 64%, which is lower than typical and relates to a single individual, as the calculation of percentages has been used in small numbers, the establishment is 2.8 wte. Prof. Serrant noted it would be beneficial to have the number bracketed.

The Chair noted the fill rate for Dovedale during the night shift, and queried if there was an impact on quality with the significant gap. Ms. Lightbown responded a quality impact assessment is undertaken at each handover. Low staffing is reported as an incident via the Out of Hours Senior Nurse team, and escalated if deemed to be detrimental. Ms. Lightbown reported the new e-rostering system identifies gaps and adjustments can be made across the three shifts adding the Band 7 nurses are also supernumerary and not counted in the establishment.

Board received, reviewed and were assured by the report.

iii Contractual Arrangements (S75) with Sheffield City Council Update

Members received a progress update in relation 5 contractual arrangements between Sheffield City Council (SCC) and the Trust. The Chair noted Cllr. Blake's declaration of interest in this item.

Mr. Clarke reporting the Section 75 agreement had underpinned the relationship between SCC and the Trust between 2008 and 2016. The Trust will move to a supply agreement, which has not yet been finalised. Members can be assured there is engagement and commitment from SCC to work in partnership noting the termination period for the new arrangement will be 12 months.

Mrs. Stanley requested clarity regarding the secondment and contractual arrangements of the Social Workers, how the income is managed internally, the commitment of SCC to future workforce planning and any additional costs. Mr. Clarke responded the contract for Social Workers remains with the Local Authority with operational management via the Trust. Mr. Easthope responded any overtime payments for non SHSC staff are authorised via operations up to director level.

Ms. Keene acknowledged the new agreement and queried if the contractual arrangements of S75 agreement were rolling over and required performance information reporting and whether the care budget continued to be managed as Board do not receive this information.

The Chair asked for a progress update in September 2018, and for an outline of how the new arrangements differ from the S75 Agreement.

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BoD Sept

	Members received the report and noted progress.	2018)
Assurance: Risk Management & Internal Control		
8/7/18	<p>Corporate Governance</p> <p>i. <u>Board Assurance Framework (BAF) 2018/19</u> Members received the Board Assurance Framework for approval.</p> <p>Ms. Saunders reported the BAF had been revised and presented as the 2018/19 report with Appendix A reflecting the changes from 2017/18. The Chair welcomed the improvements to the report.</p> <p>Mrs. Stanley, in her capacity as Chair of Audit Committee, requested members of Board Committees to review the content and narrative. There were five risks which referenced capacity issues which were a welcomed inclusion and would like to understand how these will be measured and provide assurance in progress updates.</p> <p>Mrs. Stanley referenced Risk A303 and wished to challenge the narrative in relation to maintenance of quality and capability during reconfiguration. There had been significant email exchanges and discussion in Audit Committee regarding this risk. The assurance rating was significant however the narrative did not sufficiently demonstrate significant assurance albeit progress to date was acknowledged. The Chair queried how significant assurance was being sought for this risk. Mr. Clarke clarified the measures outlined in the Appendix B provided the supporting narrative and confirmed the level of assurance. Mrs. Stanley suggested a further discussion at Audit Committee would be beneficial in order to secure assurance regarding the effectiveness of the controls as it was believed the rating was moderate.</p> <p>Members received and reviewed the report with the exception of Risk A303.</p> <p>ii. <u>Corporate Risk Register</u> Members received the Corporate Risk Register (CRR) for approval.</p> <p>Ms. Saunders reported EDG had reviewed the CRR with a number of risks de-escalated and closed.</p> <p>Prof. Serrant referenced the register, noting a number of risks remained static querying the length of time of this position and whether escalation was required. The Chair asked for an explanation in the narrative. Mr. Taylor noted a number of risks will remain static as they are long term issues which are being addressed.</p> <p>Mrs. Stanley noted Audit Committee had discussed and agreed a number of risks will be high and accepted this. In relation to the ligature risk which was high and had remained static the Committee querying if it remained high due to likelihood of occurrence. Dr. Hunter responded by confirming the risk works at the level of the patient population where by self-harm by ligature is possible and the possible outcome is catastrophic which equates to a high score as opposed to individual patient level where it is unlikely and would therefore warrant a lower score. Prof. Serrant acknowledged the rationale made sense from a clinical perspective and clarified the purpose of the report. Mr. Easthope added there is also an environmental risk as</p>	

	<p>wards are not fully fit for purpose which further increases the risk of harm, noting there is strategic gap linked with the environment however there is a plan to rectify this and therefore reduce the likelihood and risk appetite level.</p> <p>Board received, reviewed and were assured by the report.</p>	
Governance		
<p>10/7/18</p>	<p>Annual Appraisal and Revalidation Report (Medical)</p> <p>Members received the 2017/18 Annual Appraisal and Revalidation report for information and assurance.</p> <p>The Chair welcomed Dr. Girgis and Mr. Wright to the meeting.</p> <p>Dr. Girgis presented the report to members. A key area to note is the Trust appraisal rate of 97% with all appraisals complete or approved awaiting completion with the exception of one. Comparable data was not available from NHS England however Dr. Girgis was confident the Trust return will be above average.</p> <p>A concern was noted relating to locums contracted through external agencies as agencies are responsible for all pre-employment checks. There have been two incidents reported nationally, where checks had not been undertaken. The Trust was required to ensure a robust system was in place and the Medical Education Office will undertake checks liaising with Human Resources and Procurement.</p> <p>The appraisal process and ensuring clinicians availability has been challenging as sustainability and quality were important. An appraiser is also paid per appraisal and remunerated through NHS England. Dr. Hunter has agreed the allocation should be limited to no more than two per month.</p> <p>Dr Hunter reported the Trust is high performing in relation to ensuring completion of appraisals and as such is exempt from NHS England's three monthly reporting.</p> <p>The Chair queried if there were any themes emerging from appraisals. Dr. Girgis responded no systemic themes were identified with specific issues addressed with the individual concerned.</p> <p>Board received the report and were assured.</p>	
<p>11/7/18</p>	<p>Register of Interests & Register of Hospitality, Sponsorship & Gifts 17/18</p> <p>Members received the annual Register of Interests & Register of Hospitality, Sponsorship & Gifts 2017/18 for information and assurance.</p> <p>Ms. Saunders reported the Trust are required to publish the register and had updated the records.</p> <p>Cllr. Blake noted her record was incorrect and would be amended. The Chair asked members to check their entry and report any amendments or omissions to Ms. Saunders.</p> <p>Board received the report and were assured.</p>	

12/7/18

Eliminating Mixed Sex Accommodation (EMSA) Acute Wards

Members received an update on the Trust's compliance in relation to Eliminating Mixed Sex Accommodation (EMSA) for discussion and approval.

Mr. Clarke reported the Trust had agreed a full EMSA compliance statement evaluated against NHS England guidelines and Code of Practice. The CQC inspection in 2016 had resulted in the Trust being issued with a notice of EMSA Non Compliance on Dovedale, Stanage and Burbage Wards when applying the CQC criteria.

Work undertaken on Dovedale has ensured the environment is fully compliant meeting NHS England guideline, Code of Practice and CQC criteria.

A review undertaken in 2017 made a recommendation to change Burbage and Stanage Wards to single sex wards. Following further evaluation by the Clinical Operations in relation to activity, occupancy and gender mix for single sex wards, it was identified occupancy could fluctuate significantly and there could be occasions when patients are sent out of town due to over occupancy on their specific gender ward with beds remaining available on the alternative gender ward contrary to Trust policy not to send service users out of town.

Clinical Operations supported by Executive Director Group (EDG) and Quality Assurance Committee (QAC) is recommending the retention of mixed sex wards for Burbage and Stanage Ward. Monitoring and flexible use of wards will continue pending the implementation of the Trust medium/long term plan of Acute Care Reconfiguration Phase 2 (ACR2) to ensure full EMSA compliance.

Dr. Hunter reported a CQC workshop in April 2018, facilitated by the National Nurse Director Forum had focused on sexual safety. A review of 600,000 patient safety incidents logged on the National Reporting and Learning System (NRLS) identified 1.5% (900) incidents related to sexual safety. In comparison the Trust identified 4,000 incidents, of which 1.5% (60) were recorded as sexual safety incidents. The Trust is a good high reporter, which is evident in relation to the number submitted. Dr. Hunter noted this was a helpful metric confirmed the Trust is not an outlier and information can be provided at ward level.

A women's mental health task force, linked to a health and social care initiative will publish a women's toolkit in the Autumn 2018 which could be woven into women's health and patient safety programmes.

The issue for the Trust is the balance of maintaining EMSA requirements and avoiding out of town placements which may differ in approach to the Trust in for example restrictive interventions as the Trust does not operate prone restraint, plus the National Confidential Inquiry into Suicide: Mental Health also identified out of area placement as a risk factor. Dr. Hunter, as Medical Director, supported the recommendation to retain mixed sex wards.

Ms. Keene, in capacity as Chair of QAC reported EMSA had been discussed in detail. The Committee supported the rationale and were assured that retaining mixed sex wards was the right approach and supported the recommendation. QAC will continue to receive routine reviews which will include activity and data, reporting quarterly to QAC and annually to Board noting the CQC would have sight of the report.

	<p>Ms. Lightbown reported the discussion at the National Nurse Directors Forum also acknowledged incidents can occur on single sex facilities. It was also noted concerns can be addressed via the Safeguarding system.</p> <p>Dr. Hunter reported the rates of sexual safety incidents had not decreased following the introduction of EMSA regulations. EMSA in and of itself is not enough and a quality improvement methodology approach is required.</p> <p>Prof. Serrant queried whether the Trust had guidelines for supporting and safeguarding transgender service users. Dr. Hunter referred to the term single gender wards as the future model and the interim position is all individuals are nursed according to their identified gender.</p> <p>The Chair reported the Board had received and discussed the proposal, and approved the recommendation for Burbage and Stange to remain as mixed sex wards. QAC will review the position on a quarterly basis.</p>	
Board Stakeholder Relations & Partnerships		
<p>13/7/18</p>	<p>Chair's Update</p> <p>The Chair had attended a faith conference with a number of thought provoking presentations received from multi faith organisations sharing the work undertaking in the community. The faith organisations along with the voluntary sector are involved in a significant number of projects, The Chair queried how the Trust might engage further.</p> <p>Feedback from the Quality Improvement Conference had been positive, with good engagement.</p> <p>The CQC Well Led Inspection had taken place with verbal feedback received and the full report due late Summer 2018.</p> <p>The HWBB is considering a number of areas. The Chair referenced a CQC report, which had not yet been received at Board in relation to partnerships and relationships within the Sheffield community. The HWBB will be reviewing the learning points including the benefits of collaborative working. The report would be circulated to members and consideration given to being reviewed by a Committee.</p>	
<p>14/7/18</p>	<p>Governor & Membership Matters</p> <p>Members received the update on Governor and Membership matters for information. Eight new governors had been elected/appointed to the Council of Governors and the Chair had met them all.</p> <p>Following a date cleanse current membership is 12,429 with the NHS 70 event generating 90 new members.</p>	
Executive Management Updates		
<p>15/7/18</p>	<p>Chief Executive's Update</p> <p>The NHS 70 anniversary had generated positivity across the Trust with a number of events taking place and pictures from across the Trust shared via Facebook and Twitter. A number of staff attended a service at Sheffield Cathedral, all Trusts were involved in the evening, and volunteers gave readings.</p>	

	<p>Mr. Taylor noted two senior appointments to the Trust, Brenda Rhule, Deputy Chief Nurse and Abiola Allinson, Chief Pharmacist.</p> <p>i. <u>ACP Programme Director Update</u> Members received a progress update from the Accountable Care Partnership Board. The Mental Health and Learning Disability programme has progressed well and Mr. Taylor suggested Board receive a progress update.</p> <p>ii. <u>Hospital Services Review (Trust response)</u> Members received the Hospital Services Review, Mr. Taylor reported the Board are being asked to respond and endorse the recommendations outlined section 11.4. While acknowledging the Trust does not have specific areas of responsibility, given all fall within the wider remit of the healthcare system, members were requested to support the recommendations. The Chair responded, whilst there was nothing specific to impact on the Trust, wished to be assured mental health remained a focus. Mr. Taylor suggested a specific update on Mental Health and Learning Disability aspect of the system would be beneficial. In relation to Integrated Care System (ICS) projects the Liaison Psychiatry, Perinatal, IAPT Services of the Trust had been involved along with the Transforming care agenda.</p> <p>Board agreed to support the review.</p>	<p>(B/F Dec 2018)</p> <p>(B/F Dec 2018)</p>
Papers for Information and Assurance		
<p>16/7/18</p>	<p>Mental Health Act Monitoring Visit - Q4 Performance Report Members received the Quarter 4 Mental Health Act Monitoring Visit performance report for information.</p> <p>Ms. Lightbown noted the reported had been to both EDG and QAC.</p>	
<p>17/7/18</p>	<p>Improving Attendance Annual Report Members received the Improving Attendance annual report for information.</p> <p>Mrs. Stanley noted the welcome back to work interview, indicated low numbers and asked if this was written into policy and whether it required a review.</p>	
<p>18/7/18</p>	<p>Learning from Deaths – Mortality Dashboard Members received the Learning from Death – Mortality Dashboard for information.</p> <p>Dr. Hunter reported the dashboard was receiving scrutiny in QAC, including a breakdown of cases and clinical vignettes. QAC ensured the alignment of mortality review process and quarterly incident management review to ensure the tracking of incidents through the system and avoid duplication. An operational process for escalation had been introduced by the review group.</p> <p>The dashboard in accordance with Northern Alliance of Mental Health Trusts provide an annual breakdown. The Quarter 4 column remained blank as to date the action points from reports were awaiting completion. The Learning Disabilities data was currently generating reports from 2016/17 however Dr. Hunter assured members incidents in the Trust were reviewed weekly.</p>	

19/7/18	<p>Board Committees – Significant Issues Reports:</p> <p>i Quality Assurance Committee (QAC) Member received the minutes of the Quality Assurance Committee held 22 May 2018 and the Significant Issues Report from the meeting held on 20 June 2018</p> <p>Ms. Keene noted the Committee continue to ensure it has an overview, rationalisation and connectivity of key datasets. The challenge is to answer “the so what” question, ensuring focus on safety and service users. Committee had a substantive discussion on EMSA.</p> <p>ii Audit Committee (AC) Members received the minutes of the Audit Committee held 23 April 2018</p> <p>iii Finance, Information and Performance Committee (FIP) Members received the Significant Issues Report from the meeting held on 26 June 2018 and the revised Terms of Reference for the Committee.</p> <p>Mrs. Stanley reported Committee scrutinised the Digital Integrated Mental Healthcare Programme, noting members received the presentation today. The financial position was reviewed and concerns raised, to be reviewed at the end of Quarter 1. The Memorandum of Agreement was discussed and Mrs. Stanley noted it was scheduled for discussion in the Confidential session of Board. A report on forecasting review for 2017/18 was received and Committee assured an improved approach will be applied 2018/19.</p> <p>Members received and were asked to approve the revised Terms of Reference for FIP. Members agreed the revised Terms of Reference.</p>	
20/7/18	<p>Any Other Urgent Business No other urgent business was discussed.</p>	
21/7/18	<p>Chief Executive’s Announcement of Confidential Business <i>The Chief Executive announced the commencement of confidential business in accordance with the published agenda.</i></p>	
22/7/18	<p>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 be excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.</i></p>	

Date and time of the next Board of Directors meeting

Wednesday 12 September 2018 at 10am

Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road, Sheffield, S10 3TG

Margaret Saunders, Director of Corporate Governance (Board Secretary)

Margaret.saunders@shsc.nhs.uk Tel: 305 0727

Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk Tel: 271 6370