Board of Directors - Open

Minutes of the 117th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 10 October 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. Mr. Richard Mills, Non-Executive Director, Chair of Finance, Information and Performance Committee
5. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
6. Prof. Laura Serrant, Non-Executive Director, Chair of Workforce and Organisation Development
7. Cllr. Olivia Blake, Non-Executive Director
8. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
9. Mr. Phillip Easthope, Executive Director of Finance
10. Dr. Mike Hunter, Executive Medical Director
11. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

In Attendance:

12. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
13. Mr. Dean Wilson, Director of Human Resources
14. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
15. Mr. Greg Fell, Director of Public Health, Sheffield City Council
16. Mr. Terry Geraghty, Emergency Planning Officer

Public:

Mr. J Buston, Public Governor
Ms. B Critchlow, Carer Governor
Dr. F Goudie, Clinical Director for Strategic Partnerships

Ref	Item	Action
1/10/18	**Welcome & Apologies:** The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance, it was noted the meeting was quorate.	
2/10/18	**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 during discussion relating to these items. No further declarations were made.	

3/10/18	**Minutes of the Board of Directors meeting held on12 September 2018** The minutes of the open Board of Directors' meeting held on 12 September 2018 were agreed as an accurate record with one amendment. <u>5/9/18 Learning Disabilities Services (LDS) : a strategic case for building comprehensive community services refers</u> Mrs. Keene referenced her point in relation to needs analysis and believed a broader city-wide analysis had not been undertaken, mindful analysis had been completed for current service users	
4/10/18	**Matters Arising** <u>13/9/18 Trust Constitution refers</u> Ms Saunders reported the revised amendment to the Constitution will be presented to Board in November 2018. <u>19/9/18iii Workforce and Organisation Development Committee (WODC refers)</u> Cllr Blake referenced the Terms of Reference ToRs and requested clarity regarding the number of Non- Executive Director (NED) representatives, as it was appeared there was an anomaly with other Board committee ToRs.	MS MS
5/10/18	**Action Log** Members received and updated the Action log accordingly.	
	Strategy	
6/10/18	**Health Inequalities** *(Greg Fell, Director of Public Health, in attendance)* Members received a presentation, outlining the role of the Director of Public Health in conjunction with the work of the Integrated Care System (ICS) and Accountable Care Partnership (ACP) in relation to health inequalities. The role of Director of Public Health is to transform, influence and improve services for the population, with an aim of reducing the gap in life expectancy across the city, currently twenty-five years, supported by the public health strategy. Health alone is not the NHS, health is multiple faceted and includes housing, the economy and poverty and physical and mental health wellbeing. The public health approach includes: • Secondary care mental health • Population risk factor changes including, wellness and inequality rather than the age of the population alone placing pressure on the NHS • Austerity • Epidemiology linked to evidence, effectiveness, ethics etc. • Embedding an approach of prevention, reduction and delay of complications • Reaction to incidents operationally. Population health systems include: wider determinants of health, health behaviours and lifestyles, an integrated health and care system and places and communities lived in and with.	

The population health strategy is based upon the parity of investment between incident management and prevalence management. Population health care from a specialist perspective includes risk stratification, variation in quality, coverage across the population, physical and mental health and specialties.

Upstream matters in relation to values and outcomes for population health, include Access to Psychological Therapies (IAPT) and Early Intervention Psychosis (EIS) linking with social prescribing, accessing support e.g. Citizens Advice Bureau (CAB), housing and social support. In the majority of areas mental health is not included as a descriptor.

Debt is problematic with mental health training for people advising on debt. Universal Credit is scheduled for roll out locally in November 2018. Staff in a wide range of agencies are required to have the correct knowledge and information. The CAB has been working with Sheffield City Council (SCC) to identify vulnerable areas including postcodes S2 and S5. Training programmes will be offered to agencies over an anticipated two-three year period.

The Joint Strategic Needs Assessment (JSNA) is developing with elements working well, albeit the mental health element is currently incomplete and requires further work. The Health Intelligence Team has developed sections on Learning Disabilities, Autism and Dementia.

An analysis of deaths evidence suicide as a small proportion with links to mental ill health. The investment in mental health is 13% with the largest percentage investment made for cardiovascular and cancer services. In strategic planning three areas present challenges, paralysis by analysis – more data and knowledge, the complexity of prediction and only useable in narrowly defined situations with a mix of need and asset based approach versus service performance metrics and outcomes.

In summary, everything in upstream is an important factor striving to connect the clinical to social model of health. The public health approach is using skill sets to focus activity and develop strategy, i.e. prevention of demand versus demand management and place verses a wider geographical place.

The Chair reaffirmed the purpose for the presentation is for the Board to understand the context in which the Trust is working, to consider actions the Trust may take forward in the “place” of Sheffield and to broaden the understanding of the contribution to the wider Integrated Care System (ICS).

Mr. Mills believed context is key, noting a number of enduring issues including the impact of austerity. The Board has significant challenges and sought clarity from Mr. Fell regarding future priorities to enable the Trust to support the public health agenda. There are two key areas, the first is from the NHS 10 Year Plan consultation to focus prevention on small prescribed areas e.g. tobacco, alcohol and obesity, whereas the public health view on prevention is to build change into the culture of organisation at primary, secondary and tertiary level, and to align this with financial security. The second is austerity and the challenges faced by the SCC complemented by a strong NHS voice or advocate to influence this agenda.

Mrs. Keene noted the linkage of the clinical and social models and queried if more could be achieved. Mr. Fell described Drug and Alcohol services as excellent in delivery of the service with staff understanding the needs of service users and developing “a return to employment” programme.

Mrs. Keene referenced the comments from Mr. Fell in relation to SCC developing as a preventative organisation, querying if examples could be circulated in order to share learning. Mr. Fell gave examples of frontline generic support and early intervention services, MAS Team, Community Support Workers, Social Prescribing and Housing Plus; each has different client groups, history, approaches and philosophy. The aim is to bring each element together to form a single prevention and early intervention workforce. Secondly a piece of work is being undertaken with Councillors to ensure the whole of SCC is prevention driven. Thirdly, development of a concept of person centeredness, learning from children’s social care. Prevention in Adult social care is being based upon a key conversations and questions model, “What is the matter with you Mr Smith followed by what matters to you Mr Smith”

Mr. Taylor referenced the importance of balance and investment in the future noting the good examples and the Trust was one of several secondary care providers in the city. The challenge will be to systematise as a city to enhance public health input. Mr. Fell reported a significant investment had been made in Tier 3-4 Child and Adolescent Mental Health Services (CAMHS) with a robust prevention agenda, raising the profile of mental health in schools. The evaluation suggests this programme had been beneficial as referral rates for Tiers 3-4 are declining.

Dr. Hunter believed he heard a welcome challenge in relation to a clinical voice and austerity noting use of SPICE, assessments for Section 136 and detention under the Mental Health Act reflected the individual impact of the trauma of austerity. He believed this was extended beyond individuals and linked to wider to communities. A balancing point as a secondary care provider is filling the policy gap for people with severe mental health problems, identified in the NHS 10 Year Plan, with the expectation of the impact of Early Intervention in Psychosis (EIS) services. The rationale for upstreaming to make improvements for the whole population was acknowledged however people with severe mental health problems will continue to present and provision would be required to the same level of intensity of resource.

Mr. Clarke referenced the Joint Strategic Needs Assessment (JSNA) and Mr. Fell advising further work was required in relation to mental health. Mr. Clarke continued that on occasions the assessment lacking consideration when commissioning services and queried the timetable for completion. Dr. Fell responded a number of specific projects were completed including Autism and Dementia. Work was continuing in collaboration with Mr. Steve Thomas, Clinical Director Mental Health, Dementia and Learning Disability NHS Sheffield Clinical Commissioning Group (NHSSCG) regarding the mental health element of the JSNA and would circulate to members.

Cllr. Blake referenced a number of SCC initiatives, noting as a Councillor the time spent on the frontline and the feedback received suggests people consider there is a lack of listened taking place and whether additional

	collaboration was required to share the preventative model. The Chair thanked Mr. Fell for attending noting the challenge to the NHS in highlighting the cause and relationship between austerity and mental health issues. The fact that only suicide is linked with death in mental health was referenced and believed other factors contributed and should not be understated. Mr. Fell responded, and reiterated the main causes of death are cardiovascular, cancer or respiratory. Mental illness rarely appears on a death certificate, aside from suicide. The importance of good mental health was essential to well-being and the lack of parity between physical and mental health provision continued to be challenging. Mr. Fell anticipated a potential increase in the recording of underlying factors relating to cases of suicide attributed to a change in Coroner guidance and coding.	
	Performance Management	
7/10/18	**Service Performance Dashboard** Members received the Service Performance Dashboard for the period ending 31 August 2018 Mr. Easthope reported the Trust remains in segment two; this position was confirmed at the quarterly review meeting with NHS Improvement (NHSI), held on 9 October 2018. The outstanding request in relation to how NHSI monitor Key Performance Indicators (KPI) and link to segmentation was reaffirmed. In relation to the system wide KPI's, IAPT remain on the 50% margin, the Executive will review and seek assurance the target will be achieved and sustainable. Key areas of focus in relation to bed occupancy and Care Planning Approach (CPA) will continue to be developed. Mrs. Keene referenced the increase in occupancy, sickness and violence and noted Quality Assurance Committee (QAC) will be focus on these areas. In relation to Opiates, Non Opiates and Drug and Alcohol services indicators, Mrs. Keene requested clarity regarding the number of red areas with reference to cluster analysis and welcomed the social care data. Mr. Easthope responded there is an awareness of fluctuations in sickness and would ensure the issues in relation to violence are reviewed and taken through the appropriate committee. Mr. Clarke believed there were a number of indicators requiring review to improve understanding of the intrinsic links. Dr. Hunter noted the service operates a compensatory model, i.e. the "Did Not Attend" (DNAs) are higher than target however this is offset by low waiting times. Ms. Lightbown reported an assessment tool is used to determine the care group cluster of a service users, formulated by diagnosis, social and health circumstances based on Health of the National Outcome Tool. An individual is assigned to a care cluster rated 1 to 20, the score is determined by severity and a generic care package linked to each cluster. Mr Clarke added clustering had also been developed to support a payment by results tool, which has yet to progress. Mr. Mills noted improvements to the Clover Group quality indicators and recruitment to the GP vacancies.	

	Mr. Mills referenced bed occupancy, acuity and the challenges of staffing shifts, noting these are routinely filled by substantive or bank staff mindful of capital delays in opening the Psychiatric Decisions Unit (PDU). Assurance was sought the system would be functional over the winter period. Mr. Clarke responded EDG will receive a proposal from Clinical Operations for a short term flow management plan and interim arrangements until the PDU is operational with feedback provided to Board. The Chair would be seeking assurance on continuity of care. Mrs. Stanley referenced the performance report, noting the narrative was informative, however a number of areas of the dashboard were less so, with the dashboard including a number of routine returns e.g. Key Performance Indicators (KPIs) etc. It was considered to be more beneficial for a dashboard to give assurance on key areas and queried if contributions could be made to influence the development of this. Dr. Hunter responded it was timely to review how quality information is seen and processed at Board level. The information received reflects a period, and is helpful to understand intervention, management and system response and believed RAG ratings against KPIs did not offer this. The QAC is focused on aligning quality and performance information into a unitary form. Ms. Lightbown supported this approach as there is a substantive amount of data and the manner in which it is presented is key, mindful also the Board as a unitary body are accountable for performance and would welcome focused discussion on reporting priorities. The Chair responded the data trends were of interest with the key focus for Board to receive assurance the gaps were being addressed.	
8/10/18	**Safer Staffing Report** Members received the Safer Staffing Report for the period ending 31 August 2018. Ms Lightbown reported high occupancy over the three acute adult in-patient wards, Forensic and Learning Disability services; this was lower in Dementia and rehabilitation wards. Rehabilitation wards have re-configured to single gender wards. Challenges continue within acute in-patient wards. A number of open recruitment processes took place over the summer period, which have resulted in the promotion of internal candidates across all levels, creating shortfalls in the posts vacated. An analysis of bank and agency staff has been undertaken and will be fed into the Integrated Safer Staffing performance dashboard. The initial review has identified a significant number of registered nurse vacancy shifts are covered by substantive staff which provides assurance of continuity of care with all additional hours worked meeting EU Working Time Directives. Consequently the Trust has a low level of registered agency usage although does have a high rate of agency support workers. It was noted Specialist Learning Disabilities Services is the exception for registered staff. Mr. Taylor reported the Care Quality Commission (CQC) had raised concerns in relation safe staffing levels on Maple Ward which could be interpreted in a number of ways. Ms. Lightbown responded the safe staffing model is 6:6:4 and staffing had increased to 9:9:8 to reflect acuity. Wards could, on initial presentation, exceptionally busy however data supports the nursing establishment model as safe.	

	Prof. Serrant acknowledged the quantitative data, noting a key issue is how it feels for staff in the environment and queried what actions or activities are in place to redress the balance. Ms. Lightbown responded a number of new appointments had been made to the senior nurse leadership team, additional support workers recruited, introduction of safe wards and safety huddles alongside a reduction and improved management of restricted practice. The senior nurses are leading practice, creating a safer environment, assessing and treating service users to follow the community pathway. One area of development is the in-reach work with community services to ensure a service user remains on a pathway. A focused session is planned to review and agree the process however there was concern for nurses on the front line working under increased pressure over sustained periods. Prof. Serrant tried to understand how it actually feels to work on the wards from a nurse perspective and the levels of support available to feel safe and confident to carry out duties. It was acknowledged additional posts had been added to the establishment, however believed there was a need to focus on frontline staff. Ms. Lightbown considered the Nurse Consultant role as a senior clinician with a presence on the wards to lead practice and support ward managers to undertake the duties required of them. To be sustainable the level of need and bed occupancy required reduction which will occur over a period of time. The Deputy Director of Nursing (Operations) is visiting wards more frequently to seek assurance first hand. The Trust has a place on the National Reducing Restricted Practice Forum and intends to develop a Nursing Assessment and Accreditation system which will include standards for handover, multi-disciplinary team (MDT) working, record keeping and day to day ward functions. The Chair welcomed the inclusion of Prof. Serrant in future discussions and the themes emerging from the CQC feedback. Staff need to know the Trust cares and their voice is being heard for 'Ward to Board'. Mrs. Keene referenced the dashboard, in particular the RAG rating and red areas particularly for Maple Ward, as the previous discussion suggests a number of measures have been implemented to support improvement. Ms. Lightbown responded the red rating related to registered nurse vacancies. Cllr. Blake requested additional narrative be included in relation to bank and agency usage.	
9/10/18	**Health Education England – Self Assessment Return (SAR)** Members received the Health Education England (HEE) – Self Assessment Return (SAR) for approval. Mr. Wilson reported the self-assessment was discussed in a number of forums and progressed via internal governance process to support the training provision for the coming year, including pre and post registration students. The financial impact is circa £3m and involves a number of new roles and backfill costs. Board are asked to approve the SAR, which is due for submission by 30 October 2018. Mrs. Keene sought clarity regarding the consequences of receiving the funds and the level of scrutiny. Mr. Wilson believed the SAR is evaluated by HEE. Dr. Hunter responded HEE had, to date, accepted the submission without a request for follow up action however the Trust had frequently received	

	requests to pursue further activities following the annual inspection. Mrs. Keene believed the answers in the return required clarification e.g. in relation to informed consent for treatment under supervision by students with the answer lacking specific information regarding the means by which consent is obtained and expressed concern if Board were being asked for approval. Mr. Wilson responded liaise would take place with the author to ascertain the veracity of the narrative. The Chair requested clarity regarding the quality assurance process of the SAR. Prof. Serrant considered the answers in the Equality and Diversity section required revision. Mrs. Stanley noted the SAR was historically discussed at the Workforce and Organisation Development Committee (WODC) which on this occasion, due to the timings of meetings, was unavailable to support the quality assurance process. Board was unable to approve the SAR and the Chair requested Prof Serrant to ensure WODC scrutinise the return and as WODC Chair approve the report for submission.	DW LS/DW
	Assurance Risk Management	
10/10/18	**Mortality Review - 2018/19 Quarter 1 Review** Members received the Quarter 1 Mortality Review for information**.** Dr. Hunter presented the dashboard, noting two methodologies are in place, the first is a weekly review of all incidents (deaths) and the second is a monthly review of all deaths with an episode of care within six months of death. There were a significant number attributed to the older adult population and the Trust Memory Service and a sample from this care group are routinely reviewed. QAC have received detailed reports on a number of incidents and scrutinised the learning from incidents. The report presented to QAC is comprehensive and includes vignettes. Dr. Hunter noted the positive governance in relation to receiving the report. The level of scrutiny and questioning to understand why the death occurred was commended including identification of the reasons and circumstances and acknowledged the value of shared dialogue with the Clinical Operations. The Board received the report for information and were assurance.	
11/10/18	**Guardian of Safe Working (GOSW) - 2018/19 Quarter 1 Report** Members received the Quarter 1 Guardian of Safe Working report for information. Dr. Atter, the Trust GOSW had submitted the Quarter 1 report. Dr. Hunter reported Dr. Atter was assured the working conditions for junior doctors in the Trust were safe. The assurance is gained via exception reporting, whereby junior doctors are required to report any incident of working outside of the scope of their contract to their education supervisor. Two submissions were made in Quarter 1, the first related to continuity of care and during a busy period. The second related to the number of hours worked out of hours, Dr. Hunter affirmed is was normal practice for junior doctors to work 50% or more of their contracted time out of hours. The new contract does not require the Trust to routinely monitor hours, however a decision was made to continue with this practice, providing additional assurance.	

	The Board received the report for information and were assurance.	
	Governance	
12/10/18	**Care Quality Commission – Provider Report (October 2018)** Ms. Lightbown reported, following the factual accuracy process, the CQC has now published their final report. The overall rating of the Trust is Requires Improvement (RI), the Executive were disappointed with the outcome and that a significant number of factual accuracy challenges were not accepted, one in particularly being the CQC believed senior leaders were unaware of the impact of service reconfiguration. Work is progressing to develop the action plan. The report indicates areas for improvement with an immediate focus given to Single Point of Access (SPA) and Health Based Place of Safety with assurance to be provided to Board regarding both services. Mr. Taylor stressed the overriding message was the importance of staff engagement. The CQC now consider staff survey results in the evaluation. Historically the Trust scored well in the survey however the Board had recently been made aware of the most recent results following CMHT reconfiguration and organisational change. There were a number of areas within the report which the Trust challenged however, accepted the evolving approach of the CQC would agree a way forward for the Trust to respond positively to this change. The Board required assurance in the number of areas which had improved in conjunction with the decision by the CQC to recognise the Trust as an exemplar for a project relating to the most improved Trusts and in areas recognised for innovative practice, e.g. the use on non-prone restraint. The challenge will be to identify the capacity to deliver and lead the changes required to secure the Trust's aspirations. The Chair added the areas rated RI are of concern, particularly the patient safety domain. Dr. Hunter as Accountable Officer for patient safety is personally disappointed with the results. In understanding the role of quality and safety in the assurance process it is imperative all staff are supported and held to account to deliver compassionate care as everyday practice. Mr. Mills confirmed he had joined the Trust as a NED to ensure quality services were maintained and improved in the Trust. It was acknowledged there were concerns in relation to the CQC however issues of capacity and implementation were raised internally and were identified in the CQC report. This was obviously disappointing and believed further collaboration and discussion as a Board would be necessary to consider how significant changes to ways of working would be beneficial in reaching the Trust aim of achieving an outstanding rating. It was also anticipated the Council of Governors (CoG) would have questions for the NEDs. Mrs. Keene acknowledged the complexity of the situation and as lead for Quality Assurance would need to understand the measures required to change the rating. This would be the baseline for improvement and to create an action plan focused on key areas which can demonstrate and evidence change and welcomed the challenge of working as a Board.	

	Mr. Easthope, acknowledged accountability belonged to the Executive, not sole individual/s. A number of significant changes were made which he believed were for the right reasons. These changes can be reflected upon to determine the veracity of the decision making process, the impact on staff and service users and whether listening and learning was effective. It was considered significant change would be required to achieve an improved safety rating. Moving forward it was imperative change was managed via enhanced co-production to deliver the necessary outcome and empower staff. The Chair noted there was insufficient time from receipt of the report to undertake full analysis which will be required. The theme throughout the report appears to be centred on engagement and staff feeling they had not been heard and the lack of connectivity between frontline services and Board. The services with domains rated outstanding or good were noted and the issue of shared learning was raised in relation to leadership and operation. The Chair reported having spoken to Mr. Taylor in detail in relation to actions. All the NEDs including the Chair will continue to focus on this agenda with the ambition remaining to strive for an outstanding rating. In preparation for the CoG meeting it has been suggested to the Lead Governor the agenda focuses on CQC matters in an open and transparent forum. The next steps include development of the action plan, a CQC requirement, along with a period of reflection to review culture and practice. To support the Board in moving forward the Organisation Development function will be enhanced and the Chair and the NEDs will engage with staff and undertake NED visits. The Chair requested details of how the Board could be assured regarding the services which had received an RI rating. Mr. Clarke responded in relation to SPA and Crisis Services, two additional staff have been appointed to improve access to SPA via the telephony system, a project manager will monitor flow and will make recommendations for system changes. The CQC raised concerns in relation to monitoring of individuals awaiting assessment. Processes and systems are in place to ensure on-going monitoring supporting by nursing assessment tools and number of senior managers routinely visiting and working within SPA. Dr. Hunter from a clinical perspective reported the situation reamed challenging having working clinically at SPA had assessed the situation first hand. The CQC had been informed of the measures in place which were currently being assessed. Ms Lightbown from a nursing perspective was assured short term measures were in place, supported by the analysis of calls. Further work is required to understand the care model and to ensure the acute crisis pathway is fit for purpose and service users were supported to access all the component parts of the service e.g. Crisis care and SPA. Mr. Taylor added CQC were made aware SPA was a new service and the Trust would be undertaking a review and had notified NHSSCCG.	
13/10/18	**Register of Sealings for the period April to September 2018** Members received the Register of Sealings for information. Ms. Saunders reported the sealing remained unused during the period.	

14/10/18	**Declaration of EPRR (Emergency Preparedness, Resilience and Response) self-assessment and workplan for 2018/19** Members received the Trust's declaration of EPRR for information. Mr. Clarke reported Mr Geraghty, the Trust Emergency Planning Officer had prepared the self-assessment which had historically confirmed the Trust as compliant. The Trust will declare partial compliance in December 2018 with a work programme for 2019/20. Mr. Geraghty reported NHS England (NHSE) has undertaken a review of the self-assessment process with a number of changes made including increasing the number of governance questions. The business continuity standards have increased from one to nine and Chemical, Biological, Radioactive and Nuclear (CBRN) incident standards have increased from two to seven. Staff will be required to have an awareness of CBRN prompted by recent incidents in Salisbury and as a requirement of the UK Anti-Terrorism Prevent initiative. The Core Standards historically generic to all Trusts have changed to reflect core business. NHSE recognises the compliance level of each Trust may change. Following self-assessment and declaration, three red areas were identified. The Trust has twelve months to report compliance. Mr Geraghty is confident progress can be made against amber ratings by December 2018 to become green in 2019/20. From a governance perspective NHSE require quarterly progress reports to Boards regarding non or partial compliance. The Chair queried if the Trust was compliant in 2017/18 and had concerns in relation to compliance reporting. Mr. Geraghty believed the Trust may have been partially complaint however was unable to confirm as was not in post at that time. Mr. Mills as the NED link reported staff would be required to respond to emergencies or incidents. As a mental health provider the Trust is a Category two responder. Staff need to receive appropriate training and be confident to deal with situations. Mr. Mills was mindful that Board is ultimately responsible and in the event of a public inquiry would be scrutinised. The Board received assurance the Trust would have robust processes in place. Mrs. Stanley proposed EPRR align with the Audit Committee (AC), noting the Committee remit includes compliance. Mr. Easthope supported the proposal of reporting to AC. The Board agreed to align ERR to the AC. Cllr. Blake requested clarity relating non-compliance of equipment. Mr Geraghty responded this related to Primary Care and first line decontamination. A number of decontamination kits will be purchased to be retained in the GP practices. Mr. Easthope considered the inclusion of EPRR on the Board Assurance Framework would have been helpful in supporting implementation of action to support assurance process and retrospective reflection, given the introduction of new guidance, may be less beneficial. Board agreed to the submission of the self-assessment by 31 October 2018 prior to the Yorkshire and Humber regional meeting to evaluate all Trust responses.	(B/F AC)

15/10/18	**Health Care Worker Flu Vaccination Best Practice Management Checklist for Public Assurance via Trust Boards by December 2018** Members received the report and check list for information. Ms, Lightbown reported Board was responsible for and had ownership of the flu vaccination uptake programme. The new reporting requirement is to return data on the number of staff who have opted out and the reasons for doing so. A final report will be presented to Board in February 2019. The Chair responded the Board supports the initiative. Details of flu vaccination clinics will be cascaded to members.	LL (B/F BoD Feb 19)
	Board Stakeholder Relations & Partnerships	
16/10/18	**Chair's Update** The Chair reported a variety of feedback had been received regarding the Annual Members Meeting (AMM), positive in relation to the presentation content, question and answer session and the showcasing of work. Less positive in relation to being able to engage and participate. The questions from the AMM were recorded and will be followed up. A video of staff sharing their experience of working for the NHS and in this Trust in celebration of NHS 70 is available on the intranet. The Chair reported attendance at the BME network. The event had been hosted by the Trust and well attended, with participation from across the city and wider. i. <u>Appointment of the Senior Independent Director (SID)</u> The Chair reported Mr. Mills' term as SID will cease as of 31 October 2018. The appointment of the SID is a Board appointment and Council of Governors (CoG) is subsequently informed. The Chair reported following an approach to Mrs. Keene, she would assume the role of SID, subject to Board approval. The Board approved the appointment and the Chair advised CoG would be informed at the meeting on 18 October 2018.	Chair
17/10/18	**Governor & Membership Matters** The membership numbers remain static. The Chair noted one Governor question to the Board remained unanswered Mr. Clarke agreed to review and respond accordingly.	CC
	Executive Management Updates	
18/10/18	**Chief Executive's Verbal Update** Dr. Hunter reported four staff had been selected to attend a reception as part of World Mental Health Day, hosted by The Prime Minister, to be held at 10 Downing Street, Prof. Stone will also be in attendance. Mr. Taylor, reported the National Positive Practice Awards are being held on 11 October 2018, the Trust has been nominated in five categories. Mr. Clarke reported the Trust had, with other Trusts, been in negotiations with the contractor regarding the disposal of clinical waste as the contract had been terminated at a national level and a new contractor appointed. Members were assured contingency plans were in place for safe disposal of the relatively small amount of clinical waste generated by the Trust.	

	Mr. Easthope reported the quarterly review with NHS Improvement (NHSI) had taken place. The focus of discussion was in relation to the CQC report and believed NHSI had a balanced view and had taken into account trends across Trusts. A measured response had been sought from the Trust and accepted it was "early days". NHSI queried if the Trust required support to move forward. Mr. Easthope advised discussions would take place at Board level in the first instance. <u>Progress Report – CMHT Model</u> The Chair observed the CMHT for adults of working age had received a CQC rating of Good. Mr. Clarke noted progression with SPA and the Recovery Teams with strong senior management engagement and interactive sessions based on "you said, we responded, and did" will continue. It was acknowledged the changes are still embedding, and believed the overall direction of travel was positive in relation to job satisfaction, productivity and efficiency which resonates with individuals. In relation to changes and support for service users there is evidence to suggest services have enhanced accessibility and responsiveness e.g. 24/7 liaison	
	Papers for Information and Assurance	
19/10/18	**Board Committees – Significant Issues Reports** ii) **Quality Assurance Committee (QAC)** Members received the minutes of the QAC held 23 July 2018 and the Significant Issues Report from the meeting held on 24 September 2018 for information and assurance. Mrs. Keene noted the level of assurance in relation to Complaints reporting was reduced to limited. Two factors influenced this position, firstly in relation to poor response times for conducting investigations, QAC will be seeking improvement targets, and secondly the report QAC receive lacks analysis to identify themes. Mrs Keene noted QAC received a significant amount of data collated corporately e.g. performance, risk and assurance which would benefit from connecting with Clinical Operations which has responsibility for implementation and managing the services from which the data is gathered. ii) **Finance, information and Performance Committee (FIPC)** Members received the Significant Issues Report from the meeting held on 24 September 2018 for information and assurance. Mr Mills, reported FIPC held an additional meeting in September 2018. A number of business cases were scrutinised which were all key to future developments of the Trust and would be presented to Board in due course. The BAF and Committee risks remained unchanged.	
20/10/18	**Any Other Urgent Business** No other urgent business was discussed.	

21/10/18	**Chief Executive's Announcement of Confidential Business** *In the interest of probity the Chief Executive announced the commencement of confidential business in accordance with the published agenda*	
22/10/18	**Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting** *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.*	

Date and time of the next Board of Directors meeting, Wednesday 12 December 2018 at 10am, Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, *Old Fulwood Road, Sheffield, S10 3TG*

Margaret Saunders, Director of Corporate Governance (Board Secretary)
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