

Board of Directors - Open

Minutes of the 118th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday Meeting 14 November 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 & Organisation Development Committee
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. Jason Rowlands, Director for Strategy and Planning (Item 3ii and 5)
16. Dr. David Newman, Clinical Director, Learning Disability Services (Item 3ii)

Public:

Mr. D Houston, Public Governor
Ms. B Critchlow, Carer Governor

Ref:	Item	Action
	<p>Award winners in the Trust are routinely invited to meet the Board.</p> <p><u>National Positive Practice Awards – Specialist Services</u> Ward G1 (Dementia) won the specialist services category and were highly commended in the training category for respect training. Ms. Jo Sims, Ward Manager and Ms. Nicola Sorsby, Senior Operational Manager both attended the event in Blackpool and said they were delighted to win. The Chair asked for congratulations to be passed to the team, adding she would welcome a presentation at Board regarding the work of the team.</p>	

	<p><u>Royal College of Nursing (RCN) - Black History Month</u> Ms. Manreesh Bains, Clinical Psychologist was recognised for her involvement in Black & Minority Ethnic (BME) issues within the health and social care setting. The Chair congratulated Ms. Baines.</p> <p>The Board by way of applause congratulated the team from G1 and Ms. Bains.</p>	
	<p>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.</p>	
1/11/18	<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. Mr. Taylor declared an interest in relation to Item 2ii. No further declarations were made.</p>	
	<p><u>Black& Minority Ethnic (BME) staff network group - Update</u> Ms. Bains and members of the group updated members regarding the work of the group. Ms. Bains reported the group is focused on an agenda of build, modify and expand. A key area has been workforce with a lack of diversity in leadership roles. In order to address this issue a mentorship programme has been established, which had received positive feedback and is in currently in its third cohort.</p> <p>Engagement with BME staff has been successful and the network has grown to a membership of fifty. Ms. Bains noted the BME network is keen to engagement with white British staff to share their work. The 3rd conference is planned for 11 December 2018 with invitations extended to members.</p> <p>Mr. Phil Jonas reported Human Resources (HR) have been involved in a number of networks projects. The development workshops have focused on practical skills e.g. writing skills, course applications, curriculum vita or job applications. In relation to recruitment the chair of any panel for Band 7 and above will be asked to consider having a BME staff member on the panel. The network has also designed a number of zero tolerance posters. The Trust recently hosted a citywide networking event which was well attended. The Chair noted she had attended and feedback had been positive. Further work "buddying" with regional trusts is also planned. New culture awareness sessions for staff are being scheduled the first on 25 January 2019 will focus on Islam and Sheiks.</p> <p>Incoming network chair, Ms. Olubukola Owolabi noted the Workforce Race Equality Standard (WRES) data, and would be focusing on this during the coming year concentrating on the development of lower bands Ms Owolabi also believed the finer detail would benefit from further analysis across the region are results are disappointing.</p> <p>Prof. Serrant queried whether reverse mentoring had been considered. Ms. Bains responded this was being considered as a future project. Mr Taylor added two-way mentoring had been developed through the</p>	

	<p>Innovate project.</p> <p>Mrs. Keene asked if there were challenges and how the Board could provide support. Ms Bains responded that to ensure equality and diversity are at the forefront the Board agenda supports changes in cultural competence to becomes normal practice.</p> <p>Mr. Mills noted as a Non-Executive Director (NED) and white British person, there was a long way to go, and welcomed the challenge and noted the tangible achievements. Ms Bains added the network is striving to be open and transparent and not inward focused. Mr Mills referenced the Equality report noting the tensions between the Roma and British Pakistani population, adding there is minimal data on relating to the Roma population.</p> <p>Cllr. Blake asked if consideration have been given to include cultural sessions for other groups e.g. lesbian, gay, and bi-sexual and transgender (LGBT) or people with a disability. Mr. Jonas responded a VIP at the conference is a black sportsman with a medical condition.</p> <p>The Chair thanked the group for attending and updating the Board. She noted a number of papers on the agenda connected with BME and for members to be mindful going forward of ensuring the work of the group is embedded in Trust.</p>	
2/11/18	<p>Minutes of the Board of Directors meeting held on 10 October 2018 The minutes of the meeting held on 10 October 2018 were agreed as an accurate record with the following amendments.</p> <p><u>6/10/18 Health Inequalities refers</u> Dr. Hunter requested an amendment to the minute, to read. Dr. Hunter acknowledged the challenging agenda and the need to share experiences, mindful it may be painful to share. The Chair responded, the Executive need to undertake this exercise and acting as a collective Board own the agenda.</p> <p><u>8/10/18 Safer Staffing refers</u> Final paragraph to read: Cllr Blake thanked Ms. Lightbown for the additional narrative in relation to bank and agency usage.</p> <p><u>9/10/18 Health Education England (HEE) – Self Assessment Return (SAR) refers</u> Mrs Keene noted it was recorded she believed the answers in the return required clarification, the minute should read; She believed there was a mismatch between the questions and answers. The Chair asked if the return had been submitted. Mr. Wilson responded, it was amended, discussed at Workforce and Organisation Development Committee (WODC) and submitted.</p> <p><u>11/10/18 Guardian of Safe Working (GSOW) Quarter 1 report refers</u> ... junior doctors work an average of 50% of their contracted time out of hours.</p>	

	<p><u>12/10/18 Care Quality Commission – Provider Action Report refers</u> Mr Mills requested an amendment to the minute to read: 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.</p> <p>The reference to Dr. Hunter as accountable officer should read; Dr Hunter as responsible officer.</p> <p><u>14/10/18 Declaration of Emergency Preparedness, Resilience and Response (EPRR) self- assessment and workplan 2018/19 refers</u> The reference to Mr. Mills as the NED link reported staff would be... should read; Mr Mills as the NED link noted staff would be....</p>	
3/11/18	<p>Matters Arising</p> <p>i <u>Digital Transformation Strategy – timeline</u> Mr. Easthope presented the timeline for delivery of the Digital Transformation Strategy, and hoped it provided members will the necessary assurance. The Chair welcomed the timeline, adding it should be integrated into the Capacity and Capability report scheduled for presentation to Board in December 2018.</p> <p>Mrs. Stanley reported the timeline was scrutinised by Finance, Information and Performance Committee (FIPC). She personally had difficulty following the Gantt Chart. Mrs. Keene added she had difficulty understanding the chart also. Mrs. Stanley added she would welcome a visual representation of all capital projects to identify potential overlaps and resource implications. Mr. Clarke noted this specific action was to share a timeline for the Digital Transformation Strategy.</p> <p>ii <u>Learning Disabilities Services : Engagement Plan</u> Members received an update on the development of the engagement plan for the future learning disability services. Mr. Rowlands noted Board had received the strategic overview in September 2018, this update provides details of the stakeholder engagement events and process.</p> <p>Dr. Newman advised members nine sessions are scheduled. Three sessions for service users/people with learning disability and network groups. Speak Up, an advocacy group with experience in this field will be supporting these events. Two sessions for family and carers, two for citywide healthcare professions and the commissioner to look at the overarching picture and the remaining two sessions are for independent providers. A number of questions will be asked at all</p>	

sessions and relate to future services for people with learning disability services:

- “What provides the best support for people to live in their own homes, and prevent or reduce crisis”
- “What helps at a time of crisis, the person, their family/carers”
- “If Community support is not possible, how do we best support the person to return home in a timely and safe manner”.

The steering group has been established and membership includes healthcare professions as well as service users including; Adam Butcher, Governor and Les Morgan, Service User. The feedback from sessions will feed into the steering group to support the development of the proposal, the aim is to produce a draft with an implementation plan by February 2019, mindful that local elections in 2019 may impede the process with clarity regarding timings sought from Sheffield City Council (SCC) Overview and Scrutiny Committee (OSC). The decision making process will following the governance process and involve NHS Sheffield Clinical Commissioning Group (NHSSCCG) in their capacity as Commissioner.

Prof Serrant sought clarity on how the advisory group had helped devise the three questions. Mr. Rowlands responded, Speak Up worked with service users on the questions and presentation pack.

Ms. Lightbown sought clarity regarding staff engagement mindful, roles and responsibilities could change with staff needing to feel valued, especially those with specialist skills. Dr. Newman responded he was aware of staff vulnerability despite communicating to staff the Commissioners had not made any decisions on bed based services, and any change is not financially driven. However there appears to be a perception from staff that Firshill Rise is closing. The message to the team has been they are valued and in the event of organisational change the Trust has a proven track record of ensuring staff are not misplaced and asked members to support this message. Mr. Clarke added Staffside are also engaged in this process supporting staff. Dr Newman noted a mixed response from staff with a number are embracing change and the development of a new model, a number less convinced but not totally opposed, and a number of predominantly support staff having worked in the service for a long period having more concerns.

Mrs. Keene asked if members of the Executive will be visiting the unit to talk to staff. Ms. Lightbown responded sessions are being planned. Mrs. Keene sought clarity regarding the financial aspect as the consultation relates to the future service model, mindful of the need to operate within a financial envelope. Mr. Rowlands responded, in discussions with Speak Up, there has been clarity in relation to the challenges with the current model and the resource constraints and for NHSSCCG to be fully engaged in the process.

Mrs. Keene noted members had been invited to the service user events, she would be interested in attending the healthcare professions session and would communicate this to the organiser.

	<p>Mr. Mills sought clarity regarding whether NHSSCCG as Commissioner is leading the consultation and driving the agenda. Mr. Rowlands responded NHSSCCG are engaging with OSC and launching and initiating the consultation. The Trust acting as the clinical expert is supporting a proposal for a new model. Mr. Clarke reported via the Contract Management Board (CMB), NHSSCCG have been brought into the process and under NHS rules are required to lead the consultation.</p> <p>Mrs. Stanley believed there was learning from CMHT Reconfiguration particularly in relation to staff engagement and to understand any resistance. The timescale for proposals was February 2019 and queried if this was sufficient time to evaluate the risk and would be keen for Board to receive updates on thoughts of staff.</p> <p>Dr. Hunter mindful of the process and the challenges of engaging with apprehensive staff did note the Firshill Rise team has improved patient safety with a reduction in assaults and restrictive practice.</p> <p>The Chair noted the proposal in February 2019 should state the case for change, the Commissioner intentions and resource implications needs to be clearly articulated to staff, also mindful of service continuity through this process and evaluation of risk and mitigation.</p>	
4/11/18	<p>Action Log Members received and updated the Action Log accordingly.</p>	
Strategy		
5/11/18	<p>Developing the Operational Plan for 2019-20 Members received the outline Operational Plan 2019-20 for information. The report outlines plans to deliver the Trust's strategy, key priorities and the ambition to deliver excellent services.</p> <p>Mr. Rowlands reported a number of forums for engagement have been identified, including process, decision making and Board development sessions in 2019. The Board need to be assured the plans link to the Trust strategy, ambition and future direction. The first draft of the plan will be presented in February 2019, mindful the technical guidelines will be published late December 2018.</p> <p>Mrs. Stanley noted she did not consider the planning guidance from NHS Improvement (NHSI) helpful. She believed this year was transitional and asked how this mapped to any strategic planning revisits, timelines and longer term links to Accountable Care Partnerships (ACP) and Integrated Care System (ICS).</p> <p>The Chair asked if the time allocated to Board development in January 2019 should be used to review the wider strategic overview and the Operational Plan outside of Board. Mr Clarke responded additional Board Development sessions are to be scheduled through 2019, and discussed with the Chair and NEDs at their meeting on 28 November 2018. He believed the wider strategic discussions should wait until early summer 2019. Mr Rowlands confirmed the operational plan has a wider focus and will in time feed into the whole system.</p>	

	<p>Mr. Mills noted the report references integrated planning for a number of key project areas alongside delivery plans. He believed it was important the Board receive this and were able to challenge the level of integration and the connectivity with capacity and capability.</p> <p>Prof. Serrant, noted the omission of a letter outlining national guidance. Mr. Rowlands understood members had received this directly from NHSI or the NHS Provider Bulletin. A copy would be circulated to members.</p> <p>Dr. Hunter in line with the approach to refreshing the Trust strategy noted a number of focus areas within the Sheffield and South Yorkshire and Bassetlaw system which require alignment including an outcome for the provision of outstanding quality and safety in relation to patient care.</p>	CC (JR)
Performance Management		
6/11/18	<p>Service Performance Dashboard for the period ending 30 September 2018</p> <p>Members received the Service Performance Dashboard for the period ending 30 September 2018.</p> <p>Mr Easthope reported the Trust remain in segment 2, this position is unlikely to change, following the CQC inspection outcome. Following the Clinical Directorate Service Review the indicator for Improving Access to Psychological Therapies (IATP) moving to recovery is recorded as 49.17% which accounting for the nine day time lag in reporting does indicate improvement over a sustained period to meet the 50% target.</p> <p>Addition narrative for assurance relating to Single Point of Access (SPA) and Care Planning Approach (CPA) had been included within the report. In relation to SPA the level of unmet demand had not been anticipated, which is significant in relation to the original design and functionality of the service. Discussions are on-going with Commissioners in relation to the increased demand.</p> <p>The Chair requested clarity regarding the content of discussions, mindful also of problems in recruitment. Mr. Clarke acknowledged there are a number of vacancies at SPA. The service model based on viable data was created to see 8,000 service users including the Place of Safety and Liaison services. However the demand is nearer 10,000 up to a 20% increase. Meetings have been held with staff to review issues and generate possible solutions with a number of areas for improvement identified. In relation to staffing, the CMHT Reconfiguration provided an additional resource to cover a short period for the purposes of embedding. This approach will be applied to SPA to review the model and skill mix. The agenda for discussion with NHSSCCG will included the increased level in activity and expectations from a number of sources including South Yorkshire Police and Sheffield Teaching Hospitals NHS FT. and options for additional resourcing via contract variation negotiation.</p> <p>Mr. Taylor acknowledged the challenge and noted discussion may need to take place in different forums. In some instances there were no obvious solutions and attributed this to the increased demand for mental health nationally aligned to problematic recruitment. Demand, not just in this Trust but regionally and nationally is increased the challenges in</p>	

capacity to deliver. A response from Clinical Operations is often “we are doing the best with what we have” which often masks the underlying issues.

Mr. Easthope noted a key elements for discussion with Commissioners are, triage of demand, use of secondary care and whether this is the most cost effective service, or to support primary care differently.

Mrs. Keene acknowledged there was demand on the system, noting when visiting SPA in July 2018 the waiting lists were high and remain so and queried if action can be taken and details of the plan to address the issues. Mr. Clarke responded plans were developed for SPA in relation to managing the waiting list the reality is demand has outstripped initial capacity, which has resulting in a review and on-going discussions with the team.

Mr. Taylor responded there is an issue of detail and assurance and believed Board required the detail of the engagement and actions taken. The Chair noted the service is operating under capacity and queried the safety aspects. Dr. Hunter responded, to address the safety question Board need to be assured, triage is in operation and SPA is engaging with General Practitioners (GPs) to draw them into the process. In relation to vacancies SPA is 5.5 nurses (20%) down, the role requires experience to deliver a therapies including telephone and face to face assessment, short term focused work etc. Traditional recruitment has been unsuccessful and team is developing rotational nursing posts with nurses trained in a number of areas and able to work across the pathway. There are also medical gaps at SPA, however GPs may be included in the triage and joint appointments across primary and secondary care are also being considered. He will be part of the team working on the solution.

Mr. Mills wished to describe how it felt in his capacity as a NED to receive the performance report. He noted the reconfiguration of SPA was implemented a year ago and believed concerns have been raised from the on-set in a number of forums. The performance report has a number of significant statements in relation to service improvement with the discussion touching on further ideas which appear unconnected and in doing so presented a lack of consistency and focus. Mr. Mills referenced the new telephone system which he was not signed on and asked whether it has capital implications or did this relate to the digital strategy. The Chair noted she and NED’s were not assured.

Mrs. Stanley welcomed the additional data to support the performance report and thanked Mr. Easthope for its inclusion. She believed Mr. Mills was seeking longer term assurance and there is a danger of amalgamating both in one report.

Cllr. Blake agreed with Mr. Mills and Mrs. Stanley, her concern related to the CPA review compliance, there appears to be inconsistency in response and the interventions applied are not addressing the problem. Mrs. Keene noted the South CMHT was very different from the North CMHT. Mrs. Stanley believed progress has been made in relation to clearing the backlog. In relation to compliance a number remained outstanding and asked if a reduction was achievable within the

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timeframe. Mr. Clarke responded a target date of 31 December 2018 is included in the narrative.

The Chair believed the report highlighted a discrepancy between the data and assurance. In recognition of the strategic context and demand and the role of Commissioners, a request was made of the Executive to qualify if they were assured the services were safe, mindful of capacity and if the model was sustainable. Mr. Taylor believed the unitary Board could not be assured and would ask the executive to prepare a position statement outlining the actions taken, impact and gaps.

CC

Mr. Clarke reminded members this report is a performance report, the Executive had a lengthy meeting with Clinical Operations to focus on flow, system analysis and recruitment reporting there are a number of action plans to address a number of operational issues. Mr. Taylor reiterated point made by Mr. Clarke in relation to the purpose of the report and added this report flags areas of concern and the Board should seek further assurance.

Dr. Hunter in relation to SPA, from the clinical perspective believed Board would gain a great understanding, with the support of data and patient stories, by considering three different scenarios, the first of someone who is acutely unwell and their experience of using SPA in crisis, the second of someone not acutely unwell, and able to benefit from the services and the treatments on offer and thirdly someone from primary care who could be supported in a different way with GP intervention. The Chair thanked Dr. Hunter for the suggestion however believed for the current purpose an alternative approach was required. Mrs. Keene suggested the Quality Assurance Committee (QAC) could potentially utilise the patient stories including the experience of someone on the waiting list.

The Chair noted the gaps in staffing, the volume of activity, and asked what gave Executives the assurance, the service is safe and competent. Mr. Clarke confirmed actions have been agreed to address the gaps.

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Mr. Mills referenced the continued pressure on the adult acute wards, and queried the preparedness and contingency over the winter period, mindful of the delay in operationalizing the Psychiatric Decisions Unit (PDU) to the end of January 2019. The narrative relating to finance headroom and liaison with NHSI improving forecast outturn was reference and queried if this meant further surplus. Mr. Easthope responded, the forecast if £4.8m, the difference being NHSI only allow an increase in forecast outturn every quarter, this leaves scope, and potentially £300k less than reported.

Mr. Clarke responded in relation to winter pressures, Clinical Operations submitted a proposal to EDG with plans to address the delays in opening of the PDU. EDG supported a number of plans and the release of short term funds, (£400k) including additional step up/step down capacity, support for triage, home treatment increased to cover 7 days per week and a further initiative to support staff on the wards is additional security.

Mr. Easthope noted on a positive, sickness level had decreased and turnover has reduced.

7/11/18

Safer Staffing Reports for period ending 30 September 2018

Members received the Safer Staffing Report for the period ending 30 September 2018.

Ms. Lightbown reported challenges continue, occupancy across the three acute in-patient wards remain over 100%. Learning Disabilities and the Older Adult ward circa 96%. Occupancy has been managed at 80% in Rehabilitation, Forensic and Dementia.

Registered Nurse vacancy remains high in acute in-patient and dementia. There was a significant drop in fill rate on Maple Ward, this was attributed to a Coroner Case and the effect this had on staff who attended, sickness levels increased and two staff remain on long term sick. The ward was safely managed during this period supported by the Nurse Consultant and Senior Nurse Band 7.

To address a number of issues a nursing vision with strategic aims has been drafted, along with a detailed plan to support its delivery which will be taken through governance process.

The Trust is linked to the NHSI collaboration on recruitment and retention, Ms. Lightbown has requested a report and data analysis to benchmark where the Trust is against the plan to inform a revision of the recruitment and retention strategy. There is a serious challenge in relation to demand versus capacity.

In collaboration with Research and Development, a joint research proposal is being developed with the School of Health and Related Research (SchARR) to research the resilience of nurses working within acute in-patient settings. This is underpinned by a previous study reviewing leadership and environment in practice, staff perception in delivery of care linked to patient outcomes undertaken by Prof. Len Bowers.

A number of areas are developing including; development of a marketing strategy, in collaboration with HR and the Communications Team to design a five year plan to attract and retain staff in conjunction with a Trailblazer programme recently agreed, for Band 5 opportunities for psychology graduates to enhance workforce capacity. A detailed plan will be shared via Board Committees.

Mrs. Keene, mindful of the current situation welcomed the medium to long term strategy. However concern was raised in relation to Maple Ward in the short term and asked if there were specific problems in relation to staffing and leadership for this ward and were details of the actions being taken available.

Ms. Lightbown responded a number of the Clinical Operations senior management team have undertaken a review. EDG received an update pertaining to staff and patient safety, governance, vacancies and incidents. A number of environmental measures and security related initiatives were suggested and supported including additional security, trial of body cams, CCTV, introduction of enhanced lighting. Discussions are also on-going in relation to establishing a senior lead nurse role for safety and positive practice, supporting the re-establishment of

	<p>Safewards. Additional senior nursing capacity including out of hours team will be ward based. The Ward Manager is involved in the BME mentorship programme under the mentorship of Ms. Lightbown.</p> <p>The benefits of these measures were evident up to the point of the recent serious incident in October 2018. Mr Clarke added the 136 Suite, Health Based Place of Safety (HBPoS) which has police access is also located on Maple Ward, adding to the pressures, longer term the HBPoS will move to the PDU.</p> <p>The Chair believed the next steps were for Board to receive the nursing vision and strategic aims.</p>	
8/11/18	<p>Care Quality Commission (CQC) – Action Plan</p> <p>Members received a progress report regarding the CQC action plan for information.</p> <p>Ms. Lightbown reported members had, had sight of the Action Plan, in response to the regulatory breaches prior to submission to the CQC on 30 October 2018.</p> <p>The CQC inspected ten regulations, the Trust was found to be in breach of four:</p> <ul style="list-style-type: none"> Regulation 12 - Safe Care and Treatment, 12 required actions Regulation 15 – Premises and equipment, 1 required action Regulation 17 - Good governance, 6 required actions Regulation 18 – Staffing, 1 required action. <p>In comparison, the numbers of good and outstanding ratings, were similar to the previous inspection in November 2016. One service had improved from good to outstanding, and one from requires improvement to good, however, two core services received a ‘requires improvement’ (RI) rating in the well led domain, resulting in an overall RI rating.</p> <p>The Trust will follow the same internal governance process for the ‘should do’ actions, via the QAC. The CQC does not receive this action plan. Mr. Taylor noted this report focuses on the actions as the underlying issues relating to staff engagement will be discussed later on the agenda.</p> <p>Mrs. Keene reported having read the plans referenced a number of areas including re-issuing of policies and documenting, e- rostering, and environmental which were being addressed. She asked how assured the Executive were that the once complete the issues would not reoccur. Mr. Taylor responded it was a difficult question to answer as part of future discussion would focus upon the underlying issues in relation to CQC of staff engagement, culture and service improvement. Historically the Trust has always responded and had no “must be done” actions outstanding from the previous inspection. The challenge will be engagement and to support the culture of service improvement. Dr. Hunter linked to the point made, part of the “you must do this, we will do this” transactional process responses is to ensure these issues do not re-emerge and how underlying causes do not manifest elsewhere. QAC will keen to establish an analysis of the underlying issues to identify how themes are addressed in different ways and will review the, Action Plan,</p>	

	Board Assurance Framework and the Operational Plan and bring to Board for assurance.	
9/11/18	<p>Freedom To Speak Up Guardian (FTSU) Bi-annual report Members received the FTSU Guardian report covering the period April to September 2018 for information.</p> <p>Mr. Clarke noted the report was presented to Audit Committee (AC) in October 2018. Mrs. Stanley, as Chair of AC noted committee were assured of the independent process. There were a number of parallels with CQC findings including staff feedback and staff survey results and going forward the key will be reporting and evaluation. The FTSU Guardian, Ms. Wendy Fowler, has worked to raise the FTSU Guardian profile and had noted in AC there were a number of service areas still to engage with.</p> <p>Mr. Wilson noted a request had been submitted to the Vacancy Control Panel to increase the hours from one to two days per week. The Chair asked if this was adequate given with the volume of work. Mr. Clarke agreed to evaluate and benchmark.</p> <p>Mrs. Keene noted an action was to identify a NED. The Chair responded she would liaise with the NEDs as having initially considered herself understood is not permissible as the Chair may be involved in any appeal process.</p>	<p>CC</p> <p>Chair</p>
Assurance Risk Management		
10/11/18	<p>Board Assurance Framework (BAF) 2018/19 Members received the Board Assurance Framework (BAF) for approval.</p> <p>Ms .Saunders reported progress and noted significant improvements. The BAF has been presented to Board committees. A process is being followed in relation to aligning to the CQC action plan and reviewing controls to reflect the actions taken. In preparation Mrs. Sam Stoddart, Deputy Board Secretary met with Mrs. A Stanley.</p> <p>The Chair believed the BAF was an area to focus on within a Board development session.</p> <p>Mrs. Stanley believed the BAF was too lengthy, in comparison with other Trusts and the process to update too onerous. She believed there were too many controls and going forward the focus should be on assurance. It was also added as a Board report the Board should be in receipt of the final version not AC. The work involved in developing the BAF was acknowledged and clearly the profile had risen. However the articulation of the risk was poor and lacked definition resulting in a string of controls rather than provided assurance. Mrs. Stanley believed the BAF could be a useful tool as a checklist against strategic achievement and when considering strategic planning, the first principals would be to review the strategic objectives.</p> <p>The Chair queried the delay in producing a streamlined BAF. Mrs. Stanley responded, as AC Chair, there has been success in automated the BAF however in so doing there is a danger of missing elements and a</p>	

	<p>loss of sense of the purpose of the BAF adding AC have noted a number of risks are unclear. Albeit the content has improved and the challenge now is how this can be better used to provide assurance. Mr. Taylor noted the points made by Mrs. Stanley and suggested an independent review. Mrs. Stanley believed this was unnecessary and confirmed this issue had been raised previously. Nevertheless mindful of the strategic discussion, a review of objectives and how they are articulated, would be a good starting point.</p> <p>Mr. Easthope, in support of a conversation at EDG where there was agreement there were too many controls, had offered his support to condense the BAF. Members have today in discussion spoken about governance issues including culture and practice and believed there was a capability gap in understanding good governance processes which may hinder change over a period as developing staff will be key to success.</p> <p>The Chair noted on one hand assurance can be taken from the BAF as it is comprehensive, on the other hand revision and streamlining of the content would be beneficial. Pragmatically a revised as suggested was required and shared at a Board development session. Mr Easthope suggested Ms. Saunders and him action to address in the short term and give assurance of maintenance.</p>	PE/MS
11/11/18	<p>Corporate Risk Register (CRR) Members received the Corporate Risk Register for assurance.</p> <p>Ms. Saunders noted a number of changes on the CRR. A number of risks had been de-escalated or closed and evidence provided to support this action. A number of risks had been escalated and evidence provided with the rationale for escalation.</p> <p>Mr. Mills referenced the discussions today and lack of assurance in a number of areas, querying how agile the process was to consider the concerns. Ms. Saunders responded, the CRR is presented monthly to with EDG and risk owners are asked to review risks and report any changes.</p> <p>Mrs. Stanley referenced Risk 4021 noting this had been discussed in AC and Workforce and Organisation Development Committee (WODC). The risk relates to unprecedented number of consultant staff retiring/resigning. Clarity was sought on the term unprecedented and whether this was a cause for concern and should the risk require adding to the BAF. Dr. Hunter responded the term added an emotional tone as the vacancies have arisen due to an unconnected cause with each clinical area developing recruitment plans. In the interim there are controls in place to manage medical time and locums.</p>	
12/11/18	<p>Proposed amendment to the Trust Constitution Members received the proposed amendment to the Trust Constitution for information.</p>	
Governance		
13/11/18	<p>Equality and Human Rights - Annual report Members received the Equality and Human Rights report for information.</p>	

	<p>Mr. Wilson noted WODC had received the report and requested it was shared with Board.</p> <p>Mrs. Keene referenced the report noting it suggested a staff turnover of 20% linked to age profiles and retirement etc. and queried if this was included in future planning. Mr. Wilson responded it is and believed the statistics were on occasions reported in an alarmist way. In relation to registered nurses a recent report suggests a further 10,000 will retire within five years, which requires additional analysis. Mr. Taylor added workforce was a key area and one of the biggest challenges is persuading young people to start a career in health and social care.</p> <p>Mr, Mills believed the changes were evident now noting those choosing to enter and leave the UK. It was also acknowledged Roma was now a recorded category and would be interested to know how that population related to services. Mr. Taylor responded a significant number of the Roma population engage through primary care supported by translators and community development workers.</p> <p>Prof. Serrant wished to add context to the headlines of the nursing profession. She noted proportionally to the population of the age group, there has not been a significant change in health and care. There are now less people coming forward for training/employment and the key question is how to attract people to the Trust. The systematic changes to bursaries and funding of secondary degrees had also impacted on student profile. Plus previously there had been one place for every seven applications this has reduced to one in five with those who leave the service in the middle of their career more of a concern.</p>	
14/11/18	<p>Senior Information Risk Owner (SIRO) - Annual Report Members received the Senior Information Risk Owner (SIRO) report for information</p> <p>Mr. Easthope noted the relevance of the report for the period represents a change in Information Governance (IG) in the Trust and links to the BAF risk in relation to Trust governance systems not sufficiently embedded. The change in governance process in relation to IG from the Trust Date and Information Governance Board (DIGB) through to committee level has improved which allows a second line defence and gives assurance of the effectiveness of the first line of defence to Board of the assurance of internal controls.</p>	
Board Stakeholder Relations & Partnerships		
15/11/18	<p>Chair's Update There was no update.</p>	
16/11/18	<p>Governor & Membership Update Members received the Governor and membership update for information.</p> <p>The Chair noted the interview had been conducted for the role of the Associate NED (University) the panel consisted of the Lead Governor, Cllr. Blake and herself. The Council of Governors (CoG) will receive details of the preferred candidate.</p>	

	<p>The Chair asked if Governor questions were up to date, it was reported there were no outstanding questions.</p>	
Executive Management Updates		
<p>17/11/18</p>	<p>Chief Executive's Verbal Update</p> <p><u>National Contract for Clinical Waste</u> The Trust had managed the issue locally. Mr. Clarke reported an entry had been made on the CRR in relation to the new contractor which is now in place and operating to contract.</p> <p><u>Allied Healthcare</u> NHSSCCG have raised concern in relation to viability of Allied Healthcare. Mr. Taylor reported the Trust have no contracts with them.</p> <p><u>Visit from Health and Safety Executive (HSE)</u> The HSE will be inspecting the Trust in December 2018. Mr. Wilson reported information has been provided to HSE and a lengthy initial meeting has taken place where HSE asked questions regarding services. The Trust will receive its first inspection and is one of twenty to be inspected based on the areas of staff safety and musculoskeletal. Weekly planning meetings have been established and the Trust Health and Safety Advisor is involved. Two training dates for senior managers to attend an HSE training session have been identified for the new year. Mr. Mills, mindful the HSE have authority to act, believed Board need to take this visit seriously and asked for clarity on the role of the Board.</p> <p>Cllr Blake acknowledged a lack of understanding of the HSE structure and legal status however suggested COSHH forms and risks assessments are areas to check and the connectivity with the Unions. Mr. Wilson responded Staff Side is represented at the weekly planning meetings. Mr. Mills noted there had been a governance issue at WODC perhaps a year ago in relation to the annual HSE report, which may need reviewing.</p> <p>Mrs. Keene mindful of inspection fatigue, believed this inspection may require a high profile. Staff safety is a high focus area and from a governance perspective the next steps are key. Mr. Clarke noted Clinical Operations had produced a detailed report for EDG on incidents and action plans which could be shared.</p> <p><u>Brexit</u> Mr. Taylor assured members the requirements for health trusts are being have been met and the situation continues to be monitored and reported to EDG.</p> <p><u>Increasing Access to Psychological Therapies (IAPT)</u> IAPT celebrated ten years' service with a positive event and good team spirit.</p> <p><u>Psychological Services Away Day</u> An event was held to celebrate the enacting of services within the Trust and STHFT to consider the formation a single service.</p>	<p>DW</p>

	<p><u>Pakistani Muslim Centre Conference</u> This is a well-established event, not in its tenth year and was a success.</p> <p><u>Award Ceremonies</u> A number of teams represented the Trust at Positive Practice Awards, the winners have been invited to meet the Board. It was also confirmed Dr Charlotte Blewett has won the Jnr Doctor of the year award.</p> <p><u>Staff Awards</u> A total of ninety nominations have been received. From a workforce and diversity perspective Prof. Serrant asked if the nominations could be profiled. Plus a Board presence at the BME conference would be valuable.</p> <p><u>Staff Attitude Survey</u> Currently the response has been 31%, the national average is 35%, and the survey closes 30 November 2018.</p>	
Papers for Information and Assurance		
18/11/18	<p>Associate Mental Health Act Managers – Quarter 2 Report The Associate Mental Health Act Managers Quarter 2 report was received for information.</p>	
19/11/18	<p>Board Committees – Significant Issues Reports: To receive Significant Issues Report and Minutes from:</p> <p>i) Quality Assurance Committee (QAC) Members received the minutes of the QAC held 24 September 2018 and the Significant Issues Report from the meeting held on 22 October 2018.</p> <p>Mrs. Keene noted a recurring theme as QAC had reduced the assurance it could give to the Annual litigation report, which had been submitted late and consisted of a list of incidents and costings. The Trust is one of the highest, when comparing the benchmarking, the numbers have increased, however the report did not acknowledged this or identify any themes. There were no concerns relating to the individual cases however the overarching view was absent and would have expected this in an annual report. Mr Wilson added the HSE requested this report.</p> <p>ii) Finance, information and Performance Committee (FIPC) Members received the Significant Issues Report from the meeting held on 22 October 2018. The next meeting is January 2019. The committee is receiving good quality reports and are assured. An extra FIPC has been scheduled in December 2018 to review the Leaving Fulwood – revised OBC Future Trust Head Quarters.</p> <p>iii) Audit Committee Members received the minutes of the AC held 17 July 2018 and the Significant Issues Report from the meeting held on 16 October 2018.</p> <p>Mrs. Stanley noted it was timely to consider the audit opinion which considers three elements, the BAF and Strategic Risk Management,</p>	

	<p>internal audit plan outturn and the rate of follow ups. Mr. Easthope responded the performance is 75%. Mrs. Stanley was mindful of the new tracker system and the rate of implementation.</p> <p>Ms. Saunders responded the 360 Internal Audit Pentana Tracker had been piloted in Corporate Governance and now rolled out across the Trust. All Trust staff responsible for updating have received training from 360 Assurance. The Pentana Tracker enables the action owner to add narrative and uploaded evidence to confirm the respective internal action had been completed. This is then quality assured by 360 Internal Audit and if unsatisfactory the action owner is contacted to request further information and evidence. 360 Assurance determine if the action is completed and can be closed. EDG receive monthly progress updates.</p> <p>Mrs. Stanley noted the three recent audits Procurement, Regulatory Framework and Business Planning had received limited assurance and had asked 360 Assurance to identify those that are core.</p> <p>iv) Workforce and Organisation Development Members received the minutes of the WODC held 31 July 2018 and The Significant Issues Report from the meeting held on 22 October October 2018.</p> <p>The Chair noted her concern in relation to the WODC agenda and a significant number of verbal items. Cllr Blake noted on reviewing the CRR a number of risks had been rated as full assurance which the committee believed were not and required review.</p>	
20/11/18	<p>Any Other Urgent Business Dates for Diary: Safety Day - Monday 19 November 2018 BME conference – Tuesday 11 December 2018</p>	
21/11/18	<p>Chief Executive’s Announcement of Confidential Business <i>In the interest of probity the Chief Executive announced commencement of confidential business in accordance with the published agenda</i></p>	
22/11/18	<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 are 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 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)
Margaret.saunders@shsc.nhs.uk Tel: 3050727
Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk Tel: 2716370