

## Board of Directors - Open

**Minutes of the 119<sup>th</sup> Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 12 December 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. 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
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
14. Ms. Kathryn Robertshaw, Sheffield Dementia Strategy Programme Manager, SHSC (Item 4)
15. Ms. Nicola Shearstone, Sheffield Dementia Strategy Senior Responsible Officer, Sheffield City Council (Item 4)

### Apologies:

16. Prof. Laura Serrant, Non- Executive Director, Chair of Workforce & Organisation Development Committee

### Public:

Mr. J Buston, Public Governor  
 Ms. C Donnison. Personal Assistant to Corporate Governance  
 Ms. J Harris, Head of Communications  
 Mr. D Houston, Public Governor

Ref	Item	Action
	<p><b>Welcome &amp; Apologies:</b>            The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance, apologies were noted and the meeting was quorate.</p>	

	<p>Award winners in the Trust are routinely invited to meet the Board.</p> <p><u>National Positive Practice Awards</u> The Intensive Rehabilitation Service based at Forest Close won the specialist mental health rehabilitation services category. Julie Smalley, Clinical Nurse Manager and a team from Forest Close attended to meet with Board.</p> <p>The Chair welcomed the team to the Board and congratulated them on their award. Mr. Taylor added the service is excellent and the award well deserved, noting there were twenty-seven teams in this category. Feedback from the Positive Practice team has been complimentary and they have said they enjoy their visits to Forest Close. Mr. Taylor himself has worked a number of shifts at Forest Close.</p>	
1/12/18	<p><b>Declarations of Interest:</b> Cllr Blake declared an interest in issues relating to the Trust's Partnership Agreement with the Local Authority. It was determined the items were non pecuniary and would not require Cllr. Blake to leave the meeting. No further declarations were made.</p>	
2/12/18	<p><b>Minutes of the Board of Directors meeting held on 14 November 2018</b> The minutes of the meeting held on 14 November 2018 were agreed as an accurate record with the following amendments.</p> <p>Corrections: <u>7/11/18 Safer Staffing Reports for period ending 30 September 2018 refers</u> To address a number of issues a nursing vision with strategic aims has been drafted, along with a proposed detailed plan.....</p> <p><u>19/11/18 Board Committee – Audit Committee refers</u> Mrs. Stanley noted the reference to audit opinion should read internal audit opinion..... internal audit reports and the rate of follow ups.....</p>	
3/12/18	<p><b>Matters Arising</b></p> <p><u>3ii/11/18 MA Learning Disabilities Services – Engagement Plan refers</u> Mrs. Keene reported she had attended a service user consultation meeting and will feed back under the Chair's update.</p> <p><u>6/11/18 Service Performance Dashboard for period ending 30 September 2018 refers</u> Mr. Clarke reminded members of the discussion in November 2018 in relation to activity and capacity within the Single Point of Access (SPA). He noted, there had been circa 8,500 referrals nearing the end of Quarter 3, against an annual target of 8,000.</p> <p>A significant number of referrals are being referred from the University GP practices, with the average waiting time of 8 weeks. A number of assessments for specialist services are outside of this 8 week period. A session with the Executive Directors' Group (EDG) and the senior management team of Clinical Operations reviewed the analysis and activity of a number of services linked to SPA, a further session is scheduled for 13 December 2018 to review actions and for EDG to be assured of progress. The Quality Assurance Committee (QAC) will receive an update at its meeting on 17 December 2018. Clinical</p>	

operations directors and himself have scheduled staff engagement sessions to explore the challenges and look at solutions

The Contract Management Board (CMB) have been notified of the increased activity to support discussion with NHS Sheffield Clinical Commissioning Group (NHSSCCG). The Chair asked what was being asked of Commissioners, mindful that additional resource would not solve the problems of inability to recruitment. Mr. Clarke responded, NHSSCCG are being informed of the increase in activity. The Trust are exploring different ways of working more collaboratively with primary care to support them. A current pilot involves a Consultant Psychiatrist working with a University GP practices to review referrals, triage and divert from SPA into secondary care. Dr. Hunter added the consultant spends the equivalent of one day per week with the practices which cover one-fifth of the working age adult population of Sheffield. There are a significant number of young adults registered in these practices, going through periods of major change in their lives, at an age when a number of mental health issues can be a characteristic. From a clinical perspective there is benefit in seeing young people at an early stage.

Mrs. Keene referred to a QAC report noting a number of referrals could be signposted to Increasing Access to Psychology Therapies (IAPT), but they only accept self or primary care referrals. She noted NHSSCCG has been asked to review the referral criteria. Dr. Hunter added the national model and contract for IAPT is based on self or primary care referral, secondary care referrals are excluded, due to a historical concern that IAPT would not function as an additional "specialist service". However, there has been an unintended consequence for those in the uncertain area between IAPT and secondary care services and gaps identified. It was acknowledged a different approach was required and these would be progressed with colleagues. The Chair noted the Board would support this proposal.

Ms. Lightbown noted other trusts are addressing this issue, using an easy referral to SPA through a user friendly website, with pathway options including crisis or routine services including self referral. Ms. Lightbown was aware that initial discussions had taken place with clinical operations and communications regarding developing this further.

Mr. Clarke noted staffing levels at SPA were down by 20%. EDG had agreed additional resource to support a marketing campaign to attract new recruits. He added activity had risen in line with the number of access points now available following reconfiguration. The service aim is to provide a high quality service to the citizens of Sheffield. The Chair asked if there was assurance those waiting for services were safe. Dr. Hunter responded people on the list are triaged at regular intervals.

9/11/18 Freedom To Speak Up Guardian (FTSU) Bi-annual Report refers  
Mr. Clarke reported the two days allocated to the FTSU role is comparable with local trusts of similar size.

17/11/18 Chief Executive's verbal update (Staff Attitude Survey refers  
Mrs. Stanley enquired if there was a definitive response rate for the Trust's return. She referenced the national average of 35% and asked if this related to the previous year. Mr. Wilson responded, 35% was quoted for this year, at a point in time, the Trust achieved nearer 40% on the last survey.

	<p><b>Action Log</b> Members received the action log for information. Ms. Saunders noted the actions had been reviewed and update accordingly.</p>	
<b>Strategy</b>		
4/12/18	<p><b>Sheffield Dementia Strategy</b> Members received the Sheffield Dementia Strategy Commitments 2019-2024 for information.</p> <p>Mr. Clarke reported the Sheffield Dementia Strategy was one of the transformation projects NHSSCCG, Sheffield City Council (SCC) and the Trust embarked on eighteen months ago, to refresh the existing strategy. The purpose of the session today is to update members on progress, further discussion is planned for the January 2019 Board Development session</p> <p>Ms.Robertshaw, Programme Manager, SHSC and Ms. Shearstone, Senior Responsible Officer, Sheffield City Council attended Board to update members on progress.</p> <p>The report includes the high level commitments, which have been signed off by Dementia Strategy Implementation Group (DSIG), it was noted Dr. Peter Bowie is the Trust's representative, Mr. Clarke has attended a number of meetings.</p> <p>Public and statutory partner engagement sessions have been scheduled for consultation of the commitments. The programme of work includes a detailed work plan, outcome measures and review of early dementia diagnosis with Sheffield having a good reputation for early diagnosis.</p> <p>Mr. Taylor believed early diagnosis, care support and living well are moves in the right direction and the city had a good base to start from, he noted reduction in waiting times for memory services had been a key achievement for the Trust. The idea of a dementia friendly city is a positive move, in reality there will need to an annual programme, which may prove a challenge for the Accountable Care Partnership (ACP), of which the Trust is a partner. The ACP will be measured on its success in improving dementia and older people services. Ms. Shearstone responded the whole system approach has been the message from the onset, and requires signup from all statutory partners e.g. NHS Trusts, SCC, NHSSCCG and the voluntary sector. Agreement will be required on the key priorities and action plans mindful the strategy spans a five year period.</p> <p>Mrs. Stanley welcomed this strategy and had a number of questions. She noted the commissioning strategy did not appear to be aligned to this strategy and asked for clarity on this area. She referenced the data and lack of needs analysis and enquired if this was specific to Sheffield and would welcome further clarity on the pilot for discharging of service users, reference 2.3.5.</p> <p>In relation to the commissioning question, Ms. Shearstone responded, the strategy has been developed over a period of time, the continued commissioning of services is required to maintain current services whilst developing the city-wide approach. She added Commissioners are involved and services will align as the project progresses with new investment from the SCC.</p>	

Mr. Taylor, having a lead role in ACP, reported the intention is to move away from the concept of commissioning provision and learn the lessons from pilots in mental health and learning disability services in relation to single development responsibility for the city.

In relation to the lack of data, Ms. Robertshaw noted this was a national concern and work was taken place with NHSSCCG and SCC and the Trust triangulating three sets of data to obtain an overview of the services people are accessing and their needs.

In relation to the discharge pilots, commissioned by NHSSCCG, Ms. Robertshaw reported a gap had been identified in relation to the provision of care for patients who normally live in their own or a care home setting when a crisis point is reached and deemed not safe to remain in this setting, as they require additional support, without hospitalisation on G1 ward. NHSSCCG have commissioned the pilots. The step-up pilot, utilises five beds at Woodland View and Birch Avenue, patients can be assessed and receive short term care in a safe environment, with a care plan to support return to home, avoiding long term admission. A further pilot will look at step down discharge from G1 and Dovedale wards.

Mrs. Keene welcomed the strategy and queried the financial envelope and service model and asked for clarity on what will be different, and the implications to each organisation and whether there will be a redistribution of funds. She believed the strategy had a health and social care focus which is a strength to the Trust albeit was unsure what strengths needed to be retained across the city, e.g. leisure, housing, retail outlets etc. gaining the momentum for the next phase of “dementia friendly” will require engagement with external partners.

The Chair wished to understand what elements may be ring-fenced and whether efficiency savings have been identified, and where discussions have taken place.

Mr. Easthope asked what were the drivers and expectations to frame the thinking to ensure its deliverable.

Mr. Mills in relation to the development session agenda would like more explicit ideas from a provide perspective and the expectations of the next few years. This was in the context of the connectivity with the Integrated Care System (ICS) and any targets which may be in the NHS long term plan which had not yet been published.

Mr. Clarke believed the development session in January 2019 would be to discuss individual organisational impact and shape the commitments. He believed the focus in January will be what does the city require. Ms. Shearstone reiterated the commitments are the citywide overview, a detailed plan on achieving the commitment will require prioritisation and the next iteration of the strategy.

Dr. Hunter believed the thinking should focus on the organisational strategic take on the system. As a clinician he believed a number of the major improvements in quality, experience and value are related to acute sector

	<p>general hospital dementia care. the scenario described of a patient in crisis, e.g. with pneumonia, entering a one way system to hospitalisation which is difficult to reverse. Major improvements in quality, experience and value can be explored in this area.</p> <p>The Chair wished to understand in the next iteration the role of the independent sector e.g. domiciliary care and support structures within this development.</p> <p>Mr. Taylor thanked Ms Robertshaw and Ms. Shearstone for attending. He congratulated Ms. Robertshaw on her appointment as a Director in the Accountable Care Partnership.</p>	
<b>Performance Management</b>		
5/12/18	<p><b>Service Performance Dashboard for the period ending 31 October 2018</b> Members received the Performance Dashboard for the period ending 31 October 2018 for information.</p> <p>Mr. Easthope reported no significant change month on month and year to date trend. The narrative relating to an out of area acute admission (staff) in the report and flagged red was highlighted however is not of concern. There was no deterioration of key areas in bed occupancy and 7 day follow-up. He noted the omission of data in a number of areas and will be addressing process and responsibility.</p> <p>Mrs. Keene referenced the work on the older adult acute wards, in relation to the audit on increasing length of stay and the comparison with adult services and would welcome further information on what the audit would hope to achieve. Dr. Hunter responded, from a clinical perspective, you would expect to see differences in a number of areas including clinical complexity, a physical and mental health co-morbidity, across the age range, but more prevalent in older adults. The services are structured differently and integration between health and social care differs. Notwithstanding all of the factors the gap is larger than expected.</p> <p>Mrs. Stanley referenced financial planning, and asked if the Provider Sustainability Fund (PSF) “match funding” had latterly increased to 2:1 querying if this is incidental. Mr. Easthope responded, it will change, but could not give any certainty, he believed a significant proportion of PSF will be added to baselines to support acute trusts. It is uncertain if this will reduce the non-acute PSF and the 2:1 will reduce. Mrs. Stanley noted movement in the forecast position is linked to these arrangements and not helping in relation to financial performance terms. Mr. Easthope believed that going forward a breakeven position will be a measure of success and improvement trajectories to support this for over spending trusts alongside a reduction in under spending trusts.</p>	
6/12/18	<p><b>Safer Staffing Reports for the period ending 31 October 2018</b> Members received the Safer Staffing Report for the period ending 31 October 2018.</p> <p>Ms. Lightbown reported continuing high occupancy on Maple, Stanage and Burbage wards ranging from 103% to 133%. Dovedale, Encliffe and G1 wards and learning disabilities range from 94% and 98% occupancy. Rehab and</p>	

<p>forensic services are in a better position ranging between 81% &amp; 93%.</p> <p>Improvements noted in relation to registered nurse fill rate, the Trust recruited eight nurses however vacancies remain on Maple, Stanage and G1 wards, the senior nurse team are reviewing the situation.</p> <p>A workshop for the senior nurse team facilitated by the Trust's Account Manager from Allocate, the E-rostering system provider, will focus on the functionality of the system. All wards need to be applying the policy in practice and the roster is completed in a timely manner. The improvements are being tracked.</p> <p>Recruitment continues to be a challenge, a recruitment and marketing campaign will be launched. The Trust will also be working collaboratively with the School of Health and Related Research (SchHARR) in Sheffield which have secured a grant from the Health Foundation to undertake a study of retention of nurses in a mental health settings. This project and the Resilience project will commence in January 2019. Ms. Lightbown noted she was awaiting the outcome of the NHS Improvement (NHSI) Collaborative Recruitment and Retention Plan from Human Resources.</p> <p>Mr. Wilson reported the NHSI retention programme does not directly impact this Trust, the five acute Trusts within South Yorkshire and Bassetlaw will join the programme. He added Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) are considering a premium for registered nurses based on in-patient wards, the rationale being nurses are moving into community roles. The Chair believed there was an agreement within the ICS that trusts would not take any action that may impact on recruitment of neighbouring trusts. Mr. Taylor responded it had been waived, but not adhered to and had been made aware of this the day before. He agreed to speak with Ms. Kathryn Singh, Chief Executive, RDaSH and feed into the ICS, he was mindful due to locality this could be significant for the Trust. Ms. Lightbown added nurses undertaking their training through Sheffield Hallam University will be in the catchment area.</p> <p>Mrs.Keene's question related to E-roistering and sickness absence, she acknowledged the requirement for a credible functional rota system, an asked for clarity on the link, particularly Maple Ward how this solves the problems and supports staff. Ms. Lightbown responded Maple Ward are not yet fully compliant with the policy and utilising the system and completed their roster within the agreed timescale, they have more contracted hours available, but bringing in additional staff. The Band 7 Out of Hours nurses, whilst based on Maple Ward to ensure additional capacity covering evening and weekends are supernumery. Two staff remain on long term sick, attributed to the Coroner's Inquest. The Chair requested a report on Maple Ward to be presented to Quality Assurance Committee (QAC) in the first instance, if QAC are not assured they can escalate to Board. Mr. Taylor reported he had recently undertaken a shift on Maple Ward, he acknowledged there were less substantive staff on the shift, but it felt calm and well managed.</p> <p>Ms. Lightbown believed there are challenges in attracting staff to work within some areas with a focus on developing on nurse preceptorship programme for students with rotation. It was noted this would mean the least experienced staff will be placed on the acute in-patient wards.</p>	<p>LL</p>
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	<p>Mrs. Stanley noted her difficulty in understanding the data relating to vacancy rates and the potential impact as the narrative gives assurance the ward is safe. It was reported temporary staff make up the shortfall, many of whom have prior knowledge of the ward.</p> <p>Mr. Clarke added there is also an emotional impact in carrying vacancies, and temporary staff may lack the emotional investment a substantive team have. It is hoped the work with Listening into Action (LiA) can support teams to share their experiences. One way this can be achieved is to undertake mini staff surveys, and introduce psychological intervention and pastoral care from the Organisation Development function.</p> <p>Mrs. Stanley was mindful of the perfect model and ideal scenario on paper, but in reality asked whether this was achievable in the current climate and therefore is it the right model.</p> <p>Mr. Mills queried whether there was a sense there would be increased pressure and activity over the next month. NHS Providers had indicated service fragility in acute trusts. Mr. Clarke responded in relation to the winter plan, EDG have received a report, which noted the Psychiatric Decisions Unit (PDU) would be delayed to the end of January 2019, additional resource will support “step up and step down” beds, liaison and extension of the out of hours service during the weekend period. The Trust is also contributing to the citywide winter pressure group.</p>	
<b>Governance</b>		
7/12/18	<p><b>Care Quality Commission (CQC) – Well-led Inspection 2018 Progress Update</b></p> <p>Members received a progress update against the action plan.</p> <p>In his capacity as executive lead for quality assurance Dr. Hunter presented a high level summary to members noting the Quality Assurance Committee (QAC) will scrutinise, oversee and monitor the implementation of the action plan.</p> <p>There are a number of “must be done” requirements relating to breaches of CQC regulations. QAC are sighted on these and detailed discussions took place at the meeting in November 2018.</p> <p>A number of “should be done” recommendations will be managed internally in the Trust. The executive in collaboration with clinical operations have signed off the “should be done” action plan, to be presented to QAC on 17 December 2018.</p> <p>In relation to progress against the action plan, a total of 28% of the “must be done” actions were closed mid October 2018.</p> <p>The Trust meets regularly with CQC utilising the CQC information system “Insight” to develop lines of enquiry. A task for QAC is to better understand the CQC’s perception of the Trust and how the information can be utilised.</p> <p>The Chair whilst acknowledging the requirement to complete the action plan asked what is being done in relation to staff and service users and requested</p>	

	<p>future reports include narrative in relation to the enablers and cultural dimension to provide Board with additional assurance. Mr. Taylor supported this initiative, adding the Trust is required to complete the action plan, and suggested a wider discussion at a Board Development Session themed on cultural change. Mrs. Keene would welcome a development session discussion, to review priorities and agree outcome measures. Cllr Blake also supported the additional discussion in a development session, mindful she was not a member of QAC. Dr Hunter added cultural change needs to be triangulated with associated CQC documentation.</p>	
8/12/18	<p><b>Patient Led Assessments of the Care Environment (PLACE) Outcomes 2018</b></p> <p>Members received the Patient Led Assessments of the Care Environment (PLACE) outcomes for 2018 for information.</p> <p>Mr. Easthope reported the report has been scrutinised by QAC with positive assurance for Trust and low level risks there has been slight variation, but overall a positive result. The housekeeping staff at Forest Close achieved 100%. The Trust are required to publish the results on the website.</p> <p>Mrs. Keene confirmed QAC had looked at the report in detail and were assured with teams actively supported to continue to identify areas of improvement. Mrs. Stanley noted the Trust achieve good results and have maintained performance over a sustained period. Mr. Mills mindful of the variable condition of the estate, noted the achievement of the senior housekeeping team. He added he has previously mentioned procurement, whilst mindful of NHS negotiated contracts and asked if the use of local suppliers should be explored, he was aware Sheffield City Council were sourcing locally.</p> <p>The Chair agreed to reference the achievements in her blog.</p>	Chair
9/12/18	<p><b>Appointment of Associate Non-Executive Director</b></p> <p>Members received an update on the process of appointing an Associate Non-Executive Director to the Board, a requirement for membership to the Association of UK University Hospitals (AUKUH).</p> <p>The Chair reported following an interview and approval by the Council of Governors (CoG), Professor Brendan Stone was offered and has accepted the post of Associate Non-Executive Director. She welcomed this appointment.</p>	
<b>Board Stakeholder Relations &amp; Partnerships</b>		
10/12/18	<p><b>Chair's Update</b></p> <p>The Chair reported, she has seen a number of staff on a one to one basis who had shared their experience of working for the Trust. As the Chair she is taking a keen interest in hearing the views expressed. A number of engagement and consultation events over the month. Non-Executive Directors have also attended a number of these events.</p> <p>Mr. Mills attended the Black, Minority and Ethnic (BME) Group's Working Together conference, which was a well organised event. The theme was based on a culturally competent organisation. The event was stimulating and the personal stories from diverse mix of speakers were powerful and thought provoking. Staff were feeding back and sharing their anxieties, a common</p>	

	<p>theme that emerged was the shift in increasing demand for services in the current climate, which impacts on staff health and wellbeing. He had attended a break out session on racial incidents on staff by service users, and was shocked by the level of racial abuse, particularly high on the in-patient wards. It transpired that community staff experience significantly more low level abuse, which is not reported, the time spent completing paperwork can detract from undertaking the day to day functions.</p> <p>Cllr. Blake believed Mr. Mills feedback was an interesting insight as she believed there was a gap within the Trust in relation to the work in the city to reduce hate crime and suggested connectivity with other groups to support the reporting of hate crime.</p> <p>Mr. Taylor noted there are legal exceptions in relation to mental health and believed a topic for a future debate relates to capacity and the difference in emergency and non-emergency care. The Board needed to be assured the Trust complies with the legal requirements and current practice. He added he had known of incidents when the Trust had written to individuals regarding their behaviour. Cllr Blake was unsure if this related to carers also and to be mindful of those using primary care services. Mr. Taylor responded there would zero tolerance policy applied if staff were being abused by carers.</p> <p>Ms. Lightbown commended the organisers of the event, she believed this was the first forum to discuss racial abuse and would like to understand the scale in which staff are being abused and the impact over a sustained period. She was mindful the reporting process may require a review if staff feel they do not have time to report incidents.</p> <p>Dr. Hunter reported in order to provide QAC with assurance the Incident Management Group review all incidents to gain a thematic overview with racial abuse in the top ten. The group he was a member of at the event had discussed the fact that there are no mental health problems that make a person racist. Mental capacity related to “the ability to make decisions for myself” governed by law.</p> <p>Mrs. Keene attended the learning disabilities reconfiguration service user event. The session she attended, facilitated by Speak Up, involved four service users, one living at home and three living in supported accommodation The discussion was rich and intense and people were given the opportunity to speak. The themes included current services and continuity. Three services users had used Firshill Rise. Significant progress has been made in the support provided and enhanced the degree of independence achieved with staff very supportive of service users. One of the service users, with autism contributed to the discussion, shared their background story having been a resident on Oakwood for three years was now living with supported assistance.</p> <p>It is unclear at this stage the effect of the consultation in relation to supporting the service plan.</p>	
11/12/18	<p><b>Governor &amp; Membership Matters</b></p> <p>Members received an update on Governor and membership matters for information.</p> <p>The Chair noted membership has remained static Ms Saunders is tasked with</p>	

exploring ways of increasing membership and will liaise with the Deputy Board Secretary with initial feedback to the Council of Governors (CoG).

## Executive Management Updates

### 12/12/18 Chief Executive's Verbal Update

Mr. Taylor reported the Trust were selected for inspection by the Health and Safety Executive (HSE), adding this was a new process, with no benchmark and therefore there somewhat an unknown. Mr Clarke reported the HSE are on site inspecting the Trust and will visit seven areas. The focus of the inspection is Muscular-skeletal, staff awareness, access to lifting and handling and violence and aggression towards staff. The proposal approved by EDG to increase security has been fed back to HSE and staff have welcomed this initiative. It is unclear as to the nature of the report and Mr Wilson, the HSE lead and himself will seek clarity at a meeting with HSE on 13 December 2018. Members will receive an update on the inspection in due course.

The Care Quality Commission (CQC) recently inspected Wainwright Crescent, the Trust have received the draft report, and the service were rated "good" across all domains. Mr. Taylor their staff feedback is excellent and the rating is well deserved.

Mr. Taylor echoed all that had been said about the Working Together event and its organisation, noting Liz Johnson and Manreesh Bains had played key roles. He believed the strength of the BME group has grown and added to the success of the event. Mr. Clarke has been an advocate of the group and his appointment into a leadership position is visible. The Trust has recently appointed other people of colour into senior posts, Brenda Rhule, Deputy Chief Nurse and Abiola Allinson, Chief Pharmacist. The Trust are building on their reputation for both inclusion and diversity. The BME group have expressed their gratitude to the Chair for attending their events.

The second Safe Care conference was held recently. Dr. Hunter noted the event was a success, a challenging day and well attended. Conversations had been open, honest and well-constructed and maps onto culture, change and the safety agenda within the Trust and will build on patient safety. He believed working together, valuing diversity and limiting discrimination are patient safety issues and should be linked.

Mr. Clarke reported from an NHS perspective the EU Exit is being managed within Emergency Planning. Terry Geraghty the Trust Emergency Planning Officer (EPO) reporting to the Director of Operations. He will attend the regional network meetings and feedback. NHSI have identified nine work areas, and the Trust will respond accordingly. EDG will receive an update on 20 December 2018. Procurement, medicines management and workforce may be areas of focus.

Mr. Mills in his capacity as the emergency planning lead Non-Executive Director reported the outstanding emergency planning compliance actions are scheduled for completion by 31 December 2018 and will report to Audit Committee.

Mr. Taylor reported the recruitment had commenced to appoint a Director of Organisation Development. The post has been advertised on NHS Jobs and

	<p>via targeted social media networks.</p> <p>Mr. Taylor reported the Mental Health &amp; Learning Disability Delivery Board (MHLDDDB) and the Children's Delivery Board (CDB) held a development session to review mental health for the whole age range, "cradle to grave". He believed this was a challenge for the system and noted significant work had been undertaken. The session was successful and will generate further debates.</p>	
<b>Papers for Information and Assurance</b>		
13/12/18	<p><b>Mortality Review - Quarter 2</b> Members received the Mortality Review for Quarter 2 for information.</p> <p>Dr. Hunter reported QAC have scrutinised the report, and received a number of vignettes. The combined process have reviewed 67 of 144 deaths, a number were not under the care of the Trust at the time of their death, but within a six month period preceding their death. In relation to incidents similar themes emerge, e.g. lack of connectivity between services as an example, noting this may not be a causative factor, but can link to a poor experience of quality of care.</p>	
14/12/18	<p><b>Board Committees – Significant Issues Reports:</b></p> <p>i) <b>Quality Assurance Committee (QAC)</b> Members received the minutes of the Quality Assurance Committee held 22 October 2018 and the Significant Issues Report from the meeting held on 26 November 2018.</p> <p>Mrs Keene reported there were no issues to escalate to Board.</p>	
15/12/18	<p><b>Any Other Urgent Business</b> No other urgent business was discussed.</p> <p><b>Chief Executive's Announcement of Confidential Business</b> <i>In the interest of probity the Chief Executive announced commencement of confidential business in accordance with the published agenda</i></p> <p><b>Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b> <i>In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.</i></p>	

**Date and time of the next Board of Directors meeting**  
**Wednesday 14 February 2019 at 10am Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road, Sheffield, S10 3TG**  
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