

Board of Directors (Open)

Minutes of the 105th Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday, 12 July 2017, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

1. Ms. Jayne Brown, Chair
2. Mrs. Sue Rogers, Non-Executive Director/Vice Chair, Chair of Workforce & Organisation Development Committee
3. Mr. Kevan Taylor, Chief Executive
4. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
5. Mr. Richard Mills, Non-Executive Director, Chair of Finance & Investment Committee
6. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
7. Mr. Phillip Easthope, Executive Director of Finance
8. Dr. Mike Hunter, Executive Medical Director

In Attendance:

9. Cllr. Olivia Blake, Non-Executive Director
10. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
11. Mr. Dean Wilson, Director of Human Resources (HR)
12. Ms Giz Sangha, Deputy Chief Nurse (obo Ms. L. Lightbown)
13. Ms. Liz Johnson, Head of Equality & Inclusion (for Item 3/7/17ii)
14. Ms. Toni Mank, IAPT Head of Service (for Item 5/7/17)
15. Dr. Fiona Goudie, Clinical Director – Strategic Partnerships (for Item 5/7/17)
16. Mr. Jason Rowlands, Director of Strategy & Planning
17. Ms. Lisa Johnson, Deputy Service Director (for Item 7/7/17)
18. Mrs. Jeanine Hall, Personal Assistant to Chief Executive/Director of Finance (Minutes)

Apologies:

19. Mr. Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Committee
20. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

Public Gallery:

Ms. B. Critchlow, Carer Governor
 Mr. A. Butcher, Service User Governor
 Ms. T. Proudfoot, Service User Governor

	Item	Action
01/7/17	<p>Welcome & Apologies: 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>The Chair welcomed Cllr Olivia Blake to her first unofficial Board of Directors' meeting. Olivia has been nominated by the Local Authority as a Non-</p>	

	Executive Director following Cllr Leigh Bramall's resignation. Her appointment is awaiting ratification by the Council of Governor's meeting on 14 July 2017.	
02/7/17	<p>Declarations of Interest: Cllr Blake declared an interest in any issues relating to the Trust's Partnership Agreement with the Local Authority, however, it was determined that these were non-pecuniary and would not require her to leave the meeting during any discussion relating to this item.</p> <p>No further new declarations were made.</p>	
03/7/17	<p>Minutes of the Board of Directors Meeting Held on 14 June 2017</p> <p>i <u>5/6/17 (iii) Workforce: Effective Staffing: Recruitment & Retention Report & Presentation:</u> The Trust's initiative to scope local opportunities was supported and it was <u>questioned</u> how, as Non-Executive Directors and member of the Board, this could be supported and shared with other Trusts.</p> <p>Following this minor amendment, the minutes of the Open Board of Directors' meeting held on 14 June 2017 were agreed as an accurate record and would be signed off by the Chair.</p>	
	<p>ii Prior to the commencement of the formal agenda, the Chair welcomed Ms. Liz Johnson, Head of Equality & Inclusion, and Ms. Giz Sangha, Deputy Chief Nurse, to the meeting and expressed the Board's congratulations to the whole team (including Ms. Manreesh Bains, Senior Clinical Psychologist & Project Lead, who was unable to attend today's meeting) on the recent success of the Trust's programme to promote and improve equality, diversity and inclusion for Black, Asian and Minority Ethnic staff. The programme won the 'most effective use of diversity to strengthen governance, recruitment or promotion' category at the Healthcare People Management Association (HPMA) Excellence in HRM Awards 2017.</p> <p>The Trust's partnership with Gulu Regional Hospital in Uganda was also a finalist in HPMA Awards in the 'University of Bradford award for cross-sector working'.</p> <p>In response Ms. Johnson acknowledged and thanked Board members for their positive engagement in this project, with a number of Board members being directly involved.</p> <p>Mrs. Rogers, Non-Executive Director, was thanked for representing the Board at the presentation event.</p> <p>Ms. Johnson left the meeting.</p>	
4/7/17	<p>Matters Arising & Action Log Members reviewed and updated the action log accordingly.</p>	
Strategy		
5/7/17	Integrated Improving Access to Psychological Therapies (IAPT)	

Developments

Ms. T. Mank, IAPT Head of Services & Dr. F. Goudie, Clinical Director – Strategic Partnerships

The Board received a presentation from Ms. Mank and Dr. Goudie on the current development of the Integrated IAPT model following the successful bid for transformation funding (£1.8m) from NHS England to deliver new models of care as part of the national programme to implement the Mental Health Five Year Forward View.

By way of introduction, Mr. Clarke explained that Sheffield is already well-known for the development and offering of talking therapies within primary care settings through GP practices and in partnership with a number of voluntary organisations. This has enabled the Trust to create and develop people who are at the forefront of developing IAPT services across the country. It is believed that this strong base contributed to the recent success in securing the additional transformation funding.

It was stressed that whilst it would not be covered in today's meeting, there is an acknowledgement that IAPT can play a bigger role in the issues SHSC is facing within primary care and community services and this will be discussed at a future Board meeting in due course. There are a number of principles that apply in IAPT which can be applied to a whole range of services and at the recent Board Development Session discussion took place covering a variety of areas the Trust may wish to undertake in the future with the ability to wrap around a whole range of other services.

Dr. Goudie advised Board members the funding received equates to 10% of the National funding available and believes it is testament to the fact that the Sheffield proposal was ambitious and aims to deliver truly integrated care across 10 physical health conditions, ensuring there is access to evidence-based psychological therapies that are proven to deliver improvements in people's physical health. Providing access to an appropriately trained and supervised workforce, using session by session outcome measures.

Dr. Hunter noted that it is recognised that "IAPT" would benefit from a new name. This development concerns the true integration of physical and mental health wellbeing of the population. The primary care/secondary care distinction has evolved into the integration of physical and mental health wellbeing, delivered locally through neighbourhoods. It was confirmed that there is local discretion to change the service name to better fit future service provision.

The basis of the service model is the compelling case for delivering care in a holistic way ensuring a person's mental health and physical health care needs are met throughout the whole care pathway. Integrated care is more cost effective by identifying and treating mental health problems and reducing the use of physical health services.

General discussion took place on the practicalities of taking the core principles of IAPT, applying them to other services within the integrated model and taking steps to integrate and future-proof services reflective of the national and local agenda of integrating primary and secondary care and physical and mental health. Ms. Mank provided an example of a current pilot,

working within a virtual ward and using one of the nurses and a member of the IAPT team to establish collaborative care plans; working with physical health workers and providing them with the tools and education to recognise and support services users experiencing with anxiety arising from physical health conditions. Ms. Mank noted that her vision involves bringing together the multiple transformational projects that are currently happening, whilst trying to future proof our services.

The process of a Community Wellbeing Hub is to bring all these services together to provide evidence based therapy upon which outcomes can be measured to determine efficacy. IAPT and Sheffield Psychological Services (SPS) are already working together to provide a whole pathway approach for anxiety and depression and a Health & Wellbeing Team has been established, moving away from using the term Integrated IAPT. Consideration needs to be given to the implementation of the internal transformation to bring other services under this umbrella, ie Long Term Neurological Conditions; Chronic Fatigue Services, in order that the Trust can have a whole pathway available for health and wellbeing.

It was also noted that with the CCG plans for delivery of primary care mental health, the Trust's own CMHT reconfiguration and the national agenda, consideration is required to determine the delivery of Trust services in primary care in a neighbourhood model creating an evidence based stepped care approach within the CMHTs and adult mental health services.

A related development from the introduction of the Integrated IAPT model will also support the improvement of employment and employability outcomes through provision of IAPT interventions within employment services and job coaching within mental health services. Recognising the links between health and wellbeing and employment.

There was a general acknowledgement that this type of healthcare provision is the future for the Trust and the outline and presentation of the community wellbeing hub encapsulates with clarity the meaning of the integrated health and wellbeing pathway. Following discussion at the recent Board Development Session and in preparation for the next session, there is a range of support for primary care, in conjunction with core specialist services and in the middle, the Community Wellbeing Model.

It is a different workforce model, depending upon vocationally trained rather than professionally qualified staff. It is also a model of support for, rather than services to a community and support for people and communities building their own personal and community resilience.

A slight note of caution was expressed in that there are needs currently met within specialist secondary care community teams that overtime could transition to the Community Wellbeing Hubs, however this would require to be undertaken with care and caution and within a stepped approach. This will be reflected in the over-arching strategy.

It was acknowledged that this model of care is a significant shift in health provision and, whilst acknowledging the Trust currently has core specialist services which still have much to offer, this model appears to be unique.

In response to a question from Mr. Mills and to aid an understanding of the model, Ms. Mank provided a brief overview of service operates and is accessed by the service user via the integration into every point of the existing physical healthcare pathway.

Given the level of interest in the detail of the model from Board members, it was suggested that a further presentation/discussion would be required, however, for the purposes of this discussion it is important that the key strategic issues are identified and the support required to help and support Ms. Mank in taking this work forward. A further presentation can then be arranged at a later date to take forward the general discussion regarding the detail of the model and the significant strategic shift it introduces.

It is important to engage with those partners who are key to its success, e.g. GPs, and ensure there is a clear understanding of the model offered. Ms. Mank confirmed that the team are endeavouring to engage on multiple different levels to influence practice. The engagement plan and strategy will reach every element of the current system, publicising the availability of this service at every opportunity.

It is also important, that with the roll out of the model, the Trust can evidence and demonstrate the real time savings and impact on the healthcare system as a whole. This is a positive and significant change for the system and as such means that funding will required to be drawn from elsewhere in the system to sustain it. Ms. Mank noted that at a recent meeting with NHS England, it was clear that the Clinical Commissioning Group (CCG) will be held to account for the use of this funding.

There was strong support to drive forward this service model. It was accepted that it will be challenging and that the service will need to be targeted in order to use the funding to best effect. It was suggested that the next presentation received by the Board should concentrate on how the Trust will make the most impact from that funding and how it is sustained going forward in terms of commissioner buy in and support.

Ms. Mank confirmed that the core service will continue to work with people with long term conditions already accessing the service. Evidence based training and protocols are being developed for experienced staff, plus an in-house training programme which will run concurrently and enhance skills further, both in terms of generic skills and also working with long term conditions. This additional work stream is about being integrated into the physical health pathways and working with physical health colleagues to identify, educate and promote mental health in physical health to raise the level of skills available and return people to the neighbourhood levels to deliver treatment.

In conclusion, on behalf of the Board, the Chair congratulated Ms. Mank personally and the team involved in the development of this service and securing this funding. It was agreed that time should be set aside if possible on the agenda of the forthcoming Board Development Session on 9 August and to invite Ms. Mank along to that session for further discussion and to develop the theme around pathways and ways of working to help inform Board's deliberations during the session.

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	<p>It was also suggested that the presentation at today's Board meeting is scheduled into a future Council of Governors meeting, raising awareness within that body of Trust officers.</p>	MS
6/7/17	<p>Communications Review Update</p> <p>Ms. Saunders presented for the Board's attention, an update on progress since the completion of a review of the Trust's communications service and subsequent action plan, undertaken in December 2016. It was noted a number of the actions are now being implemented, including, the new in-house magazine Connect. There is still further work to do, particularly in terms of the website both in terms of implementing a number of "quick wins" as well as development further going forward.</p> <p>Ms. Saunders drew Board members' attention to the fact that next year is the 70th anniversary of the NHS and it is suggested that a working group be convened to ascertain how SHSC can celebrate this event and consider the Trust's contribution with partners across the STP.</p> <p>Ms. Rogers suggested that the intention to improve upon the stock photographs may also be an opportunity for the use of an apprentice to develop the general stock level of photography.</p> <p>Members welcomed the progress made to date, however, it was considered there could be more variety of options to be utilised including the possible use of cartoons and videos, with less reliance on words.</p> <p>It was also requested that in terms of next steps and action to be taken that a timescale is attached. It was suggested that in terms of the development of the website, this is done with clear links into IT functionality as a robust IT infrastructure is required.</p> <p>Ms. Stanley suggested there needed to be clearer communication regarding the Trust's current transformation agenda. Assurance was also sought there is a clear strategy for effective internal communications with staff and service users, as well as external communications concerning this topic.</p> <p>The Chair acknowledged the good start made to this work. It was believed, however, that it was very much focussed towards the traditional NHS type of communication and more consideration needs to be given to the digital possibilities including social media presence, etc.</p> <p>Ms. Saunders thanked members for their constructive comments regarding the work undertaken to date. Additional comments and ideas outside of the meeting would be welcomed and going forward work will continue with colleagues, particularly in terms of the enhancing the infrastructure to cope with future communications developments.</p> <p>It was also noted that the recruitment process has commenced for the post of Head of Communications and that once this process is complete, this will assist in terms of bringing additional capacity to this function.</p> <p>The Board noted progress to date and supported the establishment of a 70th NHS Anniversary task and finish group.</p>	

7/7/17

Longley Centre Phase 2 – Acute Bed Requirements

(Ms. L. Johnson, Deputy Service Director)

Mr. Clarke reminded members planning had been on-going for some time regarding phase 2 of the development of the Longley Centre. Key to the development plans has been the work of the Acute Inpatient Directorate with clinicians and stakeholders in determining the long term requirement of inpatient bed numbers.

The paper received by the Board today provides a recommendation regarding the way forward in relation to future inpatient bed numbers. The work already undertaken across the pathways to reduce bed numbers and length of stay was acknowledged.

Mr. Clarke reaffirmed the paper recommends the current bed stock of 49 working age adult beds; 5 detox beds; 18 older adult beds; and 2 place of safety beds (136 suite). Assurance was also provided that the proposed configuration meets current requirements with respect to eliminating mixed sex accommodation (EMSA).

This recommendation is made being mindful that the development of the Intensive Home Treatment Service is a vital component to this proposal, ensuring there is a step up/step down facility in conjunction with the 15 beds at Wainwright Crescent and the Crisis House provision.

At this point, the Chair requested clarification regarding the decision the Board was being asked to make as the recommendations were unclear. Mr. Clarke confirmed that the Board is asked to make a decision regarding the recommendation regarding future acute bed requirements.

Mr. Taylor reaffirmed the recommendation is based on professional advice to the Board and from a governance perspective the inpatient bed levels have been operational within the Trust for a number of years. It is acknowledged there have been pressures, these have been managed appropriately and this should be the basis upon which the recommendation is considered.

Mr. Mills believed it important to recognise by agreeing the bed numbers the Board were effectively agreeing a pattern of service and as a consequence agreeing a number of options around the future configuration of the Trust estate. Noting that the agreement of this recommendation results in the Longley Centre becoming the centre for all Trust inpatient services, with the exception of Grenoside and Firshill Rise services, with the recognition of the constraints of the Longley Centre site. As a result it was questioned whether in agreeing this recommendation there were any subsequent implications for the consideration by the Board of any future business case in respect of the Trust's estate.

Mr. Easthope assured members that by agreeing to the recommendation in respect of the bed numbers it did not present a "fait accompli" in respect of any future capital business case regarding the utilisation of the Trust estate and confirmed the Board will continue to retain its prerogative regarding all future capital business cases. There is a clear commitment to providing the best possible EMSA and ligature compliant environment for service users, however, this does not necessarily commit the Board to a £40m, estimated capital project on the Longley Centre site. Whilst this may be the most likely

outcome if the Trust wishes to provide the best possible facilities, it was an expectation that the inclusion of a minimum spend option would be included within the business case.

It was recognised by moving inpatient beds from the Michael Carlisle Centre this facilitates the progression of the Estates Strategy. Mr. Easthope also assured members the current designs for phase 2 of the Longley Centre are based on current bed numbers reflected of the strategy and agreed direction of service.

Agreement on the future bed numbers will also cause a ripple effect on the roll out and implementation of the Estate Strategy, in that there are a number of papers and decisions awaiting the outcome of this issue. It is anticipated that these will now start to filter through the governance processes.

A number of unanswered questions remain in terms of the future location of some services within the phase 2 development of the Longley Centre. It is anticipated that these questions will now commence being resolved and any potential cost implications identified and included within the relevant business case documentation.

Ms. Stanley noted the recommendation made in terms of maintaining the current bed numbers and the assurances given regarding management of bed pressures, however, she enquired how an assurance can be sought on potential waiting list pressures. In response, Dr. Hunter advised waiting lists are monitored and proactively managed in real time on a daily basis as part of the overall approach to bed management.

In response to a question from Ms. Rogers regarding the size of the wards and whether consideration had been given to having smaller ward numbers. Ms. Johnson advised that whilst an ideal ward environment would be as small as possible this required balancing with the demands of ward management, the requirements of the system and learning from the reduction in bed numbers over the last couple of years, it is believed that 18 bedded wards in an improved environment is working well in terms of keeping people safe.

Dr. Hunter referred members to the beds of care table at the top of page three of the paper presented and noted that this example of reducing beds of care is being utilised by NHS England as part of the Five Year Forward View presentation with Sheffield being lauded as an outstanding example. By agreeing to this recommendation, the Board is committing to the current way of managing inpatient beds, the provision of home treatment services and the continuation of avoiding sending people to out of area facilities.

In summarising, the Chair acknowledged the assurances being provided in that this is the right thing to do for the users of our services, however, the Board need to be clear on what decision is required of them. The paper would have benefited from clarity in relation to the recommendations and requirements of the Board.

The Board formally approved the recommendation in respect of inpatient bed numbers, in line with clinical and professional advice, as follows: 49 working age adult beds; 5 detox beds; 18 older adult beds; and 2 place of safety beds (136 suite).

Performance Management

8/7/17

Service Performance

i Service Performance Report for the period ending 31 May 2017

Members received, for information and assurance, the Service Performance Report for the period ending 31 May 2017.

Key issues continue to be monitored and include:

Bed occupancy, which remains over 100% for the year to date, however, there is capacity in the system as at the present date. Whilst the position remains volatile, it is being well managed.

The position with respect to delayed discharges was noted and it was confirmed that this is a result of delays in accessing care rather than any internal processes. The Trust continues to work with external colleagues regarding this matter.

The long standing position in respect of Care Programme Approach (CPA) compliance was also noted, together with the continued in-month improvement towards the required standard. It is expected that the outcome of the work undertaken during quarter 1 to address the issues being experienced in this area will be available post-July.

Mr. Clarke highlighted the position in respect of the Early Intervention Service (EIS), in that last month the service failed to achieve the 2 week access target of 53%. Since the last Board meeting, discussions have taken place with the Clinical Commissioning Group and NHS England regarding capacity in this area to meet demand and a proposal for increased investment in EIS.

It was acknowledged that whilst in general the Trust is meeting all expectations in terms of performance targets, additional investment is required in a number of areas to meet service demand and discussions continue with commissioners as necessary regarding these areas.

Mr. Mills noted concern, which had been raised previously at the Finance & Investment Committee, regarding the capital spend position, and acknowledged the Finance & Investment Committee (FIC) had been assured that capital plans are in place and that the current underspend will be reviewed as the year progresses. In response to a specific query from Mr. Mills regarding the replacement Energy Centre work on the Longley Centre, Mr. Easthope confirmed the business case has been completed and approved and, whilst the scheme was initially delayed, work is now well progressed regarding this capital project, which will be reflected in the month 3 finance dashboard. Assurance was provided to the FIC regarding the governance process in respect of the replacement Energy Centre business case.

Ms. Rogers asked whether, when reporting bed occupancy levels, the Trust's identified detox and place of safety beds are included in these numbers. Dr. Hunter confirmed that the denominator is the 49 acute working age adult

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	<p>iii <u>Clover Group Briefing</u> Members received a Clover Group Briefing which was provided for information and assurance that the current issues being experienced within this service are understood and actions being taken in conjunction with Primary Care Sheffield (PCS) overseen by the Joint Executive Board (JEB).</p> <p>Mr. Easthope confirmed that whilst the paper highlights the key issues for members, with an emphasis on the on-going access issues being experienced which have a detailed action plan. It was confirmed the paper is based on information received at JEB at May 2017, and there were a number of actions updated at that meeting which are yet to be reflected in the action plan provided to members today and a further iteration of the action plan will be received at Board at a future date.</p> <p>In addition to the information in the paper, it was advised that good progress has now been made in respect of the replacement telephony system for Darnall in conjunction with service developments.</p> <p>The paper also notes the completion of the CQC mini Quality Summit and agreement of a revised CQC action plan, which integrates into the wider action plan. Mr. Easthope provided assurance that of the five “must be done” areas identified as a result of the visit, three have been completed and two are on track for completion by the required date The Chair thanked Mr. Easthope for this update and for clarifying the slippage in with the dates quoted in the paper due to timings between meetings.</p> <p>It was acknowledged that it is Primary Care Sheffield’s (PCS) brief to manage the service with the Board receiving a level of assurance with the ability to monitor the changes taking place within the service. With this in mind and noting that one of the key issues relates to access, the provision of the relevant data regarding this element would assist the Board in measuring progress.</p> <p>Mr. Easthope welcomed this observation and agreed to discuss the inclusion of relevant performance data within the performance dashboard.</p> <p>It was acknowledged that there may be potential risk for Clover Group in terms of the national issue being experienced regarding GP recruitment which links with the existing risk captured on the Risk Register. The Clover Group are currently at the forefront of endeavouring to deliver the requirements of the primary care strategy of Sheffield Clinical Commissioning Group (SCCG) which involves having an enhanced multi-disciplinary approach. The Board recognised that this agenda items required further strategic discussion to ascertain the position of the Clover Group within SCCG Primary Care Strategy and the associated risks.</p> <p>The Chair reiterated the dynamic in terms of the Clover Group confirming the Trust is accountable for the service and is engaged and involved as necessary as opposed to the day to day management which rests with PCS</p> <p>The Board acknowledged the issues identified and the work in progress to address these. It was important to recognise the work being undertaken in this partnership to make a difference to the service being provided and also</p>	<p>PE</p>

	<p>understand the strategic context.</p> <p>Mr. Easthope reaffirmed that the substance of the paper received by the Board is that which was produced and received at the JEB.</p>	
Governance		
9/7/17	<p>Annual Review of SHSC Constitution & Supporting Documents Members received a summary of the outcome of the annual review of the Trust's Constitution and supporting documents.</p> <p>Ms. Saunders advised this had been well received by the Trust's Audit Committee at their meeting yesterday, with only minor feedback points, and Ms. Stanley, Audit Committee Chair, confirmed that the Audit Committee duly recommend these changes to the Board for approval.</p> <p>Ms. Stanley noted that the key observation made by the Audit Committee was that the majority of these changes were relating to guidelines recently issued on Managing Conflict of Interests which is a key guideline and confirmation was requested, and given, that this particular policy, which the Committee understands is currently being drafted, would ultimately be received at Board for final approval,</p> <p>Mr. Wilson advised of a spelling mistake on the final page of the summary of changes document in respect of the Disclosure & Barring Service. Ms. Saunders confirmed the final document would be amended accordingly.</p> <p>Mr. Easthope advised that in respect of the Scheme of Reservation & Delegation document, one of the final recommended changes being considered related to a change in the level of financial limit for declaration of benefit in kind. He noted that whilst guidance from NHSi suggested this level be amended to £50; the advice of the Trust's Deputy Director of Finance was that this be amended from £10 (as current) up to £25. This further amendment was approved.</p> <p>The Board formally noted and welcomed the Authorisation Requirements and noted and confirmed the proposed changes.</p>	
Assurance: Risk Management & Internal Control		
10/7/17	<p>Board Assurance Framework 2017/18 Members received the 2017/18 Board Assurance Framework (BAF), which Ms. Saunders advised had been received and discussed in detail at the Audit Committee meeting held yesterday. A number of comments were made at the Audit Committee regarding the content and the link with the Trust's strategic aims and whether the risks identified adequately reflect this. These will be considered and appropriately reflected in the next iteration of the BAF.</p> <p>The Board were advised that the premise of the discussion at Audit Committee concerned the operationalizing and implementation of the BAF to utilise as a tool to ensure risks are assessed and reassessed as necessary in the light of action being taken.</p> <p>The Chair noted that whilst the revision of the BAF had taken some time to</p>	

	<p>complete, the level of work necessary to reach this stage was acknowledged.</p> <p>Ms. Stanley, Audit Committee Chair, advised the Audit Committee had too acknowledged the level of work to improving the BAF, and had identified the next key stage is a focus on content and ensure that this is scrutinised at Committee level and appropriate assurances are being provided. Whilst the Audit Committee formally approved the BAF for receipt at Board, it was recognised that this additional element of work was required around the content, assurances and actions.</p> <p>One final area for improvement, identified within the discussion at Audit Committee, related to the RAG rating and robustness of assurances and reflects. It was agreed the terminology used within this element of the BAF requires clear definition for the wider audience.</p> <p>The Chair reiterated that the BAF is owned by the Board and the key actions are owned by the individual responsible officers.</p> <p>Ms. Saunders confirmed that, in line with guidance from NHS Improvement, the Board will receive the BAF on a quarterly basis.</p>	
11/6/17	<p>Register of Interests & Register of Hospitality, Sponsorship & Gifts Members received and noted the annual review of the Trust's Register of Interest and Register of Hospitality, Sponsorship and Gifts and Ms. Saunders confirmed this had also been received at the Audit Committee meeting yesterday.</p> <p>it was noted that this paper presented the information on the Register at a point in time, all revised information provided by members would be duly reflected on the current Register.</p>	
12/7/17	<p>Board Risk Profile Members received the Board Risk Profile for approval, noting the amendments made since last received.</p> <p>Ms. Saunders noted a number of key action dates are due in July and she therefore anticipated a more comprehensive update being available for the September Board meeting.</p> <p>Ms. Stanley confirmed that the full Corporate Risk Register (CRR) was discussed at the Audit Committee and acknowledgement was made that through the year, due to the every changing NHS landscape, the key strategic risks within the Register were kept under constant review, to determine the need for any changes to be reflected in the BAF. Two potential areas identified were the delivery of cost improvement programmes, the on-going delivery of which has already been identified as a focus for External Audit work across the sector in future years; and potential future cyber-attacks and the Trust's preparedness to address these, acknowledging that the Trust already has controls in place at the present time.</p> <p>Following a query from Mr. Mills regarding the potential for inclusion of a risk arising from the events at Grenfell Tower, it was confirmed that the risk has been considered and action taken to review the estate in order to provide an</p>	

	assurance that this risk is no greater than at any other time.	
	The Board approved the report.	
Board Stakeholder Relations & Partnerships		
13/7/17	<p>Chair's Update</p> <p>The Chair advised that since the Board last met, the South Yorkshire & Bassetlaw Accountable Care System, (ACS), formerly STP and the Sheffield Accountable Care Partnership (ACP) has been the focus of external work. The Sheffield Chairs have met to consider how to enhance working together to support the Sheffield ACP and concluded with the transformational agenda is a key area.</p> <p>At a meeting of the ACS Chairs and Chief Executives it was pleasing to note the profile of the role SHSC is playing as this work progresses, especially in relation to employment and employability. It is acknowledged this is an incremental process however the advantages of working in this collaborative way are now being realised. The Sheffield place based plan is valued with the opportunity now presented for the ACP discussion and its advantages to be developed.</p> <p>Ms. Stanley advised of the discussion taken place at a recent Finance & Investment Committee (FIC) meeting regarding the plethora of work being undertaken under the remit of ACP/ACS, particularly around corporate services and workforce transformation. FIC members questioned the need for discussion at Board regarding these developments.</p> <p>Following brief discussion, it was agreed that consideration will be given to a wider presentation/paper to Board on the status of the work being undertaken under the umbrella of ACS/ACP.</p> <p>The Chair and Mr. Clarke, Deputy Chief Executive, had also recently attended a meeting with NHSi at which every mental health trust in the north of the country was represented. SHSC was mentioned a number of times in a whole range of issues, and particularly around IAPT. Some questions which were raised nationally, but may be worthy of consideration at Trust level, related to the use of long term locum doctors; out of hours work; national approaches to co-ordinating beds. It was noted that financially mental health services are generally stable however also recognised challenges lay ahead.</p> <p>The meeting included a presentation on the transformation of the learning disability care agenda and also the changes to mortality reporting which come into effect from October 2017 and which the Trust has arrangements in place to address.</p> <p>From a Chair's perspective, in terms of the range of meetings recently attended, Ms. Brown noted that there is the potential for SHSC to expand its local focus to continue to enhance the provision of mental health and learning disability services and also to proactively support a number of the national promises being made regarding funding for mental health and learning disability services.</p>	KT
14/7/17	Governor's & Membership Matters	

Membership is reported at 12,571. Although no membership activities took place during June 2017, a number are planned over the coming months and the Chair thanked the Governors and Members for their continued support of these events.

It was confirmed that the Governor elections are now complete and at the next meeting of the Council of Governors a number of new Governors will be welcomed to the Trust. However, there remains three Staff Governor vacancies and the Chair requested staff be encouraged to become involved in the Council of Governors.

Following the recent elections the following seats remain vacant:

- Public North East
- Carer
- Central Support Staff
- Medical & Clinical Staff
- Social Work Staff

The following changes in respect of Governor membership were also noted:

Deborah Gamsu (Psychology Staff) has stepped down and Jonathan Sibbring has taken the remainder of her term (to 30/4/19) as per the constitution.

Sheffield CCG has nominated Mark Gamsu to replace Dr. Leigh Sorsbie as their appointed governor.

Barbara Bell, Public Governor for the rest of England, stepped down effective 30 June 2017 and the person who polled the next highest votes will be asked if they would like to take up the role for the remainder of the term (to 30/6/18).

Cllr Robert Pullin has stepped down as of 5th July 2017 and will be replaced by Cllr Steve Ayris. The Appointed Governor for the University of Sheffield remains vacant.

Governors have been invited to participate in the appraisal process for the Non-Executive Director (NED) by providing feedback on each NED. In addition the lead Governor sat in on appraisals for each NED.

The majority of new governors attended a Trust induction in July 2017 and a full day's training will be commissioned from NHS Providers (as part of the Governwell programme) which will be undertaken in partnership with Sheffield Teaching Hospitals.

The Chair reiterated the importance of ensuring that Governor questions are responded to in a timely manner.

Executive Management Updates

15/7/17

Chief Executive's Verbal Update

Promoting Attendance & Managing Sickness Absence Conference

It was noted the Trust had once again held this conference, which was well received, with a number of excellent presentations including IAPT; Workplace Wellbeing; plus a number of external speakers. The conference was well attended and feedback was excellent.

Emergency Planning Update

Further to recent terror attacks in London and Manchester, and the Grenfell Tower fire, Mr. Clarke provided an update in order to provide a level of assurance to the Board in respect of Trust emergency planning arrangements. Building security and access to Trust buildings has been reviewed and an assessment is to be undertaken to ensure all Trust buildings with access cards have appropriate measures in place.

With regards to fire safety, Mr. Clarke confirmed that, as previously reported and by way of assurance to staff, service users and carers and members of the public, the Estates function has undertaken a review of the Trust estate and no cause for concern has been identified in respect of building cladding. This position has been reported into NHSi as a result of a request for assurance from Trusts regarding this matter and remains under review.

Ms. Stanley raised a specific query regarding the potential evacuation of service users in the event of a fire and how within the emergency planning processes the appropriate assurances are being received regarding evacuation plans. In response, Mr. Clarke confirmed that the Trust continues to review and develop its programme of evacuation and during the unannounced visits by the emergency planning team to wards, the view of the lead clinicians is always sought on appropriateness to undertake the emergency evacuation exercise. Regular table-top emergency planning exercises are also undertaken in conjunction with staff to ensure a level of assurance that staff understand the emergency planning process and it is embedded in practice.

Mr. Clarke referred to two incidents recently where the emergency evacuation procedures were implemented and raised no major concerns.

Regarding the recent ransom ware cyber-attack experienced within the NHS, Mr. Clarke confirmed that there was minimal impact on the Trust's systems as a result of the Trust's IMST team taking a strategic approach to IMST development and procuring new security packages which were in place and ensured that the Trust remained unaffected. It is acknowledged this is an area which required regular review as technologies progress with a number of plans in place within the IMST function to further develop the Trust's resilience in these matters.

Health Led Employment Trial

Mr. Taylor advised it has been confirmed that the Sheffield City Region Combined Authority has been awarded £7m over three years to support the development of a Health Led Employment Trial supporting people with mental health and/or musculoskeletal problems into employment or to maintain employment. Mr. Taylor currently leads the employment and employability work stream on behalf of the ACS and for Sheffield.

Accountable Care Partnership

The Accountable Care Partnership Board for Sheffield had its first meeting and it has been agreed, as reported previously, that Mr. Taylor will chair the Executive for Sheffield.

Quality Improvement Event

The Trust event, held at Bramall Lane, was extremely helpful and informative. The view was reinforced that the key to undertaking meaningful quality improvement is to involve and co-produce these types of events with the people who use our services.

Move More Month

June was Move More Month within the city. Mr. Taylor noted that as part of this initiative there had been 8.3m active minutes recorded across the city and a total of 101 different organisations were involved.

Whilst this event was seen as a fun event for all to participate, the underlying, serious message is there is a good evidence base in respect of improvements in physical and mental wellbeing as a result of exercise, and was also a positive initiative for the Trust to take part in.

Sustainability & Transformation Partnership Memorandum of Understanding (MoU)

This agenda item was recorded for information and assurance, however there was general agreement that discussion would be beneficial prior to endorsement by the Board of Directors.

Mr. Taylor advised a strong recommendation the Board endorse the MoU. There noted is a growing sense of momentum in South Yorkshire & Bassetlaw (SYB) and around the country that SYB is the system deemed to be working in the strongest partnership way, although this is difficult to quantify. It has been made very clear there will be no legal or structural changes and the existing foundation trust landscape will remain, however, beyond that different ways of working will be progressed. A prime example of this different way of working is the procurement and management of the recent award for the employment support service, which involves Department of Work and Pensions (DWP) monies being received via the combined authority, which will be procured using the SCCG procurement processes for the SYB area, with Mr. Taylor, SHSC Chief Executive, having overall lead responsibility for that process.

This exemplifies the degree of behavioural change which is facilitating the change in ways of working. However, because of the decision taken not to change the legal or structural standing of the trusts involved, which is believed to be the correct decision, there is a need for an agreed MoU, outlining a statement of commitment from each organisation to work in partnership and change joint behaviours together. The MoU reflects the positions that each Trust maintains their individual governance responsibilities and this Board maintains its legal responsibility and accountability, with Mr. Taylor as the SHSC Accountable Officer.

There is a genuine sense of the movement that is precipitating change with the recognition there will be challenges, however at this stage this is work in progress in terms of a statement of intent reflecting progress accompanied by a statement of ambition regarding the future extent of the partnership.

It is intended to be a dynamic agreement that will evolve as the partnership develops and the Board are asked to endorse this as a commitment to work in a different way in a system wide perspective whilst retaining accountability for this individual organisation.

Mr. Taylor reaffirmed his strong recommendation the Board endorses the MoU.

The Chair stressed the significance of the MOU as a statement of intent for the future working together arrangements and with the expectation there will be further iterations of the MoU as the process develops. It was intended to sign the MoU and noted that if agreed the next important step would be to ensure members of the partnership acted accordingly as guardians of their own behaviours in a collegiate manner.

In response to a request for clarification from Ms. Rogers regarding Section Two and a statement regarding provider partners, Mr. Taylor confirmed provider partners will be those organisations not based within the South Yorkshire & Bassetlaw region but that provide a service into that region.

Ms. Rogers confirmed her support for endorsing the MoU.

Mr. Mills welcomed the MoU and strongly supported its endorsement. Appreciation of the time and effort both the Chair and Chief Executive have given to representing the Trust in this work was acknowledged. Clarity was sought regarding Board engagement in the work, monitoring mechanisms and receiving appropriate assurance. The Board would benefit from consideration in more detail going forward with the opportunity for this discussion at Board level.

The Chair acknowledged this request and reiterated an early agreement for the Board to receive a wider presentation on the work being undertaken under the umbrella of ACS/ACP. It was further advised the Trust Chair is also the Chair of the Oversight & Assurance Group, which comprises all Trust Chairs across SY&B. It is expected this group will feedback into individual Trusts and Boards, However, it was reaffirmed a separate discussion to aid members' understanding of the work in place would be arranged.

Mr. Mills also raised a query regarding the intended future control totals and potential additional funding. It was noted that currently minimal detail is currently available on these matters and further discussion will be required at the relevant time, Mr. Taylor stressed the existing governance arrangements within SHSC are not supplanted by the content of the MoU.

Dr. Hunter noted that the narrative within the MoU in relation to accountability is well expressed.

Mr. Easthope echoed the overwhelming support for the direction of the partnership, noting his agreement to the content of the MoU. By way of assurance for Non-Executive Directors, confirmation of the Executive Director representation on the varying work streams was provided with direct involvement in the digital, finance and working together work streams, with further developments awaited. Following this discussion, the Board

	agreed to endorse the MOU.	
Papers for Information and Assurance		
16/7/17	<p>Members received and noted the following documents which were received for information and assurance:</p> <p>i <u>Associate Mental Health Act Managers Quarter 4 Report</u> Members noted the improved content of these reports. The work of the Associate Mental Health Act Managers was also acknowledged and it was agreed the Chair would send a letter of appreciation for the work being undertaken by them.</p> <p>In response to a query from Ms. Rogers regarding an increase in the level of mental health act detentions, Ms. Sangha advised that this, in part, is a result of the increased level of acuity now being experienced from admissions together with an increase in the use of the mental health act. However, length of stay is much shorter. A piece of work is being undertaken within the Trust with the Approved Mental Health Professionals (AMHPs) and the doctors using detention, in conjunction with a benchmarking exercise with other regions to provide a basis to the figures being reported. Dr. Hunter also noted that the increase in detention under the mental health act is part of a national picture.</p> <p>It was noted that the key relating to Chart 1 within the document was missing.</p> <p>ii <u>Infection Prevention & Control Annual Report 2016/17 & 2017/18 Programme</u> Mr. Mills noted the information within this report in respect of a mattress audit undertaken within the year and expressed concerns regarding the condition of a number of mattresses being used during the time of the audit. It was reaffirmed that whilst this situation was disappointing, it has been fully addressed and clear lessons have been learnt. The outcome of this year's audit is expected shortly.</p> <p>Ms. Rogers noted the good progress made in respect of hand hygiene.</p> <p>Ms. Blake asked whether the level of frontline staff receiving the flu vaccination which was reported at 22% last year was an improvement on the previous year. Ms. Sangha confirmed that this was a deterioration from the previous year and it is an area which presents a challenge to the Trust to raise its compliance levels. Clear plans are already in place and have started early to ensure wherever possible that the Trust meets its CQUIN target in this area.</p> <p>iii <u>Safeguarding Adults Annual Report 2016/17</u> Noted.</p> <p>iv <u>Safeguarding Children Annual Report 2016/17</u> Noted.</p>	JB
17/7/17	<p>Board Committees – Significant Issues Reports</p> <p>i <u>Quality Assurance Committee (QAC)</u></p>	

	<p>Members received the minutes of the Quality Assurance Committee held on 22 May 2017 and the Significant Issues Report from the meeting held on 26 June 2017.</p> <p>ii <u>Audit Committee (AC)</u> Ms. Stanley, as Chair of Audit Committee, advised the Board that as the last meeting of the Audit Committee took place yesterday there is no Significant Issues Report from that meeting, which will be received at the September Board Meeting, however verbal update was provided.</p> <p>Most of the items discussed at the Audit Committee were raised during the course of the Board meeting in terms of the BAF; the CRR; the Register of Interests and the revised Constitution and supporting documents.</p> <p>One further item which she would like to bring to the Board's attention was the significant improvement noted in the implementation of recommendations from Internal Audit Reports.</p>	
18/7/17	<p>Any Other Urgent Business No other urgent business noted.</p> <p>The Chair reminded members that the Board of Directors' will not be meeting in public during August.</p>	
19/7/17	<p>Chief Executive's Announcement of Confidential Business <i>The Chief Executive announced the commencement of confidential business in accordance with the published agenda.</i></p>	
20/7/17	<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 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, 13 September 2017

at 10am, Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road, Sheffield, S10 3TG

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