

## Board of Directors - Open

**Minutes of the 113<sup>th</sup> Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday, 9 May 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 & Investment Committee
5. Ms. 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

### In Attendance:

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
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
14. Ms. Jenny Jones, Hospital Inspector, Care Quality Commission (CQC) – Observer
15. Ms. Nicola Haywood-Alexander, Director IMST (item 4ii)

### Apologies:

16. Prof. Laura Serrant, Non-Executive Director, Chair of Workforce and Organisation Development Committee
17. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

### Public Gallery

Mr. Adam Butcher, Service User Governor.

No	Item	
	<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 it the meeting was quorate.</p>	
1.	<p><b>Declarations of Interest:</b> 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 Cllr Blake to leave the meeting during discussion relating to these items. No further declarations were made.</p>	

2.	<p><b>Minutes of the Board of Directors Meeting Held on 11 April 2018</b> The minutes of the Open Board of Directors' meeting held on 11 April 2018 were agreed as accurate record.</p>	
3.	<p><b>Matters Arising &amp; Action Log</b> Members reviewed and amended the action log accordingly. Ms. Saunders noted progress had been made.</p>	
<b>Strategy</b>		
4.	<p><b>i. Communications Strategy</b> Members received and were asked to approve the Trust's Communication Strategy 2018-2021.</p> <p>Ms. Saunders reported the Strategy has been presented to the Executive Directors Group (EDG) and Workforce &amp; Organisation Development Committee (WODC) in April 2018, feedback and comments have been incorporated into the final version. Mrs. Stanley confirmed WODC had received the Strategy, a focus on projects was supported by the Committee. Mrs. Stanley referenced Stakeholder Mapping and recalled the WODC had agreed the section on mapping. Perceptions of the Trust from stakeholders point of view was also raised and believed this should be included, noting the intelligence gathered from Board Development sessions would be helpful to focus communications. The use of branding was referred to within the Strategy and WODC had sought clarity regarding this. Mrs. Stanley noted WODC supported the Strategy.</p> <p>Ms. Keene, referenced Stakeholder Mapping and believed Service Users and Carers had been omitted from this section, and would benefit from a higher profile, to ensure, co-production and partnership working and exchange of information. The Chair acknowledged Service Users and Carer engagement had been referenced, and believed this required expanding. It was also believed the website development and redesign should be Service User and Carers focused.</p> <p>The Chair noted the Strategy had been through a number of variations and scrutiny and members were asked to approve the Communications Strategy. The Board formally approved the Communications Strategy.</p> <p><b>ii. Digital Transformation Strategy</b> Members received and were asked to approve the Digital Transformation Strategy.</p> <p>Mr Easthope reported members had received a summary report and presentation to support the Strategy. The Strategy has been discussed at Board in February 2018, and following governance process, Finance and Investment Committee (FIC) in April 2018. FIC had scrutinised the Strategy, and requested the Strategy was separated from the implementation plan, prior to presentation to Board as Board was require to be sighted on a degree of the detail which was included in the presentation.</p> <p>Ms. Haywood-Alexander presented the Digital Transformation Strategy which was reflective of the digital world which the Trust continues to embrace. The Strategy focuses on four key areas: Interoperability; Co-creation; Anytime, Anyplace, Anywhere and Safe and Secure while facilitating new models of</p>	

care to provide intelligence to support decision making.

NHS England (NHSE) have a clear forward view of digital technology to support people in managing their own health, ensure technology supports NHS priorities and as an innovator. The digital vision for South Yorkshire and Bassetlaw also has a strong focus on service users with the Trust significantly advanced in the development of health and social care systems.

The vision focuses on four main areas: Citizen and patient empowerment, System integration and operational efficiency; Strategic Decision Support and Health innovation and Digital Capacity. The current focus is integrated health care systems to improve patient pathways and enhance co-production. The Trust system is fifteen years old and innovative in its time, now requires an upgrade and investment, adding a new system will focus on the patient pathway, support information and improve data quality. The Trust has been invited to bid for funds to develop a system in partnership with other Trusts noting patient records were often recorded in different places and not integrated at a single point. It was imperative to build capacities of IMST staff with requisite skills and knowledge.

To reach the vision, work began on a Digital Transformation Strategy in 2016, and focused on four aims with supporting objectives. A revised Strategy has been presented to Board, reflecting changes to both the national agenda and Trust environment. The objectives realise themselves into digital products via capabilities which are shared and enabling. The principles of the strategy are: transformation, optimisation information architecture, investment in future capacity and data asset.

Developing the Strategy will enable services users to become empowered, with evidencing suggesting this leads to better outcomes and a reduction in costs. However the most significant challenge is enabling the workforce, to support and operate new technologies of care.

Delivery to date included a shared vision across Trusts to link systems, maintenance of the current Insight system priorities, a national priority electronic discharge tool and electronic prescribing in Substance Misuse. This is coupled with system reconfiguration to align clinical operations with robust cyber security, improve mobile access for staff moving across Trusts complemented by workforce development within IMST and securing an in-patient Wi-Fi system.

Mr. Mills reported the Finance and Investment Committee (FIC) received the Strategy in April 2018 reported the remit of FIC will change to incorporate information governance and information, (Finance, Information and Performance Committee (FIPC). The improvements to digital capability and strategy over the recent years are welcomed. FIPC will scrutinise business case and review risks, and strengthen governance.

Clarity was sought regarding products relating to the Patient Administration System (PAS) and referenced in Appendix 1 in the report listing schemes, and the slide detailing priorities for 2018/20. In response Ms. Haywood-Alexander confirmed the priorities were identified areas requiring investment in capabilities, resources and investment, the list detailed products over the period of the strategy that clinicians had identified as beneficial. A map

illustrates activity resulting in a technical product which can enable a digital capability. It was suggested adding a timeline to the list to identify priorities and scheduling of business cases etc. enabling a flow in the system. Ms. Haywood-Alexander responded a road map will support each of the business cases including product, resource and digital capability for realisation. Mr Mills queried the production of individual road maps, Ms Haywood-Alexander responded three key areas have been identified for investment, integrated healthcare system, mobile connectivity and performance management of business intelligence. Mr Easthope highlighted the governance, noting the Clinical Systems Strategy Group (CSSG), Infrastructure Group and Business Systems Strategy Group (BSSG) were managed in different portfolios, and within that was an extensive list of projects, set against a priority list, and a separate road map will be developed for each area of responsibility. Overall priorities will be monitored via the Digital Information Governance Board (DIGB) The Chair suggested adding a high level plan with timelines as an addendum to the Strategy.

PE/NHA

Mr. Mills requested clarity in relation to risk, and for consideration to be given to the risk escalated onto the Corporate Risk Register, risk number 3659 and for FIPC to manage and understand risks.

Dr. Hunter noted he chaired CSSG, confirming a group of IT experts and clinicians collectively and routinely review clinical prioritisation.

Cllr. Blake was pleased to see an ambitious strategy focusing on the service users using screening tools. Clarity was sought regarding the integration across the system. Ms. Haywood-Alexander, as the Chief Information Officer (CIO) believed it was the responsibility of the Trust to ensure a move towards systems which can flex and integrate. Funding had been secured via the South Yorkshire and Bassetlaw system for Barnsley and Sheffield to support an integration platform. Rotherham has already implemented this and is working with an enhanced collaborative system.

Ms. Keene noted the presentation had been extremely customer focussed which was welcomed and queried if the vision to integration was moving in parallel, mindful of confidentiality and safety concerns. Ms Haywood-Alexander responded, privacy and confidentiality agreements were being addressed, noting NHSE has launched the Local Health & Care Record Exemplars (LHCRE) programme, requesting systems collectively integrate. The Trust is within the South Yorkshire and Humberside patient held record bid and this will be the forum for information governance (IG) discussions. From a professional perspective it was believed IG was an area requiring careful consideration and required the development of comprehensive tools to test functions. It was imperative a number of groups were established to lead this with executive support, both from Mr. Easthope as the Trust Senior Information Risk Owner (SIRO) and Mr. Clarke as Caldicott Guardian to ensure data information flowed and meet clinician and service user requirements

The Chair thanked Ms Haywood-Alexander for the presentation, noting the Board has been asked to approve the refreshed Strategy, and to note the framework to support delivery of the Strategy. The Board approved the Strategy and noted the framework.

**5. Service Performance**

- i Service Performance Dashboard for the period ending 31 March 2018  
Members received the Service Performance Dashboard for the period ending 31 March 2018.

Mr. Easthope noted the year end position, reporting a number of comments were yet to be incorporated in the narrative following the Board meeting in April 2018 due to the date of this meeting and shortened turn around period.

The report details the position in relation to Segmentation 2, and clarity in relation to achievement of standards for Quarter 4, the full year position was unavailable at the time of production. Bed occupancy has been updated, with a slight improvement which continues to be monitored. A number of concerns related to 7 day follow-up with assurance processes being followed to clarify the position. On reviewing the annual care planning data it had been determined additional resource and capacity would be of benefit in order to fulfil this requirement.

The financial position is an over achievement to plan, with a variance in control total of £3.6m and additional pound for pound funding. Year-end reflection on achieving of targets and Cost Improvement Plans through transformation and redesign are significant and noteworthy. It was also noted that disinvestments are often overlooked and equate to £12m, with redeployment process resulting in less redundancy and MARS than anticipated. All involved were thanked for contributing to the achieving the positive position.

EDG discussed a number of key areas and noted an early indication of trends, assaults had risen above the upper control limit and was supported by additional narrative and will continue to be monitored. Dr. Hunter noted for March 2018 the upper control limited for assaults on staff had been exceeded, due to special cause variation and common cause variability is expected. The rise in assaults on staff were attributed to two services users noting the assaults were classed as minor/negligible incidents e.g. grabbing of wrists and reported as incidents in line with Trust policy. Ms. Keene added the Quality Assurance Committee (QAC) had discussed this issue in detail.

Mr Easthope noted there had been good performance though the year and to reflect on this.

Mr. Clarke noted reference made to the IAPT and EIP services year end with under achievement of targets. Members were reminded of the activity in both services with new investment into IAPT resulting in a substantive transformation agenda with an anticipated over achievement going forward. Plus, due to the unexpected activity within the EIP service, substantive investment to support new systems and delivery processes was provided.

Mr Clarke recognised the changes in the system and this was being managed, in both in-patient and community, acknowledging CMHT reconfiguration was not yet fully embedded. The Council of Governors (CoG) had been updated on progress.

Mrs. Stanley referenced the summary report, acknowledging the direction of travel, for Care Programme Approach (CPA) figures. Mr Clarke clarified there had been unidentified cases and a number not followed up which attributed to the backlog. High sickness absence and vacancy factors in the new structure, particularly in the North team were noted and it was understood steps were being taken to address these concerns. However there was a risk in the structure to achieve absence targets and fill all posts. Mr. Clarke responded the North team are visited on a regular basis. There were currently 3 whole-time equivalent (wte) on sick leave against a 14.4 wte establishment and two members of staff were moving internally. Additional short term resource in the Recovery Teams, will be considered in liaison with EDG. Dr. Hunter added QAC had commissioned a piece of work to review the information collected in the safety dashboard and could broaden this to include community quality measures to access and allocation and will report to QAC at Quarter 2.

Mrs. Stanley noted the number of reds on the Alcohol Service dashboard, albeit treatment appeared to be moving in the right direction. Triage assessment remained static and believed the target may be missed therefore queried if the target was realistic. Mr. Clarke responded the Trust is working with Commissioners to gain an enhanced understanding of the demands of meeting the target.

Ms. Keene wished to reinforce the CPA discussion, and support the short term resource suggested, noting the service was 30% down and the long term absences and recruitment lead times may prove challenging.

Mr. Taylor noted transitional support will be available to support teams embed and integrate into the new ways of working albeit recruiting is also challenging in the current climate. He had worked a number of shifts with different teams and the situation had improved.

Ms. Keene requested clarity regarding the headcount on the dashboard, noting there were 200 less staff at year end and queried if this was due to service redesign, MARS, redundancy and whether it related to vacancy levels or people in post. Mr Easthope responded it was a culmination, noting a significant variation in relation to disinvestment within learning disability services and reduction in headcount. The data will include transformation, CIPs MARS and head count variance. Mr. Wilson added a breakdown is shared with WODC.

Mr. Mills had requested metrics for community mental health requesting any areas of concern identified in the previous system be highlighted.

ii Safer Staffing Report for period ending 31 March 2018

Members received the Safer Staffing report for the period ending 31 March 2018.

Ms. Sangha reported staffing levels, sickness, maternity leave, vacancy rates and bank/agency are monitored, feeding into the workforce planning, recruitment and retention agenda. A number of new starters had joined the Trust during March 2018. The Safer Staffing Group has commenced reviewing retention rates of other clinical professionals e.g. Allied Health Professions.

E-Rostering is becoming embedding on in-patient wards, and overseen by senior clinical managers, ward performance is monitored and issues can be addressed with Ward Managers. The aim is to extend the roll out of e-rostering to community services and progress will be included in future reporting.

Nursing rotation roles are being explored across in-patient and community services to offer staff the opportunity to move around the Trust and enhance skills.

Ms. Keene welcomed the inclusion of community services, and queried if social care would be included. Ms Sangha responded medical had been incorporated, social workers and psychology will follow to create a multi-disciplinary team overview and a flexible workforce.

Mrs. Stanley referenced the dashboard noting concern in relation to night cover on Dovedale Ward and asked if risk factors were considered. Ms Sangha responded clinical activity is a contributory factor and cross cover considered. The Senior Operational Managers monitor activity daily and move staff to the areas of high activity, ensuring wards are safe.

## Governance

### 6. Annual Report (Final)

Members received the Final Draft of the Annual Report.

The Chair noted Board had commented on the Annual Report acknowledging the significant amount of information required to fulfil statutory requirements. Ms. Saunders confirmed the timeframe for any further amendments and asked members to forward comments by 16 May 2018 to produce a final iteration for Audit Committee on 24 May 2018.

Mr. Mills raised three points, the first regarding plan to achieve surplus and suggested further narrative would be beneficial. In relation to gender ratio the figures related to the Board as an entity and believed it would be beneficial to differentiate between the gender diversity of the Non-Executive Directors (NEDs) and Executive. The Chair asked if members were satisfied with the unitary Board response and were in agreement. Clarity was sought regarding the increase in organisational floor space in 2016/17 and asked for narrative to be added.

### 7. 7Hills Care and Support Ltd - Appointment of Director

Ms. Saunders reported the Trust is required to appoint a Director for 7Hills Care and Support Ltd. Subject to Board approval and would assume the role of Director, for the purpose of Companies House registration, noting the company was dormant. Members agreed and appointed Ms. Saunders as Director. The Chair asked Ms. Saunders to update Ms. Keene and Prof. Serrant on 7Hills.

MS

### 8. Freedom To Speak Up Report

Members received the Freedom To Speak Up Report for information. All Trusts are required to appoint a Freedom to Speak Up Guardian (FTSUG) since October 2016 following a recommendation from the FTSU review conducted by Sir Robert Francis. The Trust appointed Ms. Fowler, one day per week who has been developing the role within the Trust. The report covers a number of areas and believed it would be beneficial for Ms Fowler to return to talk to members regarding the Staff Attitude Survey.

Ms Fowler has been in post for 18 months, and believed in speaking up and creating a positive culture. The role is new not only to the Trust but nationally and had taken time to embed. Guidance has now been published to enable trusts to benchmark themselves.

The report highlighted a number of areas of focus with a number of tools being developed including a database to gather evidence and log communication, which was auditable and could be shared with for example the Care Quality Commission (CQC).

Queries received ranged from personal 1:1 sessions and individuals raising a concern to advice and sign posting. The process of escalation can be complex and following an expression of dissatisfaction with processes work had progressed to ensure systems are now in place. Themes have included CMHT Reconfiguration which is expected with such a large project.

The Chair requested clarity regarding the reference to dissatisfaction, Ms. Fowler responded this related to both process and outcome, one noted little action had been taken in relation to the concern raised. It was believed this perception would change and those raising a concern will feel value in doing so. Mr. Clarke added clear timeframes will be established for processes.

The FTSUG is part of the Speaking Up agenda of the Trust and Ms. Fowler noted the guidance outlines strategic direction and believed it would be useful to share this with members later in the year. The Chair asked if the guidance could be shared with members.

Mr. Taylor acknowledged the role was difficult, firstly developing systems and processes within a framework, and secondly culture and visibility. It was noted Ms. Fowler was settling into the role. Feedback from a number of forums which recognised the tension with performance and accountability and engagement and communication and finding a balance. There was a shift however it was slow, and recognised a number people had difficulty in speaking up.

Mr. Mills asked if it was appropriate for QAC to receive periodic updates and suggested the triangulation with complaints would be useful. Mr. Taylor noted this may be useful, adding there must be a direct line of accountability to the Board. Mrs. Stanley added the Audit Committee had sight of the report with various issues raised with a number of concerns.

Ms Keene noted 21 of the issues raised related to quality issues and as Chair of QAC queried whether this was of concern. Ms. Fowler responded the majority of issues fall within the patient safety category, noting whole teams had raised concerns to which Trust had responded. A number remain open and are progressing for example Northlands with Mr. Taylor and Mr. Clarke visiting regularly and engaging with staff. The role also has a responsibility to escalate to Board if, it was considered, concerns were not being addressed with the option to report externally.

Capacity was a concern, and the one day allocated to the role had been used to develop systems and process subsequently increased to two for a limited period to embed the role. An increase in capacity would assist visibility and promote the role. The Chair queried how the Trust compared in relation to resource. Ms. Fowler responded it varied greatly from Trust to Trust.

CC

	<p>Dr. Hunter noted each concern appears to be a micro quality improvement opportunity, believing there was a connection with Quality Improvement Team which may be of benefit to explore. Mr. Clarke noted the recruitment to the Patient Safety Team is underway and the FTSUG role will link in.</p> <p>The Chair thanked Ms. Fowler for attending and the Chair noted the Board had received the report for information.</p>	
9.	<p><b>Associate Mental Health Act Managers (AMHAM) – Q4</b> Members received the AMHAM Quarter 4 report for information.</p> <p>The Chair, as Chair of AMHAM reported the Terms of Reference (ToR) for the meeting had been revised, to ensure the most effective use of their time when attending Trust meetings. A review had been undertaken of the reports and information to ensure a timely reporting process and reports which focus on quality and consistency. Further discussions had included engagement and enabling service users. The Chair noted the valuable contribution of the AMHAMs.</p>	
10.	<p><b>Data Security Protection Declaration of Compliance</b> Members received the Data Security Protection Declaration of Compliance for approval.</p> <p>Mr. Easthope reported the request come to Board as a requirement of NHS Improvement (NHSI) for Board sign off. Considerable work had been undertaken in relation to data and information governance at operational and committee level. In future this will align to routine reporting via existing structures. The report was detailed and included the disclosures of the Trust. Both Ms. Saunders and he had validated and confirmed the information.</p> <p>Mrs. Stanley acknowledged the fully implementation of the requirements, noting Internal Audit reports had been received in relation to cyber security etc. Clarity was sought regarding the partially implementation of business continuity planning suggesting data transfer and products sit within this area. Mr. Easthope agreed to incorporate this. Mr. Clarke added the Emergency Planning Lead commences in post 1 July 2018 and will review business continuity plans.</p>	
<b>Risk Management and Internal Controls</b>		
11.	<p><b>Eliminating Mixed Sex Accommodation - Annual Declaration</b> Members received the Trust's annual declaration of compliance for Eliminating Mixed Sex Accommodation (EMSA).</p> <p>Mr. Clarke reported there are two sets of guidance in relation to EMSA, noting the Trust is required to measure itself against age criteria, the Department of Health guidance and Mental Health Act Code of Practice reporting the Trust is compliant with these requirements. The second set of guidance is applied by the CQC when inspecting and under this criteria the Trust is not compliant on two wards Stanage and Burbage.</p> <p>The Chair requested clarity regarding compliance, Mr. Clarke responded the annual declaration required of all trusts is assessed against the DOH guidance and MH Act Code of Practice, when this is applied the Trust is compliant. There was a decision made to move both Stanage and Burbage to single sex, a review</p>	

	<p>of this decision is being undertaken by the new clinical operations senior management team, the outcome of which will be presented to Board.</p> <p>Ms. Keene confirmed QAC had reviewed EMSA, and had requested further information to fully understand the situation and make a recommend to the Board in relation to CQC compliance standards and to maintain safety.</p> <p>Mr. Taylor, noted the Trust were legislatively complaint, albeit not complaint with CQC expectations or best practice. The current estate impeded the implementation of best practice guidelines. There were also concerns in relation to sending people out of town, which the Trust avoids. Mindful Ms. Jones was present, Mr. Taylor reported the Trust did not wish to be in the position of non-compliance when the CQC inspected in June/July 2018 and believed an agreed position was required.</p> <p>The Chair noted QAC had scrutinised and agreed the distinction between two sets of guidance. A report to Board in July 2018 was requested detailing the compliance and clinical position. Ms. Keene requested inclusion of the CQC position. The Board received the report, and agreed EMSA breaches are reported to the Board and for the compliance to be published.</p>	CC
12.	<p><b>Quality Impact Assessment Procedure 2018/19</b> Members received the Quality Impact Assessment Procedure for information.</p> <p>Ms. Sangha reported the procedure is used to assess whether disinvestment and Cost Improvement Plans (CIPs) impact on quality of care or service delivery. An executive scrutiny panel assess every case and ensure the process is followed.</p> <p>Mrs. Stanley noted Board has received assurance from the process in the past and asked if changes had been made. Ms. Sangha reported the process remained unchanged. Mr. Easthope added the process was adopted for corporate services in 2017 and will continue in 2018. The Chair believed the CoG would benefit from this report.</p>	LL (GS)
13.	<p><b>Corporate Risk Register</b> Members received and were asked to agree the Corporate Risk Register.</p> <p>Ms Saunders noted it had been updated accordingly, with risk ratings remaining static, and actions taken to mitigate risks. Three new risks had been escalated and agreed by EDG.</p> <p>Mrs. Stanley reported the comments from Audit Committee which questioned the controls of a number or risks. A development session was to be held later in May 2018 to review the Trust risk appetite and review the strategic risk management process. Queries were raised in relation to safety and actions for progression and reducing the risk. The absence of risks relating to people scoring moderate or above was noted.</p> <p>Dr, Hunter noted a new risk for medical staffing would be added, noting there were a number of vacancies at Consultant level.</p> <p>Mr. Mills requested clarity regarding Risk 3322, noting it scored 12 with no associated actions. The risk relating to SPA had scored differently and</p>	

	<p>referenced quality indicators without specifying which quality indicators.</p> <p>Mr. Clarke reported the new Clinical Operational Group Terms of Reference (ToR) included a fixed set of indicators.</p> <p>Ms. Keene referenced Risk 3322 and confirmed QAC had discussed this, noting there were two new controls, it maintained a moderate rating due to discussion linked to CPA concerns and continue to be monitored.</p> <p>Clr Blake noted a number of the controls could be seen as actions.</p> <p>The Chair requested clarity regarding the continued extension to the ligature risk. Dr. Hunter responded this was linked to estate changes and the roll out of the Observation Policy which once embedded would contribute to the re-assessment of the risk.</p>	
<p><b>14.</b></p>	<p><b>Board Assurance Framework (BAF)</b> Members received the Board Assurance Framework for information.</p> <p>Ms. Saunders noted the BAF had been presented to Audit Committee in April 2018. A thorough review has been undertaken and the changes recorded on pages 4/5. The BAF was becoming increasingly embedded within the Trust and provided a marginal increase in assurance. The Chair queried if risk owners were sighted on this. Ms Saunders noted there had been a significant stepped change over the year with the introduction of the electronic system.</p> <p>Mrs. Stanley noted Audit Committee had scrutinised the BAF, referencing the table on pages 4/5 and noting a number of gaps in assurance and a number of risks remaining static. The Audit Committee believed a link to the risk rating would be beneficial, noting actions and extensions should not occur on high risk areas. Ms. Saunders agreed to review, noting the Board would receive an update in July 2018.</p> <p>Mr. Mills referenced page 38 and sought clarity regarding the plan to maintain the development of the Estates plan during a maternity leave. Mr. Easthope confirmed cover would be procured.</p> <p>Mrs. Stanley in drilling down into the detail referenced page 29, noting an insufficient capacity and capability to maintain service quality through reconfiguration. There were no gaps in assurance and the risk has an assurance rating of significant, prompting a query regarding gaps and the suggestion the rating should be moderate.</p>	
<p><b>Board Stakeholder Relations &amp; Partnerships</b></p>		
<p><b>15.</b></p>	<p><b>Chair's Update</b></p> <p>The Chair had spent time with the neighbouring Trust Chairs to maintain momentum for joint working adding a request had been received to send a representative to observe Board meetings of partner organisations.</p> <p>The meeting with South Yorkshire House Association had been valuable. Dr. Hunter reported on a visit to London to look at the work of the collaboration of SYHA and High Town Housing, which was beneficial.</p>	

	<p>The Chair reported Mr. Mills, had on her behalf, attended the Lay members and Governors Integrated Care System (ICS) Governance session. Mr. Mills reported a number of presentations were received, the presentation by Sir Andrew Cash focused on health and equality and how the ICS can address a number of issues. Mr. Taylor responded the biggest risk is future workforce and the need to ensure there is a focus on engaging with schools and offering work experience opportunities. Historically the NHS does not offer work experience. The Sheffield Accountable Care Partnership (ACP) will be considering introducing a School Liaison service to support investment in the future workforce, referencing the work undertaking by the armed forces as an example. Mr. Mills reported a report was due to be published and would focus on challenges in workforce, clinical variation and innovation.</p> <p>Cllr. Blake suggested engaging with Sheffield Futures in relation to interacting with schools.</p> <p>Dr Hunter noted the reference to clinical variation reporting NHSI are recruiting to three national leads into mental health to focus on acute and out of area, taking inspiration from work in Sheffield, along with locked rehabilitation and CAHMS Tier 4.</p> <p>Mr. Taylor noted the governance of the ICS is inclining towards virtual organisations, linked to control totals. All organisations have expressed reservations and it has been reported Trusts have not signed up to an ICS with a shared control total.</p>	
16.	<p><b>Governor's &amp; Membership Matters</b> Members received the update on Governor and Membership matters for information.</p>	
<b>Executive Management Updates</b>		
17.	<p><b>Chief Executive's Verbal Update</b></p> <p>Mr. Taylor attended the Masterclass organised by the University, which had been inspiring and focused on medical students engaging with service users, sharing their experience to support their future practice. Details were shared on Twitter.</p> <p>The Trust has been informed the CQC inspection is scheduled for 3 to 5 July 2018 with a number of core services will be inspected prior to this date.</p> <p>Mr. Taylor had attended the Junior Doctors Forum and noted how this forum has now developed and works well.</p> <p>i <u>Sheffield Accountable Care Partnership (Update) for information</u> Members received the update for information. Mr. Taylor noted the author had him listed as Chair of the Executive Delivery Group followed by Chief Executive of the Trust, he noted first and foremost he was the latter. Ms. Keene requested clarity on the transformation plan priorities and work streams and supporting the level of accessibility. Mr. Taylor responded the priorities of the from the Mental Health and Learning Disability Programme would be most beneficial as this is the most developed in the city. The Chair suggested it was timely for an update from Becky Joyce , ACP Programme Director.</p>	MS (Bod

	<p>ii <u>Governance Review of Accountable Care Partnership Board</u>  Members received the governance review for the ACP. Mr Taylor gave assurance the Trust will remain as a sovereign body, with a desire to have greater transparency and to include Heathwatch and third party sector on the Board. A suggestion was mooted for a question and answer session in public meetings. A question has also been raised in relation to the appointment of Lay members on the ACP Board, which had mixed views, it was noted there were lay members through the Chairs. The Chair noted the Board has no power and from her perspective additional lay members are unnecessary.</p> <p>Mr Taylor proposed the revised governance arrangements are approved. Members approved.</p>	Sept)
<b>Papers for Information and Assurance</b>		
18.	<p><b>Guardian of Safe Working (Q4)</b>  Members received the Guardian of Safe Working Report for information.</p> <p>Dr. Hunter reminded members the role had been introduced at the time of negotiations of the Junior Doctor Contracts. Dr Mike Atter, is the Trust Guardian and reports independently to Board. Members will, going forward, receive a quarterly update. The report details exception reporting, highlighting instances of practice outside of contracted hours. Dr. Hunter noted there will be a number of occurrences, e.g. examples of a junior doctor dealing with an emergency at the end of a shift and the issue of leave being a further instance resulting in additional guidance and supervision being given regarding time management. Dr Hunter noted the Guardian has given assurance to the Board there are no untoward instances.</p>	
19.	<p><b>Board Committees – Significant Issues Reports and Minutes:</b></p> <p><b>a) Quality Assurance Committee (QAC)</b>  Members received the minutes of the QAC meeting held March 2018 and the Significant Issues Report from the meeting held on 23 April 2018</p> <p>Ms Keene reported a number of areas had already been discussed including EMSA, Corporate Risk Register and noted the safety dashboard included extensive in-patient detail and had commissioned a piece of work to focus on safety and quality in both in-patient and community. QAC had been receiving the minutes of the Safety Group (work), which had now discontinued as it was believed this was not the appropriate forum and would refer to WODC. The Committee also received a report from 360 Assurance on Service User Engagement noting the report gave significant assurance. The Committee will look at separation of engagement and experience and set clear parameters to oversee and understand patient experience.</p> <p><b>b) Workforce and Organisation Development Committee (WODC)</b>  Members received the minutes of the WODC meeting held 30 January 2018 and the Significant Issues Report from the meeting held on 24 April 2018. Mrs Stanley noted WODC had focused upon reviewing and aligning the agenda and reviewing the ToRs, performance reports and included a review of the minutes feeding into Committee which could apply to all committees.</p>	

	<p><b>c) Audit Committee (AC)</b>  Members received the minutes of the AC meeting held 30 January 2018 and the Significant Issues Report from the meeting held on 23 April 2018</p> <p>Mrs. Stanley noted the Head of Internal Audit (HOIA) interim opinion was moderate, noting an improved position, work to focus on embedding the BAF and how it is utilised at Board and in committees will be paramount in 2018/19. Disappointment was express regarding the Operational Risk management audit report however it was noted there was an action plan in place. The Committee has an objective to achieve a significant HOIA opinion in 2018/19. A review of all year-end reports had been undertaken</p> <p><b>d) Finance and Investment Committee</b>  Members received the Significant Issues Report from the meeting held on 30 April 2018.</p> <p>Mr Milles noted the Significant Issues report will now be presented in Open Board, however due to the nature of the Committee some information will remain commercial in confidence.</p>	
20.	<p><b>Any Other Urgent Business</b></p> <p>The Chair noted Ms Sangha was due to retire in July 2018 and on behalf of the Board wished her well for the future, noting she will be a loss to the Trust.</p>	

**Date and time of the next Board of Directors meeting**

**Wednesday 11 July 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](mailto:Margaret.saunders@shsc.nhs.uk) Tel: 3050727*

*Sharon Sims, Board Support [Sharon.sims@shsc.nhs.uk](mailto:Sharon.sims@shsc.nhs.uk) Tel: 2716370*