Board of Directors – Open

Minutes of the 110th Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday, 14 February 2018, 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 Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Committee and Interim Chair of Audit Committee
7. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
8. Mr. Phillip Easthope, Executive Director of Finance
9. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
10. Dr. Mike Hunter, Executive Medical Director

In Attendance:

11. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
12. Mr. Dean Wilson, Director of Human Resources (HR)
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
14. Mr. Jim Millns, Deputy Director of Mental Health Transformation (Item 5)
15. Ms. Nicola Haywood-Alexander, Director of IMST (Item 6)
16. Dr. Mike Atter, Consultant Psychiatrist, Guardian of Safe Working (Item 10)

Apologies:

17. Cllr. Olivia Blake, Non-Executive Director

Public Gallery:

Mr. A Butcher, Service User Governor
Mr. P Buston, Public Governor
Ms. B Critchlow, Carer Governor
Mr. D Houlston, Public Governor
Ms. B Joyce, Programme Director, Sheffield Accountable Care Partnership (ACP)
Ms. M Young, Staff Governor

Item Ref	Item	Action
1/2/18	**Welcome & Apologies: Cllr .O Blake** The Chair welcomed members of the Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies were noted from Cllr. Olivia Blake.	
2/2/18	**Declarations of Interest:** No declarations of interest were made by members	

3/2/18	**Minutes of the Board of Directors Meeting Held on 13 December 2017** The minutes of the Open Board of Directors meeting held on 13 December 2017 were agreed as an accurate record following a number of minor amendments. 6ii/12/17 Safer Staffing refers (pg9 para1) *Should read: improvements to management of the rota and recruitment…..* 12/12/17 Chief Executive Update refers (pg16 para6) *Should read: Mr Clarke reported there had been extensive progress in…..*	
4/2/18	**Matters Arising & Action Log** i. Learning from Deaths – Mortality Dashboard To note the revised report was circulated to members following the meeting. Action Log Members reviewed and amended the action log accordingly.	
	Strategy	
5/2/18	**Sheffield Mental Health Transformation Programme Update** *Jim Millns, Deputy Director of Mental Health Transformation in attendance* The Chair welcomed Mr. Millns to the meeting. Members received a progress report and presentation for information. Mr. Clarke introduced Mr Millns, whose role is lead for the Mental Health Transformation programme, a four year programme on behalf of the collaboration between NHS Sheffield Clinical Commissioning Group (NHSSCCG), Sheffield City Council (SCC) and the Trust. The programme commenced in early in 2017 and following workshops and consultation with a range of key stakeholders, voluntary sector organisations and service users, a number of overlapping transformational projects were identified which linked management and co-ordination. The outcomes are focussed on service user experience and improving the quality of services to ensure the effective use of resources. Mr Millns reported the update was to ensure the Trust were informed and updated on progress of the programme in conjunction with SCC Overview and Scrutiny Committee and the Governing Body of NHSSCCG. It is imperative to reinforce the key message of “There is no health without mental health” and although significant progress had been made over the previous year, there remained a number of gaps in health and equalities. Mental health remains the single largest cause of disability in the UK (23%) receiving 10% of the NHS budget. The programme was developed to enable the realisation of a £4m efficiency. The Trust, NHSSCCG and SCC agreed a shared vision for collaboration, innovation and desire to improve clinical outcomes. Three overarching areas had been identified; acute care reconfiguration, detained patients and out of town and transforming care.	

	It was acknowledged disjointed commissioning across a single pathway had existed and the aim, of the collaborative approach, was to create a seamless service without fragmentation. The programme having been initially financially driven has now established a joint delivery mechanism with robust governance arrangements including a single point of escalation and a shared desire to improve clinical quality and service user experience by addressing inefficiencies. Mr. Millns noted Dr. Steve Thomas, Clinical Director Mental Health, Dementia and Learning Disabilities, NHSSCCG had supported the programme and acknowledged the commitment to improve clinical quality. The programme consists of fourteen projects with the five largest projects impacting on patient care and efficiency, Promoting Independence, Dementia Care Pathway, Liaison Mental Health, Neighbourhood Health and Wellbeing Service, Sheffield Health and Wellbeing Service. The £4m for efficiencies for 2017/18, is on target to delivery £2.6m from the following projects; a review of High Cost Placements (Continuing Health Care), Promoting Independence, Section 117 Aftercare and Liaison Mental Health. The target for 2018/19 is circa £3.1m. The investments for 2018/18 equate to £3.2m and include Integrated IAPT, Liaison Mental Health, Out–of-Hours and Perinatal services. Investments for 2018/19 are projected at £3.6m. The scoping for 2018/19 will include the determinants for mental health and will include housing, employment and debt and support for early intervention. The Chair requested clarity regarding the level of co-production and engagement with service users and staff. Mr Millns responded, Health Watch Sheffield had been involved and co-ordinated the views of the wider population, it was acknowledged a wider level of engagement could be undertaken especially within specific projects, noting the work relating to the Dementia pathway was co-produced and supported by Age UK and the Alzheimer's Society. Mr. Taylor acknowledged the positivity in the programme and the different ways of working. It was noted the leadership provided by Ms. Maddy Ruff, Chief Executive, NHSSCCG in supporting the transition from a traditional Commissioner/ Provider arrangements had been welcomed. Mr Taylor noted the reference to debt and the opportunity the programme had provided to develop a strategic approach to the issue prior to the introduction of universal credit in Sheffield from September 2018. The challenge will be to address per capita investment, e.g. would a reduced per capita investment with greater efficiencies be regarding as under investment or balance of investment and efficiencies. Mr. Mills supported Mr Taylor's comments and requested if the update schedule for April 2018 could include a financial analysis for each project. Section 2:2 makes reference to exceeding early projections. Mr. Mills asked if there would be reimbursement. Mr. Millns responded, there are on-going discussions with the Directors of Finance in relation to risk and benefit sharing and understood surplus would be reinvested.	

	Mr Millns reported further investment into mental health services supports the entire health budget, e.g. enabling mental health service provision within the Accident and Emergency Department of Sheffield Teaching Hospitals NHS FT. Mrs. Rogers noted the positivity of the programme and queried whether Cost Improvement Plans (CIPs) were reinvestment or contributed towards organisations individual CIPs. Mr Millns believed the aim was to achieve an overall CIP across the city. Mr. Easthope responded the view is to move towards totality, drawing together inflationary and CIP requirement across the city, following planning guidance of a 2.1% increase in mental health expenditure. Mr. Easthope provided members with assurance there would be reference to the programme in the financial plan of the Trust. Mrs. Rogers requested clarity regarding the reference Mr Taylor made in relation to the Commissioner and provider relationship and competitive tendering. Mr. Millns responded the Transformation Programme presented the opportunity to work both differently and collaboratively. Mrs. Stanley also supported the programme and would welcome financial analysis. Ms. Lightbown supported the programme and direction of travel. Further information regarding the wider economic impact noting a national sum of £105b for mental ill health would be welcomed. In particular how this would translate locally and the direct impact of commissioning services to improve efficiencies and care pathways and the implications for the Sheffield economy. Scaled down from national to local level to evaluate how this translates locally. Mr. Millns responded there had been a concurrent project focusing on the long term objectives, citing evidence which suggests cyclists are less likely to use mental health services and, if they did, their recovery rate would reduce, therefore investment into more cycle paths was seen to be a good investment, as advocated by Greg Fell, Director of Public Health, Sheffield. Dr. Hunter fully supported the programme acknowledging the inherent tensions and challenges with regard to the mental health monies from the national commissioner coming via NHSSCCG and the statutory obligation of the Trust to achieve control totals. The Chair thanked Mr Millns for attending noted the Board fully supported the continued development of the programme and sought assurance there would be engagement with staff and service users to support development. Clarity regarding the governance process was requested, noting decisions would be at Board level and requested inclusion in the governance structure. A presentation regarding the programme would be presented to the Council of Governors (CoG) on 15 February 2018.	
6/2/18	**Digital Transformation Strategy – Refresh and Fast Follower Bid** *Nicola Haywood-Alexander, Director IMST in attendance* The Chair welcomed Ms.Haywood-Alexander to the meeting.	

	Mr Easthope reported members had received a revised Digital Transformation Strategy noting an initial strategy and business plan had been supported by the Executive Directors' Group (EDG) shortly after the appointment of Ms Haywood-Alexander. Albeit not formally adopted by Board the strategy was referenced at Audit Committee in October 2017. The Board could seek assurance from the delivery framework and the governance structure in place to support the implementation of the strategy. There was an inaccuracy in the report where reference had been made to presentation to March 2017 Board of Directors. The Chair thanked Mr Easthope for raising the inaccuracy and asked for clarity regarding approval by the Board of Directors. Mr. Easthope believed Board had not approved the strategy and reiterated the belief EDG had supported an interim strategy and business case. Ms Haywood-Alexander noted the key points were to assure members the strategy had been developed in support of national requirements and the regional aims to develop shared solutions and approaches to technology to create interoperable IT capability across the region and wider. This incorporates the required upgrade and refresh required across the Trust technology estate. Mrs. Stanley believed the strategy was aspirational referencing the Trust aims in the strategy and sought clarity in relation to the potential impact of the Fast Follower element on both delivery and finances. Investment had been committed to the Trust strategy and was unsure where the financial commitment for the Fast Follower project would be obtained from. Ms. Haywood-Alexander responded investment in Fast Follower would support delivery of the strategy and gave assurance there would be no additional commitments out with the Fast Follower project objectives within the strategy, e.g. the Trust could benefit in the upgrade of patient care systems by using technologies that others in the Fast Follower project had built and implemented in participating Trusts . Mrs. Stanley noted the Internal Audit report had identified capacity as a concern clarity regarding this was sought mindful of the Fast Follower project and noted the Board would be seeking assurance this had been accounted for. Ms Haywood-Alexander responded a detailed costed plan was in development looking at initiatives for implantation via the Fast Follower project alongside projects of the Trust. There would be a requirement for additional technical and project management resource with the Board receiving a number of different options for consideration. Mr. Mills acknowledged the importance, effectiveness and implementation of a digital strategy which is supported by the Board. The benefits and outcomes from the investment could be outlined as there are a number of priorities for 2018/19 linked to systems. Clarity would be sought regarding the detail, noting the explanation of the patient system had been beneficial. As the Board had not approved the strategy an outline of the next steps would be beneficial. Ms Haywood-Alexander responded a costed plan would be available for Board in April 2018 and will be submitted to NHS England as part of the application for the Fast Follower project, NHS England will use this information to gain assurance to invest in the Trust. Ms Haywood-Alexander noted the presentation included reference to the digital capabilities that had been identified as the priorities. She referenced a	PE (B/F Apr)

	number of examples, Shared Clinical Intelligence, Mobile delivery, Medical reconciliation. The Chair raised a general point regarding the sighting of the strategy by the Board and requested, that prior to a further report to Board in April 2018, the strategy follows the required governance process via a Board committee and would liaise with Mr. Easthope as executive lead. The Board, in principle supported the strategy and wished to seek assurance from an appropriate committee. The Chair queried the specific outcomes required from the discussion. Ms Haywood- Alexander responded the key priorities were to respond to the NHS Digital Programme and NHS Worcester Health and Care Trust to provide both parties with assurance the Board are fully supportive of and engaged with the Fast Follower project. The Chair reiterated that, on receipt of the appropriate scrutiny via the committee process, the Board would then be in a position to reach a decision. The Chair thanked Ms Haywood-Alexander for attending and in the preparation of the report and presentation. Mr Taylor noted the comments of the Chair and believed the question of appropriate governance would be addressed, to give assurance the Board are fully sighted .	PE (B/F Apr) Chair
	Performance Management	
7/2/18	**Service Performance** i <u>Service Performance Dashboard for the period ending 31 December 2017</u> Members received the service performance dashboard for the period ending 31 December 2017 for information and assurance. Mr Easthope reported no significant change from previous months. The key issues remain in relation to bed occupancy. Sickness levels are of concern and additional Human Resource had been sought to support the directorates in absence management. It was noted there had been improvements in seven day follow up, Plans are being developed to support and address a number of concerns in the following areas: Early Intervention in Psychosis(EIP) investment, IAPT recoding and simplifying the information in relation to Care Planning Approach (CPA) annual review. Restructuring had impacted on the performance acknowledging this had been a concern for a period however revised governance and performance arrangements to support the new clinical directorate were currently in draft form. Mr. Easthope noted the upturn in financial performance and increase in the level of surplus to £3.5m. Mr. Thomas raised a question regarding a potential link to bed occupancy and the challenges following CMHT reconfiguration and whether there was a waiting list for beds. Dr. Hunter responded, there is a high level of awareness, a daily report is produced identifying current planned community activity and flow of bed occupancy (admissions/discharges).	

	Mr. Thomas queried if service users were more distressed as a result of reconfiguration. Dr. Hunter did not believe so, there was no waiting list for beds and activity is monitored on a daily basis enabling planned decision making and effective use of resources. Mrs. Stanley asked for clarity regarding CPA's, noting the narrative now included reference to the impact of CMHT reconfiguration, i.e. would the move towards the target now increase with stability in the system. Mr Clarke responded, the new teams and the Single Point of Access (SPA) became operational mid December 2017. There was enhanced intelligence to identify the areas of concern with options being considered to develop a system that was fit for purpose and functioning at optimal level. Mr. Taylor asked members to reflect that the model and configuration of community teams had been a significant and innovative change moving from more traditional models with less dependency on beds and required time to embed. It was acknowledged service users and carers had expressed a variety of views, noting the unified voice was not negative. It was timely to evaluate the project to ensure it was on schedule to deliver the objectives and, if necessary make amendments. Sheffield is at the forefront on this new innovation in relation to community provision and evidence to demonstrate the model is working would be of advantageous. The Chair acknowledged no target existed in isolation and there was cause and effect and suggested the review is an independent evaluation of process and initial outcomes. Mr. Mills supported the reflection by Mr Taylor, noting Sheffield was seen as a pathfinder and acknowledged that change was challenging and an evaluation to generate an evidential base would be beneficial. Mr. Mills referenced the section on Capital, page 18, and informed members a report on Acute Care Reconfiguration (ACR) Phase 2 would not be presented to Board in February 2018. Mr. Mills asked for clarity on performance against targets for EIP, as social media messages suggested these were missed, he noted Norman Lamb, ex Health Minister had started a campaign in support of EIP. Furthermore had the full establishment in EIP been achieved in January 2018. Ms. Lightbown asked for clarity on Mr. Mills' reference to full establishment, he quoted the report; "full establishment against additional investment in EIP in January 2018". Mr Clarke agreed to verify. Mrs. Rogers welcomed the additional resource from HR to support absence monitoring and asked for assurance it was in place. Mr Wilson provided confirmation. Mrs. Rogers queried if the telephony system at Clover was operational. Mr. Easthope responded it was not, negotiations were on-going with the landlord Community Health Partnership - NHS Local Improvement Finance Trust (LIFT) in relation to access to the building to enable British Telecoms (BT) to install the system. On two occasions appointments were made and the landlord had not attended with the risk of incurring costs from BT.	CC

	Mrs. Rogers sought clarity regarding the number of missing persons, as the data appeared confusing. Dr. Hunter gave assurance the numbers were average and suggested the graph is presented in a different way. Dr Hunter shared national data in relation to missing persons, noting the Trust were below average for missing persons absconding from the ward. Mr. Thomas queried the content of the dashboard which indicated 100% of admissions in 2016/17 initially received treatment via home treatment. Dr Hunter confirmed this was correct with Trust benchmark high in relation admitted service users being known to services. The Chair asked for clarity regarding Mr. Easthope's reference to outturn/surplus of £3.5m and asked if this would be the final position. Mr. Easthope responded this was the figure at the time the report was produced, the position to date was £4.5m. The EDG and Finance and Investment Committee had considered maximisation of the opportunity to receive additional national funding on top of underlying surplus (£ for £ scheme) to reduce any future borrowing. Investments in year were also being considered. Mr Clarke reported the message had been cascaded that consideration would be given case by case to ensure continued delivery of services. Mr. Easthope noted two significant contributory factors in relation to surplus, which had not resulted in an underspend on services related to HRMC (non recurrent) and good financial management noting the redeployment, redundancy and termination costs for CMHT reconfiguration had been significantly under budget. Mrs. Stanley believed highlighting the key components and by individually identification supported the end result and public perception, highlighting financial performance, HMRC and the NHS Improvement (£ for £) match funding scheme. The Chair noting the continued requirement of Trust to substantiate its financial position.	
	ii <u>Safer Staffing Report for period ending 30 November and 31 December 2017</u> Members received the Safer Staffing reports for periods ending 30 November and 31 December 2017 for information and assurance. Ms Lightbown reported key highlights. There had been a slight increase in occupancy rate circa 100% across the acute wards with an increase in detentions under the Mental Health Act had increased. Benefits were being realised following implementation of rota management on Rehabilitation and Forensic services with both having a full nursing establishment. Rota management work had commenced on Maple Ward with a significant improvement of registered nurses for the period the reports covered. There had been a higher than average usage of Healthcare Support Workers across the acute wards. A piece of work to evaluate contracted hours, rota management and rational for the increase had commenced.	

	New starters over the period January to March 2018, would still leave a deficient against funded establishment. The Trust has joined the NHS Improvement (NHSI) rapid improvement programme for recruitment and retention, Mr. Wilson is leading the project in collaboration with the Deputy Chief Nurse. A project to design an integrated performance dashboard across corporate and clinical services was in development, it is anticipated the project would take up to six months to complete. The first draft of the Trust's nursing workforce profile was expected in February 2018. The Trust had been successful in obtaining a place on a specialist programme focusing on nursing within learning disability services, run collaboratively with the Royal College on Nursing (RCN) and Health Education England (HEE). Mrs. Stanley welcomed the additional information in relation to vacancy factors, noting 23% and asked how this compared nationally. Ms. Lightbown responded, the Trust were not an outlier and would seek clarity regarding the breakdown for acute services. The newly appointed Deputy Director of Nursing (Clinical) and the Associate Clinical Director have joined the National Mental Health Nurse Directors Forum and will network and feed information back. Mrs. Rogers asked if the vacancies would be filled, Ms. Lightbown responded it was challenging, efforts were being made to attend recruitment events with new initiatives being piloted including guaranteeing positions to students, subject to qualification, reviewing the preceptorship package and offering return to nursing mentorship programmes. It is envisaged there will be further work and engagement with Universities and across the Accountable Care System (ACS). Dr Hunter reported the medical staffing was in a stable position. iii <u>Care Quality Commission(CQC) - Final Task & Finish Oversight Group Status Report</u> Members received the final status report from the CQC Task & Finish Oversight Group for information and assurance. Ms. Lightbown reported, following the CQC comprehensive inspection and receipt of the report, the Trust achieved an overall rating of good, a number of regulatory breaches and "should" actions were identified, she noted a number were outstanding following the CQC Well Led unannounced inspection. The majority will be completed through February 2018, Seventeen remain outstanding awaiting peer inspection and review with completion dates. Two areas of focus had been identified, physical health monitoring and collaborative care planning, the senior appointments in the clinical directorate restructure have strengthened the clinical	LL

	operational leadership and will ensure delivery of these areas and support frontline staff to maintain good practice. The next phase from a care standards and operational perspective will be to enhance the existing collaborative integrated working. Mrs. Rogers acknowledged the excellent progress made. A number of actions dated back to 2016, mindful a number related to EMSA, Ligature risks or estates and references made to full nursing establishment which does not correlate with the Safer Staffing data. Ms. Lightbown noted there was a requirement for shared ownership and responsibility at team level, working corporately to embed improvements in practice. Dr. Hunter and herself had reviewed the work of the Quality Improvement Team and integration of the quality functions corporately with the new Director of Quality working together with the Director of Operations and Transformation to improve the consistency of good governance, performance, oversight and management from ward to Board and share the good practice across the Trust, mindful this will engender a significant change in culture. Mr Thomas noted the assurance Board receive from the report is the additional check for evidence, compliance and regulatory approach prior to sign off that the action. The Chair requested a further report to confirm the seventeen outstanding actions due for compilation in March 2018 had been achieved mindful that a small number would remain outstanding.	LL B/f Mar)
	Assurance: Risk Management & Internal Control	
8/2/18	**Corporate Risk Register (Open)** Members received the Corporate Risk Register for discussion and approval. The Chair noted the new risk 3890 relating the Head of Internal Audit opinion and requested further discussion in the confidential session. Ms Saunders noted the current position had remained static since November 2018 with progress continuing and no further escalated risks. Mrs. Stanley noted reference had been made to General Data Protection Regulation (GDPR) in the Digital Transformation Strategy, discussions had also taken place in Audit Committee (AC) in relation to the preparedness and achieving target by May 2018. It was queried if GDPR should be included on the register. Mr Easthope acknowledged it was a risk, he reported EDG had received a progress update on 7 February 2018 and given assurance the plan was on track to deliver. He did not believe the risk was significant for inclusion on the Corporate Risk Register. The Board received and approved the report.	
9/2/18	**Board Assurance Framework** Members received the Board Assurance Framework (BAF) for discussion and approval	

	Ms. Saunders reported the BAF had been scrutinised by AC providing helpful feedback, particularly in relation to presentation to Board. The BAF has been reviewed and provided assurance to the Board through evidencing the BAF in the management of high level risks. The summary reports for Board now include links to strategic aims and BAF Risks. Mrs. Stanley, as Chair of AC acknowledged there had been significant progress to develop the final format with a further refresh session scheduled for 28 February 2018. There were a number of gaps which the Board now needed to now focus upon, those of limited and moderate risks, adding a number linked to the safety domain and Internal Audit would require evidence to support this in Board and Committees. Appendix 2 was referenced, as a measure to address the gaps in assurance. A number of reports used Safer Staffing as an example of having given assurance controls were in place to make the wards safe and suggested a review of the BAF as this could suggest there was a significant assurance. Mr. Easthope acknowledged the points and the need to ensure the agenda and reports cross reference the BAF. The Chair asked for assurance the BAF will continue to be used as a dynamic tool going forward.	
	Governance	
10/2/18	**Guardian of Safe Working – Quarterly Report** *(Dr Mike Atter, Consultant Psychiatrist, Guardian of Safe Working* Members received for information the Quarter 3 report from the Guardian of Safe Working (GSW). The Chair welcomed Dr. Atter to the meeting. Dr. Hunter referenced the new contract for Junior Doctors and the complexity surrounding agreement of the contract leading to industrial action and intervention by the British Medical Association (BMA) and the Department of Health (DoH), The role of the GSW was developed during negotiation to protect Junior Doctors and safe working. Dr. Atter, Consultant Psychiatrist is the GSW for the Trust and acts independently reporting directly to Board. Dr Atter reported there were two elements to give assurance to the Board, firstly routine quarterly and annual reporting and secondly the requirement to hold a Junior Doctor Forum where Junior Doctors can safely raise any concerns and which representatives from BMA and Human Resources (HR) can attend Dr. Atter highlighted the key points from the report noting there had been eleven exception reports, during the quarter. The introduction of exception reporting only applied to the Junior Doctors with the new contract, a decision had been made to apply this to all Junior Doctors in the Trust as a method of gathering feedback.	

	Dr Atter highlighted two key themes, noting the majority of exception reports had been submitted by Foundation Doctors working on in-patient wards. A large proportion of exceptions related to doctors continuing on duty to maintain a medical presence due to unpredictable medical emergencies. It was believed there had been a number of incidents where a trainee had also felt compelled to stay and manage an emergency. The on-call mechanism has been shared at induction and via the forum as a further emerging theme relates to the remuneration compensation for on call. This is predicated upon an individual working an average of 50% of the shift. Exception reports have been submitted where a doctor on call had exceeded 50% of the on-call shift, noting this did not captured routine working patterns. Dr. Atter also acknowledged concerns had been raised in relation to the intensity of the higher trainee doctor rota, which is outside the role and remit of the GSW. The Chair noted the data in report and asked Dr. Atter for comment regarding the content. Dr. Atter responded junior doctors undertook a four month rota and there were concerns in relation to the level of intensity on wards and covering for absenteeism added to the pressures. The Chair queried if the Board should be concerned. Dr. Atter believed there were now measures in place to support junior doctors with working hours now capped albeit the levels of intensity had increased. Mr Taylor had attended the forum and meet with the chair, issues raised were being addressed locally and there was support for the role of GSW. The level of intensity on in-patient wards was acknowledged and the issues raised in relation to the on-call rota were noted by Consultants and as a result cover arrangements were altered to suit the current climate. Mr. Taylor believed there were a range of views with one positive related to the on-call system which operates differently in the Trust allowing trainees to undertaken assessments whereby they reach the required level to obtain their qualification. Mrs. Rogers believed the intensity and complexity of service users had increased over her period as a Non-Executive Director. Concerns were raised that an individual had worked 77 hours and asked for clarity on this case. Dr. Atter reported the rostered hours equate to 40, it has been identified the additional hours had been attributed to locum cover. Dr. Atter believed there was an explanation and had asked for further information. The Chair asked for clarity if individuals worked the hours both from an individual and safety perspective. Dr. Atter reported excess hours automatically levy a fine on the Trust at four times the hourly rate. The trainee receives one and a half times the local rate and the remainder contributes to the training budget held by the GSW. The exception reporting manages the risk with the report shared via clinical supervision to address with the trainee, any safety issue is reported within 24 hours. Dr. Hunter assured members the Trust does not support working excessive hours, primarily for safety reasons and would be stopped immediately. Ms. Lightbown queries with Dr. Atter if there were any common themes or significant differences across the wards operationally as Multi Disciplinary Teams. Dr. Atter responded trainees are only located on the acute wards	

	and Dovedale Ward and work to generic work schedules, which can be adapted to suit the individual and clinical supervisor. The Chair asked if the Board could provide additional support to role, Dr Atter, thanked the chair however the current support was sufficient.	
11/2/18	**Care Quality Commission Well Led - Responsive** Members received a progress report on the actions outstanding from the Responsive domain from the CQC Well Led inspection. It was noted the report would be shared with Quality Assurance Committee (QAC). Mr. Clarke reported the paper outlines a number of "must and should does" and progress to date, noting 90% had been achieved with the telephony system in Substance Misuse being a highlight. The aim is to move from good to outstanding and the next steps are to identify what that means in reality, e.g. maintaining compliance of EIP and IAPT will only retain a good rating. The Trust needs to develop further, the Single Point of Access (SPA), 24/7 Liaison Psychiatry, Psychiatric Decision Unit (PDU) and Crisis services to focus on improved quality and service user experience. Mrs Rogers noted the Corporate Affairs team will monitor recommendations emerging from complaints, she believed QAC should receive routine reporting noting the Committee receive the Complaints Report on a quarterly basis. Mr Clarke reported a dedicated team had been established in the clinical directorate to review and share learning from complaints across the directorate. Mrs Rogers, referenced Quality Impact Assessments, noting there was no evidence of QIA on the presented papers.	MS
12/2/18	**Care Quality Commission - Short Briefing on CQC Inspections/ Methodology Changes.** Members received for information the current position and next steps in relation to mythology and forthcoming changes to CQC inspections. Ms Lightbown reported the Trust will be inspected in 2018 and receive 8 weeks notification. The CQC will make the decision on which areas they will inspect. Ms. Lightbown noted EDG have a session focusing on executive preparation for the inspection and if the Chair wished to have a Board development session. It was noted feedback received from other Trusts had reported that inspections had not necessarily followed guidance.	
	Board Stakeholder Relations & Partnerships	
13/2/18	**Chair's Update** <u>Non Executive Director Recruitment</u> Significant focus on the Non-Executive Director recruitment during January and early February 2018. She thanked the Governors on the recruitment panel for leading the process and the Council of Governors (CoG) members for their support and participation during the presentation aspect of the process. The field had been exceptional and two individuals have been selected subject to CoG approval.	

	Site Visit A visit to Stanage Ward had been beneficial and the Chair had gained further insight on in-patient services, she wished to thank the staff. Feedback from site visits would be shared in open board. Further visits would be scheduled. Health and Well being Board (HWBB) A "time out" session of the HWBB had been attended with a further session scheduled accompanied by Mr. Clarke. The HWBB will focus on supporting local "Sheffield " issues and the "Sheffield pound". The new board would launch in March 2018. Mr. Thomas queried, if there was commitment to the "Sheffield pound" why do Commissioners continue to contract services from outside of the city. The Chair would seek clarity from the HWBB. Mr. Mills supported Mr Thomas' point noting Preston had undertaken a review and procurement had increased in the local area with positive impact on the city. Mr. Mills referenced the Procurement Policy as he believed there was the potential to explore further opportunities with the Trust.	
14/2/18	**Governor's & Membership Matters** Members received the update on membership and Governor activity for information**.** . The Chair noted membership of 12,500 remained static and suggested a further drive to increase membership. Preparation was underway for the Governor elections, there will be twelve seats in a number of categories, nine of which are existing vacancies. Governor questions had been responded to, the Chair noted there had been a significant number of questions raised in relation to Community Mental Health Reconfiguration, a session to address the questions raised will be incorporated into the CoG meeting on 15 February 2018. The Chair agreed to share the outcome of the discussion with members under the Chair's Update at the meeting in March 2018.	MS Chair
	Executive Management Updates	
15/2/18	**Chief Executive's Verbal Update** Carers Strategy Implementation Mr Taylor reported the executive lead for implementation would move from Mr. Wilson to Mr. Clarke and Dr Hunter. The Chair asked if this was related to the Quality offer. Dr. Hunter confirmed engagement via the clinical directorate would support the quality agenda. The Chair noted an update was scheduled for March 2018. Mr Clarke confirmed the Board would receive a progress update. NHSI Quarterly meeting. A quarterly meeting with NHSI occurred in January 2018, no significant concerns were raised, and the Trust remained in Segment 2. Mr. Clarke reported a review of segmentation would be undertaken provided the Trust achieved the EIP target over a sustained period.	

	Papers for Information and Assurance	
16/2/18	**Quarterly Reports** Members received the reports listed below for information and assurance. The Chair noted the Board has delegated responsibility for AMHAM, the Safe-guarding reports had been presented to Quality Assurance Committee. i. <u>Associate Mental Health Act Managers Report – Q2/3</u> The Chair chaired the AMHAM Committee. Mr Thomas sought clarity concerning the data in relation to the number of panels for renewals and Community Treatment Orders. Ms. Lightbown responded it related to Section 3, whereby a clinician can extend the order with the opportunity to appeal inherent within the process. ii. <u>Safeguarding Adults Q2</u> iii. <u>Safeguarding Children Q2</u> Mr Thomas reported QAC and received and discussed the two safeguarding reports.	
17/2/18	**Board Committees – Significant Issues Reports:** **i. Audit Committee** Members received the minutes of the meeting held on 17 October 2017 and the Significant Issues Report from the meeting held on 23 January 2018. Mrs. Stanley reiterated her request for discussion in confidential board relating to the risk 3890 previously discussed. Committee had also received a number audits with limited assurance, the GDPR and Operational Risk Management and would welcome further discussion in confidential board. Committee received procedural papers in preparation for year end for the accounts and a timeline to support delivery. Members were requested to inform Committee Chairs if there would be slippage against the timetable. **ii. Quality Assurance Committee** Members received the minutes of the meeting held on 18 December 2017 and the Significant Issues Report from the meeting held on 22 January 2018. Mr Thomas reported Committee had received for the first time and welcomed Quality Impact Assessments for corporate services. The purpose of the QIAs was to assess the impact change may have on quality of services. **iii. Workforce & Organisation Development Committee** Members received the minutes of the meeting held on 25 October 2017 and the Significant Issues Report from the meeting held on 30 January 2018. Mrs. Rogers reported Committee had received and discussed the Workforce Race Equality Standards (WRES) and the Equality Objectives, good progress had been made in both areas. The Committee had also discussed in detail the BAF. Concerns were raised following the Internal Audit reports for Disciplinary and Mandatory Training which Committee will monitor.	

	The Committee also discussed the involvement of the Trust in a number of national schemes. A detailed review of bullying and harassment and BME staff will also be undertaken. It was noted good progress had been made in relation to the delivery of the Workforce Strategy	
18/2/18	**Any Other Urgent Business** No other urgent business was raised.	
19/2/18	**Chief Executive's Announcement of Confidential Business** *In the interest of probity the Chief Executive announced the commencement of confidential business in accordance with the published agenda*	
20/2/18	**Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting** *In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.*	

Date and time of the next Board of Directors meeting
Wednesday 14 March 2018 at 10am
Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road, Sheffield, S10 3TG

Margaret Saunders, Director of Corporate Governance (Board Secretary)
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