

## Board of Directors (Open)

**Minutes of the 107<sup>th</sup> Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday, 11 October 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. Mr. Richard Mills, Non-Executive Director, Chair of Finance & Investment Committee
5. Mr. Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Committee and Interim Chair of Audit Committee
6. Cllr. Olivia Blake, Non-Executive Director
7. Mr. Phillip Easthope, Executive Director of Finance
8. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
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) item
12. Ms. Caroline Parry, Deputy Director of Human Resources
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)

### Apologies:

14. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
15. Mr. Clive Clarke, Deputy Chief Executive/Operations Director

### Public Gallery:

Mr Julian Payne, Service User Governor  
 Ms. Tammie Raines, Service User Governor  
 Ms. Olubukola Owolabi, Innovate Programme

	Item	Action
1/10/17	<p><b>Welcome &amp; Apologies:</b>            The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies were noted and the meeting was quorate.</p>	
2/10/17	<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>	

3/10/17	<p><b>Minutes of the Board of Directors Meeting Held on 13 September 2017</b> The minutes of the Open Board of Directors' meeting held on 13 September 2017 were agreed as an accurate record and would be signed off by the Chair.</p>	
4/10/17	<p><b>Matters Arising &amp; Action Log</b></p> <p><u>Matters Arising</u></p> <p><u>7i/9/17 Service Performance Dashboard for period ending 31 July 2017 refers</u> Following a query Mr Easthope reported the data in relation to Early Intervention Psychosis (EIP) had been reviewed which had reported zero for September and continues to record zero for October, data definition will be checked with peers; it is believed the measurement of the key performance indicator would require a change.</p> <p>Following concerns raised, Dr Hunter reported the Quality Assurance Committee (QAC) would review the issue of staff assaults from a quality and safety perspective.</p> <p><u>8/9/17 Board Risk Profile refers</u> A request was made to include in the report more detail on the risks returned to directorate level.</p> <p>In relation to Risk 3679 the QAC would continue to receive assurance regarding the implementation of the Observation Policy, following a recent serious incident.</p> <p>In Relation to Risk 3788 Dr Hunter confirmed the QAC had reviewed the Eliminating Single Sex Accommodation (EMSA) report and were assured progress had been made to ensure the Trust was EMSA compliant.</p> <p><u>11/9/17 Quality Impact Assessment (QIA) for Clinical Cost Improvement Plans (CIP) 2017/18</u> Ms Lightbown believed an amendment was required in relation to discussion on QIA and Community team. The minute will be extracted and redrafted.</p> <p><u>Action Log</u> Members reviewed and updated the action log accordingly.</p>	<p>MS</p> <p>MS(SS)</p>
<b>Strategy</b>		
5/10/17	<p><b>Workforce and Organisation Development Strategy - Delivery Plan</b> <i>Caroline Parry, Deputy HR Director in attendance</i></p> <p>Members received a draft delivery plan to support the Workforce and Organisation Development Strategy and agreed by Board in September 2017.</p> <p>It was reported the Workforce and Organisation Development Committee (WODC) would receive the completed plan at its meeting in October 2017, and tasked with formally making a recommendation to the Board to approve the plan in November 2017.</p> <p>The delivery plan aligns to the Trust's vision and strategy. Workforce is currently a key issue on the NHS agenda nationally with a significant number of articles having been published on the topic.</p>	<p>DW(B/F)</p>



	<p>Ms Lightbown believed recruitment and retention and capacity and capability were linked with e-rostering which continued to be embedded across the Trust. Good rostering and an understanding of workforce and profile was an enabler to improving productivity and efficiencies, evidenced in the Carter Review.</p> <p>She noted the workforce profile had been scheduled for completion by March 2019, and believed this should be an early priority.</p> <p>The Chair welcomes the plan and asked if consideration could be given to the priorities and timelines and the rationale for timescales with the focus upon an emphasis upon a number of key areas, e.g. sickness absence.</p> <p>Members received and commented upon the draft Workforce and OD Strategy delivery plan, noting WODC were tasked with agreeing a plan to recommend to Board in November 2017 for approval.</p>	DW(BF)
<b>Performance Management</b>		
6/10/17	<p><b>i Service Performance Dashboard period ending 31 August 2017</b></p> <p>Members received the service performance dashboard for the period ending 31 August 2017 for information and assurance.</p> <p>Mr Easthope reported on a number of key areas.</p> <p>Key quality indicators for Primary Care (Clover) had been incorporated as a step to developing a Clover dashboard, feedback was welcomed.</p> <p>Progress against Care Planning Approach (CPA) was below expectation; the outcome of a “deep dive” had been included in the narrative. Initiatives to improve CPA’s were being explored.</p> <p>Access targets for EIP continue to be challenging. It was reported verbal notification had been received from NHS Sheffield Clinical Commissioning Group (NHSSCCG) confirming investment for an EIP service in 2018/19. A plan to deliver the service will be developed.</p> <p>There had been a slight reduction in bed occupancy across in-patient wards with bed occupancy continuing to be closely monitored.</p> <p>The Trust’s financial position for the period is rated as Segment 1 and on plan for surplus and forecast outturn.</p> <p>Mr. Mills welcomed the additional primary care data, albeit with formatting issues. Access overall appeared to have improved slightly and sought clarity regarding the impact of additional staff appointments in addressing this matter. It was acknowledged Darnall Health Centre continued to address access issues.</p> <p>It was noted the Substance Misuse Service continues to operate effectively with reference to recent media coverage relating to the national rise in suicides amongst this group with, it was maintained, a contributory factor being the transfer to services to local authorities. It was agreed to schedule an update to Board.</p>	CC/MH (BF)

Ms. Lightbown believed a contributing factor could be split commissioning, resulting in the fragmentation of services with no overarching management of the care pathway. Sheffield manage the whole care pathway from primary, into secondary and through to tertiary, ensuring continuing care focused on a holistic approach. Mr. Thomas noted a report from the service to understand the commissioning process would be of benefit. It was noted the National Treatment Agency had expressed a view for diversity of provider/s while acknowledging the complexities of commissioning from multiple agencies.

Mrs. Rogers understood the challenging of meeting targets in EIP, was due to volume of referrals. The staffing model put in place was to meet the national target which the consequent impact of increased work and caseloads. Mr Easthope responded the Trust had shared data with NHSSCCG in relation to the increase and investment required to meet the national target, which included a benchmark for caseload. The report narrative will continue to report the investment to date was yet to meet the caseload criteria acknowledging additional funding will support a reduction in waiting times rather than caseloads. Further discussions with NHSSCCG are planned to understand the impact of benefits realisation of the investment.

Ms. Lightbown reported evidence suggests delays in effective engagement and early intervention support for service users could be profound as the first three years of care are critical. It was noted the engagement stage could take up to twelve months to reach and in the intervening period service users could deteriorate, psychologically, emotionally, socially and could if untreated reach the point of crisis, often leading to sectioning and admission.

From a clinical perspective a case load of fifteen is the recommendation for an EIP service due to the bespoke nature of care required. The level of intervention and engagement required to support the service user and their family, is far greater than that of a generic mental health team.

The Chair sought clarity regarding the risks associated with caseloads exceeding fifteen including the impact of delays in accessing the service. Dr Hunter reported the national tool recommends a staffing level with the formula taking into account deprivation, diversity, ethnicity and transient populations e.g. students with Sheffield having a higher level of people with early psychosis than expected which is consistent with many northern counties. The Trust continues to support as many people as possible, mindful of safety and if necessary will provide a tailored care package, pending receipt of additional funding.

Mr. Taylor noted the Trust had funded services non-recurrently whilst awaiting the outcome of Commissioner discussions.

The Chair sought clarification EIP was included on the risk register, it was confirmed it detailed within the Board Assurance Framework (BAF). The QAC would continue to monitor progress and inform Board via the Significant Issue report.

Mr Thomas considered the Trust should be credited with focusing upon this issue in advance of national drivers.

<p>Mrs. Rogers sought clarity regarding the starting point of seven day follow up. Mr Easthope reported assurance would be provided.</p> <p>Mr. Thomas requested details of comparative data for waiting times for primary care noting the national picture suggested a significant problem.</p> <p>The Chair noted on a number of occasions queries had arisen in relation to data and definitions and sought assurance the Trust was reporting required measures. Mr Easthope responded a key project to build a data dictionary, was in its infancy, the information directorate where liaising with directorate leads gathering data to enhance the existing infrastructure.</p>	<p>PE</p> <p>PE</p>
<p><b>ii Safer Staffing Report for periods ending 31 August 2017</b></p> <p>Members received the safer staffing report for period ending 31 August 2017 for information and assurance.</p> <p>Key issues to note in August were the continuing challenges on the acute admission wards, particularly PICU with staff managing the situation well. Continuous improvements include reviewing establishment data, vacancy factors and allocating staff to wards where appropriate. The recruitment project led by Ms. Breese, Deputy Chief Nurse and Ms. Parry, Deputy HR Director had been positive.</p> <p>Mrs. Rogers noted the data suggested the shortages appeared to arise during day shifts. Clarity was sought regarding staff rotas and the ability to move staff from night to day shifts. Ms. Lightbown responded the wards are staffed to a set level over a 24 hour period with all staff covering a range of shifts. Detailed analysis and interrogation of the Safecare module would be available once fully implemented and all registered nurses trained in e-rostering. The Trust had submitted the first report as part of the trial for Care Hours Per Patient Day (CHPPD) which currently reports retrospectively. However once fully implemented the report will be produced at midnight detailing the amount care hours a service user had received to ensure care needs are met.</p> <p>The Chair noted the data was for August and asked for feedback from September. Ms Lightbown responded, September's data would be reported to Board in November 2017 and a slight improvement was noted. It was expected this would continue into the Autumn once newly registered nurses had completed mandatory training and induction.</p> <p>Mr. Thomas noted a trend on the in-patient wards of 70-80% occupancy in a safe environment and queried the scope to review the establishment and potential for new ways of working. Ms. Lightbown reported, new roles are being explored and developed in a number of areas, including a pilot for a Band 5 Occupational Therapist. A Band 4 Assistant Practitioner had been trialled in the dementia nursing homes and if successful would be considered for in-patient settings. The Trust may have an opportunity to join the third wave of Nurse Associates scheme alongside family intervention and supportive roles. A review of the workforce profile will support this work going forward and the ability to model for the future. Both the apprenticeship scheme and new posts would require businesses cases and resources to support progress.</p>	

Mr. Taylor noted the workforce of the future will require financial sustainably, as it is believed there may be a reduction in the number of qualified posts requiring Trusts to consider developing a vocationally focussed workforce. The Trust continued to take an innovative approach to this issue and the pace of development.

Cllr Blake requested consistency in relation to the data graphs in the report with an explanatory narrative. Ms. Lightbown responded the summary to Board had been steam lined, detailed analysis could be made available to Cllr Blake on request.

Dr. Hunter reported the medical establishment in July 2017 reported a disparity in core trainees attributed to sickness. The highest numbers of doctors were in Consultant positions.

Mr. Mills requested a review of the imported PDF, noting a low resolution.

Mrs. Rogers asked for clarification on medical establishment noting 70% to 80% appeared the average. Dr Hunter responded, doctors roles are seen as "jobs" 80% would be considered normal and cover would be provided by colleagues. The level for junior doctors would be lower at 70% due to the working pattern of additional training and night shifts.

LL

## Governance

### 7/10/17 Policy – Managing Conflict of Interest in the NHS

Members received the Trust's Policy for Managing Conflict of Interest in the NHS for discussion.

It was reported members were receiving this policy prior to its presentation to Audit Committee on 17 October 2017, at the specific request of 360 Assurance the Trust's internal auditors, in line with the audit and to seek assurance of compliance with standing orders. Mr. Thomas, interim chair of Audit Committee had been consulted with.

The policy had been refreshed to incorporate the national guidance from NHS England, and include a number of Trust specific requirements.

The policy is robust and the Trust has a good record of the annual collation of conflict of interests. Discussions are on-going with Workforce Information to look at the feasibility of a reminder, linked to the PDR process.

Mr. Thomas made reference to sponsorship of attendance at courses/events facilitated by pharmaceutical industry. It was recalled a number of years ago when the previous Medical Director held the position the Board had agreed to no pharmaceutical sponsorship of internal events. Members recollection of the discussion and decision were ambiguous as it was believed Board had agreed attendance at national events hosted by non pharmaceutical industry. Mr. Taylor believed the NHS Employers Conference was sponsored in part by a pharmaceutical organisation. An ethical review of the policy was suggested.

Cllr Blake noted if the Trust were to work with the Universities to be mindful a number of PhD students would be funded by the pharmaceutical industry, also noting research councils work closely with the industry.

	<p>The Chair asked if meeting papers could be reviewed to ascertain the decision the Board made in relation to sponsorship and shared with Audit Committee. Dr Hunter agreed to work with Ms. Saunders to include clear definition.</p> <p>Mr Thomas asked if decisions regarding Pharmaceutical sponsorship were recorded, Ms Saunders responded to date no requests had been made. However, if there were they would be recorded in order to ensure an audit trail. The Chair also asked for assurance there was a retrieval system akin to a register of decisions made by the Board.</p> <p>Members supported the policy in principle and would await feedback from Audit Committee.</p>	<p>MH/MS</p> <p>MS</p>
8/10/17	<p><b>Living Wage (bank staff)</b></p> <p>Members received for approval a recommendation from EDG to implement the living wage foundation pay rates to Trust bank staff.</p> <p>Members were reminded of the Board decision to remunerate substantive staffs with the recommended living wage foundation rate, bank staff at the time were not included due to a different pay structure. Following a review of bank pay rates, the EDG made a decision to remove the midpoint cap on bank pay rates, allowed for the negotiation of living wage foundation rates to be applied to bank staff, EDG's recommendation to Board would be to adopt the living wage to bank staff.</p> <p>Members agreed to support the recommendation and apply living wage rates to bank staff.</p>	
<b>Board Stakeholder Relations &amp; Partnerships</b>		
9/10/17	<p><b>Chair's Update</b></p> <p>The Chair provided an update covering events of the last month.</p> <p>A production meeting of the Board with the Board of South Yorkshire Housing Association (SYHA) resulting in a number of actions to take forward to enhance current collaborative working.</p> <p>The Annual Members Meeting (AMM) was well attended and supported by a number of Governors. The Chair thanked the Corporate Governance team for the organisation of the day and the staff on the stands showcasing their work. A number of questions were raised relating to the Trust's strategic decision making with the opportunity for transparency in a public forum and to assure and reassurance on a number of issues including Community Mental Health Team (CMHT) reconfiguration. Mrs. Rogers believed values, integrity and openness had been shared at the AMM and the condensed Annual Report had been useful. Mr. Mills noted the AMM "Hot Topic" brief had been beneficial with a request from the Chair to receive this monthly.</p> <p>The Accountable Care Partnership Board continues to develop. The post of Programme Director had attracted a strong field and following interview a successful appointment has been made.</p>	<p>MS</p>

	<p>The Chair had, due to unforeseen circumstances been unable to attend the development session for Board and Governors. The focus of the session had been the development of Trust strategy. The feedback was positive and a further session would be held early in 2018.</p> <p>The Chair noted October would be a busy month both internally and externally, as ACS/ACP Boards were both moving at pace.</p> <p>Mr Mills, noted Sir David Behan CBE, Chair of the Care Quality Commission (CQC) was reported as suggesting the challenges facing the NHS are currently exceptional. Locally the Chair acknowledged there were pressure points in the Trust however assurance had been received that risks are mitigated with robust processes in place to enable concerns to be appropriately escalated to Board. The Board continues to offer support to the executive to ensure sufficient capacity to deliver key projects.</p> <p>Moving forward the aim is to ensure a balanced approach both internally and externally. Mr Taylor noted communication was a challenge during times of high demand for services however delivering and maintaining services within Sheffield was a gain for the city noting leadership and a supportive team promoted success. Sheffield continued to perform well in comparison with other parts of the country given there were a considerable number of vacant Chief Executive posts across the country. Dr. Hunter, in discussions with clinical colleagues, the current NHS position presented a challenging set of circumstances with all parties fully engaged in addressing those constructively.</p> <p>Mr. Thomas believed the Trust's financial position over a considerable period had given assurance. Mr. Easthope believed the realisation and long term thinking the Trust has had is now being acknowledged nationally, the shortage of nurses in five years and future planning was an example of the Trust having considered this and developing new ways of working. The Board had received the delivery plan to support the Workforce and Organisation Development Strategy, supported by Medical Director and Executive Director for Nursing, Professions and Care Standards and the Executive Director of Finance and would be realised by co-producing with staff.</p>	
10/10/17	<p><b>Governor's &amp; Membership Matters</b></p> <p>Members received a report on Governor and Membership matters for information. The Chair asked for assurance that the questions asked by Governors would be dealt with accordingly.</p>	
<b>Executive Management Updates</b>		
11/10/17	<p><b>Chief Executive's Update</b></p> <p>i. <u>Update</u> Mr. Taylor, as Chief Executive and executive led for the CQC Well Led domain, reported the inaugural Leadership Engagement Forum had taken place as a forum to meet with for front line leaders. Staff shared views on the challenges, pressures and positives of the current working environment. The next session will focus on the support the staff as leaders can provide to the individuals and teams managed. Executives and senior management staff had been excluded, as the focus of the forum was to create an open environment for debate.</p>	

The national Positive Practice Awards were being held in Blackpool on 12 October 2017. The Trust had four nominations in various categories; CERT, in collaboration with SYHA, Wainwright Crescent, the Acute Transformation Programme and the Quality Improvement Team.

The Guardian had produced a supplement on mental health, the Trust were referenced for its management supporting people to stay within the city and avoid out of town placements.

Mr Taylor had attended the opening of the CAST, art exhibition. The Lord Mayor, Anne Murphy was in attendance noting the long standing relationship the Mayor and family had with the Trust and mental health services.

The Chair reported Mr. Taylor and herself would be attending the quarterly meeting with Sheffield Members of Parliament.

ii. Sheffield Accountable Care Partnership – Statement of Intent (SOI)

Members received Sheffield's Accountable Care Partnership Board, Statement of Intent, in alignment with the Memorandum of Understanding (MOU). All Sheffield boards had been requested to review and endorse the SOI.

Mr Taylor noted the Chair and himself were actively involved in the ACP and supports the aims of the ACPB to ensure collaborative working across all the organisations to deliver the best outcomes for the people of Sheffield.

Mr Taylor reported, he and other Chief Executives were of the understanding the MOU outlined an agreement for all organisations in the ACPB to remain as sovereign independent organisations and retain their own terms of governance. Signing up to the SOI was seen as a commitment to work in collaboration. It was believed commissioning would be reviewed; therefore organisational change may apply to Clinical Commissioning Groups (CCGs).

It was noted relationships had improved significantly in the city and organisations were supporting each other, e.g. were Sheffield Teaching Hospitals NHS FT's to experience an issue with availability of beds attributed to delayed transfers of care, Sheffield City Council (SCC) increased the level of assessments and the Trust offered to support by opening mothballed beds. The Trust has agreed to non-recurrently fund EIP and a number of high dependency dementia service users.

The Trust and NHS Sheffield Clinical Commissioning Group (NHSSCCG) are leading the way, in developing an ACS link in the city and senior executives for all organisations will be attending a session on 12 October 2017, co facilitated by the Chair. The Trust has been asked to share examples of good practice.

Both the Chair and Chief Executive hold strong positions in the ACS and the ACPB as chairs and leads of boards and workstreams. A team would be developed to support programme, it was reported a Project Director had been appointed, and would report to Mr Taylor.

On behalf of the Chair and himself, Mr. Taylor asked members to endorse the SOI. The Chair acknowledged the potential for members to feel disconcerted discussing this issue as both she and Mr Taylor had been involved in the process. Openness and scrutiny were encouraged to seek assurance for agreeing the SOI.

Mr Thomas reported the MOU had addressed a number of queries with the main concern related to accountability. Whilst acknowledging Mr Taylor had advised Trusts would remain sovereign, the MOU does make reference to the ACPB having delegated authority. Following attendance at an event in Leeds for Non-Executive Directors and Lay members, it was believed the level of knowledge and understanding of ACS and ACPBs within the group was varied.

Mrs Rogers shared Mr Thomas' concerns believing the decision making processes from ACS/ACPB to the Board in its sovereign state required clarity, and the contingency were a board to refute a decision.

Mr Taylor believed a scheme of delegation would be produced and the Board would reconsider its position if it was believed the commitment of other organisations was negligible.

The MOU made reference to delivery of £4m efficiencies, for Mental Health and Learning Disabilities. Mrs Rogers noted this was the Trust's expertise, and it appeared to be the only efficiency with a momentary value.

Following discussion It was agreed to request for the sum of £4m to be removed from the MOU, citing inconsistency.

The Chair believed in transparency and enabling the dialogue of the ACPB in public meetings to provide clarity and enable support for the principles and process being undertaken.

Ms Lightbown noted the language within the document in relation to participants and governance restraints, describing governance as a restraint and that it may take precedence. Governance should not be a constraint and concerns were raised regarding the word "may". Following discussion it was agreed to ask for the word restraint in relate to governance to be reviewed and to change the word may for will.

The visions and aims listed a number of bullet points, with clarity sought regarding the definition of the final bullet point. Mr Easthope responded, the ACS/ACPB would not be in deficit, noting the current forecast is a £50m deficit. It was suggested adding, 'We will see....' to the beginning of the point to aid clarity.

Mr Thomas made reference to the commercial approach. This point lacked clarity and would benefit from acknowledgement of OJEU regulations and procurement processes. It was believed this point referred to projects either requiring collaboration or competitive processes.

Members agreed to feedback that the language required definition and clarity on a number of points throughout.

Mr Thomas asked for clarity on the dates that had been used. Noting the date for agreement of objectives was July 2017. Members agreed to seek clarity on the dates.

Mr Taylor reiterated the Board had been asked to sign up to the SOI not the MOU. The Chair believed a number of organisations would be raising similar issues.

The Chair asked for members to agree the SOI and to note the current draft of the MOU to be revised to reflect different timescales.

Dr Hunter believed the SOI was an enabler to support the direction of movement.

The Chair reiterated the understanding that members agreed to sign the SOI noting amendments requested above and note the MOU supports the direction of travel. It was believed other organisations will bring their changes to the next meeting.

Cllr Blake, sought clarity regarding the first point under mutuality and accountability to the partnership and the population of Sheffield, as a principle and queried the phrasing “to the partnership”, whilst maintaining internal governance. Mr Easthope believed the Trust were accountable to the population and in spirit was accountable both professionally and organisationally achieving both governance and principle accountability.

Mr. Mills requested confirmation of the system wide control total. Mr. Easthope responded agreement was yet to be reached regarding managing totals or the system. Any decision in relation to a change of management of control totals would require a board decision.

Mr Thomas sought clarity regarding the process for amendments and confirmation Boards would receive further iterations to be agreed following comments from other organisations. The Chair understood Audit Committee could give further consideration to the MOU.

Following further discussion Board agreed to approve the SOI and receive an update at a future date for information.

Mr Thomas expressed a reservation in moving forward with other organisations based on history and relationships. The Chair believed it was imperative for members to eliminate all ambiguity from the documentation to ensure supportive relationships enabling enhanced engagement across all organisations.

Mr Easthope noted further assurance would be sought to protect the Trust and how future change would be facilitated.

The Chair thanked members for their open and transparent debate.

Papers for Information and Assurance		
12/10/17	<p><b>Quarter 1 Reports</b></p> <p>Members received the following reports for information, it was noted the reports had been presented and discussed at QAC.</p> <ul style="list-style-type: none"> <li>i. Safeguarding Adults</li> <li>ii. Safeguarding Children</li> <li>iii. Infection, Prevention and Control</li> <li>iv. Mental Health Act Committee</li> </ul> <p>Mrs Rogers sought clarity on the reference to confidentiality of advocacy noted in the Mental Health Act Committee report. Ms Lightbown reported she would review the definition.</p>	LL
13/10/17	<p><b>Board Committees</b></p> <p><b>a) Quality Assurance Committee (QAC)</b></p> <ul style="list-style-type: none"> <li>i. Minutes of the meeting held on 24 July 2017</li> <li>ii. Significant Issues Report from the meeting held on 25 September 2017</li> </ul> <p>Ms Lightbown gave members clarity on the reference to the Mental Health Act. She noted the Board are responsible and accountable for ensuring effectively delivery and safe and lawful practice under the Act. QAC receive two quarterly reports, the first the MHAC report outlines the work of the Committee. The second report details the unannounced MH Act monitoring visits. Significant process had been made in relation to the actions from the visits, themes were emerging and being addressed though the team and directorate. All actions prior to inspection had been completed.</p> <p>Mr. Thomas reported an increase in the number of complaints in relation to the CMHT reconfiguration. On evaluation one team had received a significant number of complaints.</p>	
14/10/17	<p><b>Any Other Urgent Business</b></p> <p>Mr. Mills noted the Prime Minister had reported there would be a review of the Mental Health Act, to be led by Sir Simon Weesely given Professor Kendall's connectivity to the Trust, was there opportunity to feed in to the review. Dr. Hunter believed there would be a consultation and the Trust would have an opportunity to contribute.</p>	
15/10/17	<p><b>Chief Executive's Announcement of Confidential Business</b></p> <p><i>In the interest of probity the Chief Executive announced the commencement of confidential business in accordance with the published agenda</i></p>	
16/10/17	<p><b>Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b></p> <p><i>In accordance with Standing Order 3.1 of Board of Directors' Standing Orders, members of the public and press be 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 8 November 2017 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*