

Board of Directors (Open)

Minutes of the 106th Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday, 13 September 2017, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

1. Ms. Jayne Brown, Chair
2. Mrs. Sue Rogers, Non-Executive Director/Vice Chair, Chair of Workforce & Organisation Development Committee
3. Mr. Kevan Taylor, Chief Executive
4. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
5. Mr. Richard Mills, Non-Executive Director, Chair of Finance & Investment Committee
6. Mr. Mervyn Thomas, Non-Executive Director, Chair of Quality Assurance Committee
7. Cllr. Olivia Blake, Non-Executive Director
8. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
9. Mr. Phillip Easthope, Executive Director of Finance
10. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
11. Dr. Mike Hunter, Executive Medical Director

In Attendance:

12. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
13. Ms. Caroline Parry, Deputy Director of Human Resources
14. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
15. Dr. Fiona Goudie, Clinical Director – Strategic Partnerships (for Item 5)
16. Dr. Sobhi Girgis, Responsible Officer/Associate Medical Director - Revalidation (for item 12)

Apologies:

17. Mr. Dean Wilson, Director of Human Resources (HR)

Public Gallery:

Ms. Billie Critchlow, Carer Governor
 Mr. Adam Butcher, Service User Governor
 Mr. David Houston, Public Governor
 Ms. Jules Jones, Public and Lead Governor
 Mr. Russell King, Emergency Planning Officer, SHSC
 Ms. Tammie Raines, Service User Governor
 Mr. Anthony Sharpe, Staff Governor

Minute	Item	Action
1/9/17	<p>Welcome & Apologies</p> <p>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>	

2/9/17	<p>Declarations of Interest</p> <p>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.</p> <p>No further new declarations were made.</p>	
3/9/17	<p>Minutes of the Board of Directors Meeting Held on 12 July 2017</p> <p>The minutes of the Open Board of Directors' meeting held on 12 July 2017 were agreed as an accurate record and would be signed off by the Chair.</p>	
4/9/17	<p>Matters Arising & Action Log</p> <p>Matters Arising</p> <p><u>01/7/17 Welcome and Apologies refers</u> To note, the Council of Governors at their meeting of 14 July 2017 ratified Cllr Blake as the Local Authority appointed Non-Executive Director.</p> <p><u>5/7/17 Integrated Improving Access to Psychological Therapies (IAPT) refers</u> Ms. Mank was unable to attend the Board Development session, the Chair reported the principles in the context of IAPT had been discussed in the session.</p> <p><u>8i/7/17 Performance Report</u> Following Mrs. Rogers question in relation to low achievement against Public Health Outcomes Framework Indicator 2.16. Mr. Easthope clarified a benchmark, not a target had been used and the Trust was moving in a positive trajectory, mindful of the decreasing benchmark.</p> <p>The Chair noted, following an Accountable Care Partnership meeting, Sheffield City Council's Public Health Strategy had been shared with Trusts. An invitation to present the strategy to the Board had been sent to Greg Fell, Director of Public Health.</p> <p>Action Log Members reviewed and updated the action log accordingly.</p>	
Strategy		
5/9/17	<p>Health, Wellbeing & Employment – The Changing Landscape <i>Dr. Fiona Goudie, Clinical Director for Strategic Partnerships, in attendance.</i></p> <p>Members received a report and presentation from Dr. Goudie, as an update on Trust, local and regional activity in relation to the Health, wellbeing and employment project under the remit of the Accountable Care System.</p> <p>Mr. Taylor explained the importance of community wellbeing, the connectivity to the Trust's strategic aims both in relation to the health and wellbeing agenda and future partnership arrangements.</p>	

Dr. Goudie shared Sheffield's demographics, noting high unemployment rates particularly amongst those with mental health issues, a learning disability, homeless or experience substance misuse, a large proportion of which are expected to be Trust service users.

A collaboration of the Department of Health (DOH) and Department of Work and Pensions (DWP) have released a national budget of £150m, to support integrated health and employment initiatives.

Within Sheffield and the region, two work streams have been created, one for community and primary care wellbeing and the other for more complex needs. Funding of up to £8m has been secured, from January 2018 will be used to develop a clinically led evidence based, individual placement and support programme. A package aims to offer a number of elements including personal coaching, recruitment, employment, benefits and housing advice for up to a year, to enable people to seek, train and retain employment. The Trust's IAPT and physical health, Musculoskeletal service users would benefit in the first instance. NHS Sheffield Clinical Commissioning Group (NHSSCCG) is taking the lead procuring third sector organisations with skills to deliver all elements of the programme. It was noted the Trust have a number of Occupational Therapists in the Community Mental Health Team who also offer limited advice.

Mrs. Rogers asked for clarity regarding the control group. Dr. Goudie explained the programme was a clinical trial, therefore half of the individuals would be offered the package, with the aim to evaluate the effectiveness of giving individuals additional support.

Mr. Mills referenced work by Steve Fothergill, Sheffield Hallam University completing a study of the closure of Sheffield's steel and mining industries during the 1980's and the effects on those made redundant, noting the majority continue to claim benefits and remain unemployed. It was queried if the programme would offer this group support. Dr. Goudie responded, this project would not, however there were plans for a pilot project specifically aimed at long term unemployed, which the Trust would also be involved in. It was noted Mr. Taylor was co-chairing the Local Integration Board with Eugene Walker, Director of Resources, Sheffield City Council, to ensure the Local Authority aims for unemployment dovetailed with health and well-being programmes. Mr. Taylor reported the system was complex and the Integration Boards had been established to support the development the programme.

Dr Goudie gave an example of work already being undertaken. The Trust collaboratively with South Yorkshire Housing Association (SYHA), who secured £2.7m funding recruited a team of four to deliver the individual placement and support model for individuals with complex needs. A service user's story had been included in the report, outlining benefits the programme had on one individual, and their journey to gainful employment and housing.

Further funding to develop the Trust's community well-being agenda may be available from the Five Year Forward View for Mental Health. Dr. Goudie believed the success of the current projects put the Trust in a strong position to bid for, and secure further funding. It is expected bids would be required to be co-terminus with the Accountable Care System (ACS) footprint.

	<p>Mrs. Stanley asked for clarity on partnership bidding and how it would work for the Trust and the extent of potential competition. Dr. Goudie responded, the Trust could not operate alone and would be required to engage with providers and partners. The Accountable Care Partnership (ACP) Mental Health Workstream had been attended, of which Dr Hunter was a member and there was support for the Trust to pursue a partnership. A competitor could be a third sector provider or a national provider who would develop relationships across the ACS.</p> <p>Mrs. Rogers asked for clarity on the next steps, integration with IAPT and different ways of working, identifying partners, the timescales and the impact on the estate strategy. Dr. Goudie reported the Executive Directors' Group (EDG) had been involved in initial discussions to consider resource and capacity to support the development of a plan.</p> <p>In relation to the impact on the estate, the location of the Employment Advisors is important and access and engagement for service users is a high priority, options would be explored, and consideration would also be given to co-locate within the Community Hubs working closely with IAPT. Mr Taylor reported IAPT had been successful in a complete procurement process and would act as a host for third sector providers in the partnership, the vision is to build Community Wellbeing around the IAPT framework.</p> <p>In relation to partnerships and third sector organisations, Dr. Goudie reported the infrastructure was well developed, though the Work and Health Unit led trials, organisations would be required to express their interest in areas they can offer services within geographical boundaries across the ACS footprint.</p> <p>Dr. Hunter, added he had been assured at the Mental Health Workstream meeting of the commitment and support at executive level for the partnerships, noting the complexity of the system.</p> <p>The Chair believed the project aligned with the Trust's values, and asked how well integrated it was within the Trust, albeit concerns were raised in relation to the capacity to delivery alongside current strategic projects. Mr. Taylor responded he had discussed capacity in a number of forums, whilst acknowledging this was limited, the projects were significant and would enable the Trust to develop services. It was believed resources would be required to support new projects including Continuing Health Care and Community Well Being. The Chair noted the Board should consider proposals to increase capacity to ensure delivery of projects.</p> <p>Members received and supported the proposal, noting the progress to date and further work required to support the project.</p>	
6/9/17	<p>Workforce & Organisation Development Strategy <i>(Caroline Parry, Deputy Director of HR, in attendance)</i></p> <p>Members received the Workforce and Organisation Development strategy. Ms. Parry reported consultation had focused on the People aim, outlined in the Trust's strategic objective. Engagement with staff and the feedback received both from internal and external stakeholders had been positive.</p>	

	<p>In alignment with the Trust's aims and strategic objectives, the national drivers to support the strategy included the Five Year Forward View for Mental Health, the Mental Health Workforce Strategy and development locally and regionally of the Accountable Care Partnership and System. It was acknowledged there would be a requirement to work more collaboratively with partners, it was noted there was uncertainty on the impact Brexit may have.</p> <p>The key strategic objectives to support the delivery of the People aim and develop a workforce for the future fall into four main strands; the management of change, workforce transformation, health and wellbeing and leadership development.</p> <p>The delivery plan to support the strategy would be presented to members in October 2017, there would be an opportunity to look at each of the four strands in more detail.</p> <p>Mr. Mills asked for clarity on the reference to the impact of Brexit. Ms. Parry responded, from a national context, NHS Employers had reviewed the nursing profession and raised concerns in relation to the potential shortage due to the number of nurses from the European Union currently working or wishing to train in the UK. Mr Taylor believed there would be greater impact in southern counties, the devaluation of the pound against the euro may also be a contributory factor.</p> <p>Mr. Thomas welcomed the strategy and development of a framework and believed the session at October Board Meeting would allow for detailed discussion on the operational plan and capacity to deliver it.</p> <p>Mrs. Stanley referenced discussion at Workforce and Organisation Development Committee (WODC), it was acknowledged there would be further pieces of work required to support the ambition of the strategy, including a review of current workforce, age profiling, Brexit impact locally and recruitment and retention.</p> <p>Cllr. Blake sought clarity regarding health and well-being support to staff affected by Brexit. Mr. Taylor, responded staff are valued and would be supported.</p> <p>The Chair welcomed the strategy and asked that the session in October allows for a focused discussion on the delivery of the plan, timescales and the impact on individuals.</p> <p>Members received and supported the strategy, further discussion on delivery to be scheduled for October's meeting.</p>	
Performance Management		
7/9/17	<p>Service Performance</p> <p>i <u>Service Performance Dashboard for the period ending 31 July 2017</u></p> <p>Members received the Service Performance Dashboard for information and assurance.</p>	

	<p>Key issues to note, continued monitoring of a number of areas with a slight improvement in overall bed occupancy. Outcomes of the older adults' quality improvement project would be included in a future report. A small decrease noted in Care Planning Approach (CPA), it was noted a new system had been implemented in Quarter 1, and the impact of the system would be reviewed and included in a future report.</p> <p>A reporting error was noted against Early Intervention Psychosis (EIP), a correction will be made and circulated to members.</p> <p>Following a request, narrative had been added to the control limits, Mr. Easthope would welcome feedback. The key performance indicators (KPI) continue to be monitored, noting slight improvements and no new issues.</p> <p>Mr. Mills noted the summary had been extended and welcomed the level of detail.</p> <p>Mrs. Rogers asked is members should be concerned with assaults on service users, noting the severity of the assault was not recorded. Mr. Thomas responded, the Quality Assurance Committee (QAC) monitor assaults and following an increase had commissioned a "deep dive" report. Dr. Hunter added the majority of assaults were low impact, assaults are also monitored through the Service User Safety Group.</p> <p>Mrs. Rogers queried the increase in days prior to cluster. Mr. Clarke responded he believed there was no cause for concern; the Trust had a good record for clustering and reviews and would ask for this area to be monitored. Mr. Easthope reported, following evaluation the general graph had been removed from the report, it was noted the Memory Service no longer submitted clustering data which may have impacted on the data return.</p> <p>Mrs. Stanley asked if members should be concerned with the number of assaults on staff. Dr. Hunter responded, the QAC report had included staff. Incidents were reported and investigated and assured was provided regarding processes; additional narrative in relation to the upsurge would be added to the report.</p> <p>Mrs. Stanley acknowledged the new contract targets within the Alcohol contract had not been met, and asked if there were concerns of underperformance. Mr. Clarke responded, target discussions were on going with Commissioners. Mr. Taylor added the contract had been rolled forward two years.</p> <p>Members received the report for information and assurance.</p>	<p>PE</p> <p>CC</p> <p>MH</p>
<p>ii</p>	<p><u>Safer Staffing Report for periods ending 30 June and 31 July 2017</u></p> <p>Members received two safer staffing reports for information and assurance.</p> <p>Key issues to note in June were an overall improvement on registered nurse fill rate across nine wards, challenges continue for PICU, Burbage and Maple wards, attributed in part to a rise in clinical activity. A senior nurse management system has been established giving oversight across all inpatient areas, and the authority to deploy staff to areas of need.</p>	

Health roster, the e-rostering project and safe care module had been implemented across all wards during June 2017, training and testing will be undertaken through July and August 2017. All registered nurses are now required to have knowledge and a level of competency to manage the shift system on the e-rostering programme, this is in addition to current roles.

The report content has developed, and future reporting will include bank and agency, vacancy factors and sickness absence data.

Following the recruitment and retention presentation to the Board, a positive recruitment drive has resulted in the appointment of a number of new nurses joining the Trust in September 2017.

Key issues to note in July 2017 were no significant changes from June 2017, challenges continue for PICU, Burbage, Maple and Stanage wards. The senior nurse intervention continues to have oversight across all wards, Ms. Lightbown noted she had assurance the system was working well.

A serious incident occurred on the 136 Suite on Maple ward, resulting in two staff members requiring hospitalisation following an assault by a service user. Mr. Clarke and Mr. Bulmer, Service Director had attended the ward and all staff had been offered health and well-being support. A Quality Impact Assessment was undertaken to ensure ward safety which resulted in the closure of the 136 Suite for a short period.

The incident impacted on nursing establishment and the ability to cover sickness, the Executive Directors' Group (EDG) were asked consider removing the mid point cap on the pay banding for band 5 bank shifts, to enable band 5 nurses on substantive contracts above mid-point to undertake additional shifts and receive their substantive level of pay. EDG agreed to remove the cap on a temporary basis as a measure to alleviate the situation.

Ms. Lightbown noted the incident had been well managed by Ms. Bannister, Ward Manager and her team. Mr. Clarke will act as executive lead in the joint investigation with South Yorkshire Police, noting the service user had been brought onto the ward under police escort.

The Chair on behalf of the Board wished those involved a speedy recovery with a request the incident reviewed via the Quality Assurance Committee (QAC).

Notification had been received from NHS Improvement in relation to a new national reporting requirement on care hours and patient days. It was noted 23 Carter mental health and community providers had been involved in the pilot. The Trust will submit a one month return, and continue reporting internally with all Trusts required to report from April 2018.

Dr. Hunter provided a brief overview of the medical staffing establishment, noting the high number of Consultant Psychiatrists and Foundation Trainees. Fill rates overall for July 2017 was acceptable. Core Trainee numbers were low, this was attributed to sickness absence.

Mrs. Stanley requested clarity regarding recording of bank and agency usage. Ms. Lightbown responded usage was accounted in the reports.

Mrs. Stanley queried why reporting to NHS tracers website had not taken place. Ms. Lightbown responded, there had been technical problems outside of the Trust's control between Unify and NHS Tracers which was being addressed.

Mrs Stanley requested clarity regarding the new reporting measure and the meaning of care hours per patient day. Ms Lightbown responded, the data from e-rostering would be used to calculate "care hours" using a formula of number of available staff per shift/day against the number of service users. Dr. Hunter reported medical staff were not included in this calculation, as the infrastructure is unavailable for medical staff. It was noted the data provided in the medical establishment report was undertaken as a manual exercise. The Chair sought assurance from Dr. Hunter that medical cover was accurate across the Trust. Dr. Hunter responded assurance was provided via review of the number of staff detailed on the establishment report in line with routine reporting of any concerns.

Ms Lightbown reported all Trusts will be required to implement e-rostering across all professions by April 2018. A review of how this was achieved in the Carter providers will be undertaken. This was an agenda item on the regional Chief Operating Officers and Chief Nurse Group.

Mr. Easthope reported the national reporting is designed to review the level of clinical activity. It was noted there needed to be triangulation with financial data, and consideration of ratios, e.g. if 80% was clinical, the remaining 20% was leave, sickness, training and would be in alignment with benchmarking with other trusts.

Mr. Taylor, from a strategic perspective, sought clarity regarding the current establishment challenges, where these new pressures or were these at a level the Trust had sustained for a period. It was acknowledged there would be a shortfall in trained nurses to fulfil the projection required to support future planning and development of new models of care. Ms. Lightbown responded there had been changes however the Trust was not considered an outlier. Location was an advantage, being a University city the Trust can be more proactive working with education providers to promote the NHS an attractive employer. New models of care would be developed in line with the Workforce and Organisation Development Strategy.

Members received the reports for information and assurance.

Assurance: Risk Management & Internal Control

8/9/17 Board Risk Profile

Members received the Board Risk Profile for information and approval.

All risks had been reassessed, controls and actions updated accordingly. A number of risks had been returned to directorate level. To note a target date against Risk 3439 required updating. A proposal to present the Board risk profile quarterly was presented by Ms. Saunders.

	<p>Mr. Mills referenced Risk 3439 and asked if the proposal for the redesign of clinical accountably had been presented to the Joint Executive Board (JEB). Mr. Clarke responded, a joint session with JEB had taken place, discussions included clinical director recruitment and leadership, Dr. Hunter would take the lead in his capacity as Medical Director. Dr. Hunter reported, options were being explored to develop GP Clinical Partners to work across sites and provide localised clinical leadership. Mr. Clarke agreed to update members in confidential session on further matters arising from the discussion at JEB.</p> <p>Mrs. Stanley requested increases in the level of risk be highlighted in future reporting. Concerns were raised in relation to moving to quarterly reporting due to the number of high risk areas and suggested a review of scheduling following presentation of the Risk Strategy to Audit Committee in October 2017.</p> <p>The Chair asked EDG to consider the scheduling of the report, and as a compromise suggested bi-monthly reporting in the interim.</p> <p>Mr. Thomas referenced Risk 3679 and asked how assurance would be sought that the Observation policy had been fully implemented. It was noted the means of assurance had been omitted. The Chair asked if the timeframe of 28 September 2017 for service redesign was on target. Mr. Easthope responded he believed this to be the target for the agreed service specification.</p> <p>Mr. Thomas referenced Risk 3788 and asked if completion of the actions would eliminate the short terms beaches of Eliminating Mixed Sex Accommodation (EMSA). Mr. Clarke confirmed the reconfiguration of wards to single sex and management of the mixed sex wards would ensure EMSA compliance. The Chair noted the Trust believed it been compliant from an NHSSCCG/Trust perspective however the CQC Comprehensive Inspection suggested otherwise. with clarity sought regarding the undertaking of a review. Mr. Taylor confirmed a review had been completed and EDG had received a report, the Chair requested QAC receive the findings.</p> <p>Members received a report for information and assurance.</p>	<p>MS</p> <p>MH</p>
Governance		
<p>9/9/17</p>	<p>Guardian of Safe Working (Jnr Doctors)</p> <p>Members received an update on the implementation of the Junior Doctors contract, following complex national negotiations.</p> <p>Dr Hunter provided members with an overview of the new contract, noting trainee doctors now receive varying rates of remuneration dependant on the day/ hours worked. Trusts are required to appoint a Guardian to Safe Working, (GOSW) to ensure compliance to safe working practice, in particular limitations to working hours. Dr. Atter, Community Psychiatrist is the Trust's GOSW, and will act independently and be accountable to the Board.</p> <p>Transition to the new contract has been positive, an electronic system had also been implemented and triggers in place to send alerts for working over and above scheduled hours.</p>	

	<p>The GOSW role will be integrated into appropriate committees/groups, an example being Medical Workforce Planning Group. A junior doctor forum will also be established.</p> <p>Members received the report for information and assurance.</p>	
10/9/17	<p>Emergency Planning Resilience and Response (EPRR) Self-Assessment and Work Plan for 2017/8</p> <p>Members received for information and assurance the Emergency Planning Resilience and Response (EPRR) Self-Assessment and Work Plan for 2017/8.</p> <p>Mr. Clarke introduced Mr. Russell King, newly appointed Emergency Planning Officer to members. It was reported the self-assessment had been completed and submitted. A number of areas for improvement had been identified and an action plan developed to address them.</p> <p>Mr Clarke noted the Board are required to have a nominated Non Executive for Emergency Planning, the Chair confirmed Mr. Mills had agreed to undertake this role.</p> <p>Mrs. Stanley referenced lines 26, 30 and 31, noting the lack of rating Mr. King confirmed the ratings were green and would amend the report.</p>	
11/9/17	<p>Quality Impact Assessment (QIA) for Clinical Cost Improvement Plans (CIP) 2017/18.</p> <p>Members received the Quality Impact Assessment report for assurance.</p> <p>Ms. Lightbown reported the clinical executive are tasked with reviewing and scrutinising impact assessment on quality for all planned cost improvements. A total of 34 plans were submitted. EDG received and accepted a recommendation for 31 plans. The Board are asked to approve the plans prior to submission to NHS Sheffield Clinical Commissioning Group (NHSSCCG).</p> <p>Mr. Thomas referenced the reconfiguration of Adult Community Mental Health Teams(CMHT) noting the clinical executive had been assured there would be no loss of quality and queried the rationale for this decision. Dr. Hunter responded, assurance had been sought from clinical, operational and governance perspectives. The proposed model projection is for a significant rise in the number of individuals seen, in conjunction with consistency in accessibility and delivery of evidence based interventions.</p> <p>The new clinical directorate restructure will create a new team to focus on Patient Safety. Quality improvement projects are being undertaken across the Trust, referencing Microsystems as an example used in the CMHT's. Quality and safety data is monitored and reviewed through the Service User Safety Group, EDG and QAC. A trust wide event in October will also focus on safety.</p> <p>Ms Lightbown, noted the QIA had been undertaken as a system process in alignment with the costed proposal Board approved earlier in the year with EDG routinely receiving updates. Ms Lightbown added the level of scrutiny</p>	

	<p>each plan receives is significant, with a number not approved and returned to authors with the rationale for non-approval. It was noted that the organisational change had generated publicity however it was believed access, responsiveness and productivity of front line services would improve.</p> <p>Mr. Easthope considered the significance of structuring with consistency of practice aligned with productivity measures had been key indicators in the decision making to standardise practice in line with national evidence.</p> <p>Mrs. Stanley welcomed the report and was assured by the level of scrutiny. Clarity was sought regarding the process for seeking assurance the CIP will not impact upon quality.</p> <p>Mrs Rogers requested details of the rationale for reducing psychotherapists at Porterbrook Clinic as waiting times were high. Ms. Lightbown responded, proposals for the reconfiguration of Porterbrook Clinic had been discussed at EDG, a managed pathway and model would be developed. Ms Lightbown also reported NHSSCCG had not yet given any indication of their commissioning intentions for the Gender Dysphoria and Sexual Health and Relationship service.</p> <p>Mrs Rogers sought assurance that any increase in CERT caseloads was sustainable. Dr. Hunter acknowledged CERT had performed well in the initial year embracing productivity models and via outcome measures it is believed there was further capacity in the system.</p> <p>Members received the report for information and assurance.</p>	
12/9/17	<p>Annual Appraisal and Revalidation (Medical Staffing) <i>(Dr. Sobhi Girgis in attendance)</i></p> <p>Members received the Annual Appraisal and Revalidation (Medical Staffing) report for assurance.</p> <p>Dr. Hunter reported Dr. Sobhi Girgis as the Trust's Responsible Officer, holds a statutory role within the Trust and responsibility for the connectivity and engagement of medical staffing in appraisal and revalidation, in conjunction with lead for the Trust on a number of forums and all matters appertaining to the General Medical Council (GMC).</p> <p>Dr. Girgis gave an overview of his role and level of responsibility as nominated Responsible Officer. A number of electronic processes were in place to support the appraisers undertaking appraisals with any concerns outwith process would be raised directly with him in the first instance utilising a set protocol. The appraisal rate of 95% places the Trust above average in comparison with mental health trusts.</p> <p>Improvement to the system and process include implementing assessment to 1B measure, connectivity with the Human Resources (HR) team for recruitment to expedite the receipt of personnel information prior to commencing employment with the Trust. Recruitment to the data analyst administrator post to support the team and a review of appraisers' workload to ensure sufficient time is allocated within job plans. Dr. Hunter reported support would be provided to Dr. Girgis in the development of systems and processes.</p>	

	<p>Mr. Thomas referenced the section relating to misconduct of a number of doctors and asked if the Board should be concerned. Dr Girgis responded, there was no cause for concern as the individuals were not employed by the Trust.</p> <p>The Chair thanked Dr. Girgis for attending and noted the Board had received the report for information and were assurance.</p>	
Board Stakeholder Relations & Partnerships		
13/9/17	<p>Chair's Update</p> <p>Members did not receive an update from the Chair, leave of absence was noted.</p>	
14/9/17	<p>Governor's & Membership Matters</p> <p>The Chair updated members of Governor and membership matters.</p> <p>The current membership stood at 12,537, the Chair noted there had been a slight increase in the number of young service users and carers.</p> <p>The Annual Members Meeting will be held on Tuesday 26 September 2017 and further information cascaded in due course.</p> <p>The Sheffield Well Being Festival held in July had been well attended, a number of the Governors had supported the event and the Chair thanked them. The Trust had worked in collaboration with Sheffield Teaching Hospitals NHS FT and gained 70 new members.</p> <p>There had been a number of Governor changes;</p> <p>Joan Green, a former Trust employee had replaced Barbara Bell, the out of Sheffield representative, Professor Scott Welch had been nominated as the University representative, Cllr Adam Hurst, local authority representative had returned for a further period of office following nomination by his party and Sue Highton had been nominated for her last term as staffside representative. The Chair also noted Jules Jones had been reappointed as Lead Governor for a further two year term.</p> <p>The Chair reported questions from two Governors required a response. Toby Morgan had raised a question in relation to identify badges and Billie Critchlow a question in relation to consultation process.</p> <p>The Chair had historically given her report on Governor matters verbally a summary in the Board papers would be beneficial.</p>	MS
Executive Management Updates		
15/9/17	<p>Chief Executive's Verbal Update</p> <p>The Chief Executive updated members on the following matters.</p> <p>Mr Taylor reported the local media had, printed negative comments following publicity of the CMHT reconfiguration. The communication of the reconfiguration has been reviewed and it was acknowledged there had been communication</p>	

	<p>with services users and staff in a number of forums. Specific issues would be addressed e.g. with local Members of Parliament and NHSSCCG</p> <p>The Accountable Care System (ASC) for Sheffield had produced the Statement of Intent and Memorandum of Understanding. Boards had been asked to discuss and ratify the statement. Members will receive this at the October 2017 meeting.</p> <p>The death of Jean Stockdale, a HR Advisor in the Trust was noted. Condolences had been sent to her family.</p> <p>Date for the diary: Safety event Thursday 26 October 2017, Sheffield United football ground. All welcome to attend.</p> <p>Dr. Linda Wilkinson had been appointed as Head of Psychological Services following the retirement of Dr. Gwyneth De Lacey.</p> <p>NHS Improvement have requested a meeting with the Board, it was noted this would be a routine meeting. The date identified is Tuesday 16 January 2017.</p> <p>Ms Lightbown, in her capacity as executive lead updated members of the Trust's Flu campaign for 2017, there will be a re-launch of the programme mid-September. A flu delivery group and plan to implement actions had been established, supported by Ms. Giz Sangha, Deputy Chief Nurse and the Infection, Prevention and Control Team. New vaccinators had been trained allowing flexibility for "roving" vaccinators to visit ward/teams, whilst maintaining more traditional flu clinics. The aim is achieve a top 10 position.</p> <p>The Chair believed the Board could support the campaign and suggested a vaccinator be available after Board in October 2017 for those members wishing to partake.</p> <p>Ms Lightbown reported the vaccination programme will be performance managed, recording individuals preferences. Sickness absence and attendance will be evaluated during the autumn/winter months to identify individuals absent with colds/cough/flu on the ESR system. There is prediction based on southern hemisphere data that the UK will experience high flu rates in 2017/18. More vaccinations equate to greater coverage and less risk. The Trust has caring values and staff are being asked to think about service users and colleagues.</p>	KT
Papers for Information and Assurance		
16/9/17	<p>Board Committees</p> <p>a) Workforce and Organisation Development Committee (WODC) Members received for information the minutes of the WODC meeting held on 18 April 2017 and the significant issues report from the meeting held on 28 July 2017</p> <p>To note, the Band 4, Practitioner Pilot had been launched on Woodland View in line with recruitment and retention. A number of concerns had been raised in relation to staff achieving the entry test level for English and Maths and support offered. It was noted the Physio Med system had launched, supporting a return to work programme proving successful. The Race Equality Standards report will be scheduled for a Board.</p>	

	<p>b) Quality Assurance Committee (QAC) Members received for information the minutes of the QAC meeting held on 26 June 2017 and the significant issues report from the meeting held on 24 July 2017.</p> <p>Mr. Thomas had nothing further to add.</p>	
	<p>c) Audit Committee (AC) Members received for information the minutes of the meeting held on 26 May 2017, the significant issues report from the meeting held on 11 July 2017, which was reported on verbally and the revised terms of reference.</p> <p>The annual letter to all staff was received for approval. Mrs. Stanley reported, as Chair of Audit Committee, she was required to write to all staff. Members reviewed and approved the letter by members.</p> <p>A review of the communication of the letter will be undertaken of the suggestion of the Trust's Auditors KPMG.</p>	
17/9/17	<p>Any Other Urgent Business No other urgent business was discussed.</p>	
18/9/17	<p>Chief Executive's Announcement of Confidential Business <i>The Chief Executive announced the commencement of confidential business in accordance with the published agenda</i></p>	
19/9/17	<p>Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting <i>In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.</i></p>	

**Date and time of the next Board of Directors meeting:
Wednesday, 11 October 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 Tel: 3050727

Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk Tel: 2716370