

Board of Directors – Open

Minutes of the 111th Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday, 14 March 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
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 (HR)
14. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)

Apologies:

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

Public Gallery:

Mr. D Houlston, Public Governor

Yorkshire and Humber Academic Health Science Network Awards 2018

Members met the team representing Brunsmeor Awareness Mental Health Football Project which recently won an award in the category “Performance through Partnership” organised by Yorkshire and Humber Academic Health Science Network. Stories of their development and growth of the project were shared. The Board congratulated the team and the Chair thanked the team for attending.

Ref	Item	Action
	Welcome & Apologies: The Chair welcomed members of the Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies were noted.	
1/3/18	Declarations of Interest: Cllr Blake declared an interest in any issues relating to the Trust’s Partnership Agreement with the Local Authority, however, it was determined that these were non-pecuniary and would not require Cllr Blake to leave the meeting during discussion relating to these items. No further declarations were made.	

2/3/18	<p>Minutes of the Board of Directors Meeting Held on 14 February 2018 The minutes of the Open Board of Directors meeting held on 14 February 2018 were agreed as an accurate record with the following amendment.</p> <p><u>7iii CQC Final Task and Finish Oversight Group Status Report refers</u> Ms Lightbown noted the minute reported Dr Hunter and herself had reviewed the work of Quality Improvement Team, the review had not yet commenced.</p> <p><u>12/2/18 Care Quality Commission - Short Briefing on CQC Inspections/ Methodology Changes refers</u> Members received for information the current position and next steps in relation to <i>methodology</i> and forthcoming changes to CQC inspections.</p>	
3/3/18	<p>Matters Arising & Action Log</p> <p><u>Matters Arising:</u></p> <p><u>7i/2/18 - Service Performance Dashboard period ending 31 December 2017 refers.</u> Mr Clarke reported Early Intervention in Psychosis (EIP) was at full staff establishment in relation to nursing and support workers. The performance report had highlighted concerns in relation to productivity. EDG will receive an update on the service and model at the strategy session in April 2018.</p> <p><u>6/2/18 Digital Strategy</u> Mrs Stanley requested clarity regarding the governance of the Digital Strategy via Committees and Board. Mr Easthope responded following a conversation with Ms. Saunders and Non-Executive members of the Finance and Investment Committee (FIC) and mindful of a review of the Committee's Terms of Reference, a recommendation will be made that FIC becomes the Finance, Information and Performance Committee.</p> <p><u>Action Log:</u> Members reviewed and amended the action log accordingly.</p>	
Strategy		
4/3/18	<p>Carers Strategy Update Members received an update regarding progress of the implementation of the Carers Strategy.</p> <p>Mr Clarke reported the update was a brief summary including notification of changes in executive lead. Implementation would be jointly led, operationally via the Patient Safety Team and corporately with Clinical Governance. It was confirmed additional resource will be available with Dr. Hunter confirming recruitment would commence later in March 2018. A review to progress the outstanding actions will be undertaken.</p> <p>The Chair welcomed the resource to support the project and requested the update is shared with Council of Governors (CoG).</p> <p>Mrs Rogers requested clarity regarding the rationale for linking to the Patient Safety Team. Dr. Hunter confirmed the alignment of service user and carer engagement was imperative whilst acknowledging the differing needs of both groups. It was agreed to undertake further discussion with the Service User Engagement Group (SUEG).</p>	<p>CC</p> <p>MH</p>

Mr. Mills noted carers, until recently, had an advocate, and queried if the additional resource would be used to replicate this pre-existing support Dr. Hunter responded in the affirmative. Mrs. Stanley sought clarity regarding the Trust's representation externally with carers' networks etc. Mr. Clarke confirming the individual would also fulfil this role.

Dr. Hunter added the theme for the Compassion Conference of the Trust this year will be compassionate engagement across the city and would provide an opportunity to publically re-launch the work undertaken by the Trust with carers.

Cllr. Blake referenced the Care Act 2014 which acknowledges the independence of carers and provides the opportunity to request an assessment to assess their needs. In this regard the connectivity with the Patient Safety Team could be perceived as anomalous. Dr. Hunter responded the appointee will be located within the Quality Team. The overarching operational management from the Patient Safety Team encompasses a wide range of functions including quality and experience of service users and carers, individual skills and experience to support the role.

Mr. Thomas queried if carers would be represented on SUEG, noting the profile of the Group. Mr. Clarke responded by confirming the Carers Strategy Implementation Group will reform to oversee the completion of the action plan which would involve engagement with SUSG. Dr. Hunter added there was a requirement for a combined strong clinical, quality and safety orientated approach supported by operationally grounded leadership.

Ms. Lightbown suggested the future report would benefit from the inclusion of an organogram to identify the lines of accountability and responsibility.

Performance Management

5/3/18

Service Performance

i Service Performance Dashboard for period ending 31 January 2018

Members received the Service Performance Dashboard for the period ending 31 January 2018 for information and assurance.

Mr. Easthope reported the Trust was in segment two, noting similar concerns carried forward from the previous month. It was acknowledged there was further work to be undertaken in relation to the downturn in Early Intervention in Psychosis (EIP) access targets and sickness absence.

Mr. Mills, in comparing the performance report with other reports over the last quarter, suggested services appeared to be under significant pressure and queried whether pressures had subsided moving into March 2018 or if this was perceived to be longer term issue.

Mr. Clarke responded sites are routinely visited and feedback suggests the position is stabilising. As an example the Single Point of Access (SPA) team had experience increased sickness levels which were now decreasing and had reduced the number of referrals awaiting triage and assessment. Focused sessions were being held to review progress and

	<p>agree productivity targets. In relation to the EIP Service the additional investment of £600k had been used to recruit nurses and support workers and change the team management structure. From January 2018 outstanding referrals were reviewed to support a reduction in waiting times with weekly reports forwarded to Dr. Hunter and himself.</p> <p>Mr. Taylor acknowledged the comments from Mr. Clarke, noting there had been significant change over the last three months. From a national context, winter 17/18 had been reported as particularly demanding for the NHS noting the pressures on acute trusts which impact on social care.</p> <p>The Chair formally thanked staff on behalf of the Board who had attended work during the period of poor weather conditions and ensured services functioned.</p> <p>Ms. Lightbown reported a number of conversations with nursing staff which suggested services were stabilising following a period of change with the future focus to embed and consolidate. Mr. Clarke's point was reiterated, noting the Executive Directors Group (EDG) will have a focused session on the EIP model later in April 2018.</p> <p>Mrs. Stanley raised the issue of high levels of sickness across community services and requested assurance the model was fit for purpose and operating safety. Mr. Taylor responded the Community Mental Health Team (CMHT) reconfiguration model had been supported with concerns raised relating to implementation rather than safety. A review of the change process will be undertaken shortly once teams are at full establishment and sickness reduced. Mr. Clarke gave assurance to Mrs. Stanley the system in operation was safe and following a mapping exercise all service users had been identified with details of services accessed. Mr. Taylor noted the Trust continued to be open and transparent with further meetings with service users and carers scheduled. Dr. Hunter believed the triage processes offered a further level of assurance in relation to safety whilst developmental work continues.</p> <p>Mrs. Rogers sought assurance the targets for Improving Access to Psychological Therapies (IAPT) was achievable. Mr. Taylor responded positively, noting a re-alignment of the investment will also be undertaken.</p> <p>The Chair requested assurance the outstanding access, triage and assessment issues had been addressed and would not reoccur. Mr. Clarke confirmed this was the position.</p>	
<p>ii</p>	<p>Safer Staffing Report for period ending 31 January 2018 Members received the Safer Staffing Report for the period ending 31 January 2018 for information and assurance.</p> <p>Ms. Lightbown reported occupancy remains high across acute In-patient wards. A slight improvement was noted in relation to fill rates particularly on Maple Ward which had commenced a review of rota management and e-rostering supported via deployment of Dovedale Ward staff during demanding periods. Ward G1 had experienced short term sickness during night shifts, which had been managed appropriately.</p>	

The collaborative team of Nursing, HR and Operations had developed and submitted a recruitment and retention plan to NHS Improvement (NHSI). It is hoped the plan would in part support retention of staff via the preceptorship programme. Ms. Parry had attended a recent meeting and reported a number of Trusts had developed plans not dissimilar to the Trust submission.

Mr. Clarke noted the Business Planning Group (BPG) had received a report providing an update regarding the Open University programme which will enable Support Workers to work towards qualifications. BPG also considered the potential to explore further options utilising this model.

Ms. Lightbown had received the initial draft of the nursing workforce profile. Further analysis of the profile will be complemented with intelligence gained from work with nurse focus groups, additional international evidence in relation to the benefits of employing registered graduate nurses (Band 5) and the improved outcomes for service users. It was acknowledged a gap existed in the registered nursing workforce in core areas. There are a number of actions being undertaken over the next six to twelve months including supporting apprenticeships (Band 4) and developing e-rostering into community areas. It was also noted there was economic benefit of employing Advance Nurse Practitioners.

Dr. Hunter reported the medical workforce remained stable, with the highest fill-rate rate remaining at Consultant level.

Mr. Mills queried how the Board could support workforce development over the coming period. Ms. Lightbown responded, as executive nurse, a piece of work outlining the nursing profile, future projection and evidence to support the clinical care and economics was required and would be presented to Board for consideration, mindful of the span across the remit of both the Finance and Investment (FIC) and Quality Assurance Committees (QAC).

The Chair sought clarity regarding the timeframe for completion. Ms Lightbown anticipated the end of 2018, allowing time for e-rostering to be fully embedded and evaluation of the workforce profile.

Ms. Parry added an objective from the Workforce and Organisation Development delivery plan is to review workforce planning across the whole Trust. An event had been scheduled for June 2018 to support this work, with the aim to produce a report to contribute to the financial planning of the Trust.

Mrs. Rogers, noted workforce data was crucial for future planning and expressed concerns regarding the timescales taken to implement e-rostering to support this work. Ms. Lightbown, as executive lead, was directly involved to ensure the completion of the roll out programme and now chaired the Safer Staffing Group.

Mrs. Stanley acknowledged the task in relation to the workforce strategy and queried the identification of the areas experiencing recruitment shortfalls and those with difficult to fill posts and how this may contribute

LL
(Oct/Nov18)

to decisions regarding the future establishment of the Trust, mindful of the current economic climate and the importance of a pragmatic and realistic approach. Ms. Parry responded a number of these factors had been considered in the delivery plan including developing roles to support new ways of working. Ms. Lightbown added the system identifies acuity and dependency of service users which is a further factor to consider when reviewing establishment.

Ms. Lightbown gave two examples, the engagement of the 50 year old plus nursing focus group where intelligence was being gathered and options explored for the potential for staff returning post retirement at 55 years with mental health status and comments from a newly qualified group that a two year preceptorship programme and good mentoring were imperative to retaining staff.

The Chair noted the value of the Safer Staffing report and believed the emphasis required a change to an enhanced strategic position across Nursing and the work of Human Resources and requested this be considered for future reporting.

LL/DW

iii **Regulatory Care Requirements – Progress Report**

Members received a progress report on Regulatory Care Requirements for information.

Ms. Lightbown noted the report outlined progress against the final actions in response to the comprehensive inspection report in March 2017. A number of actions were scheduled for completion in February 2018 with the Care Standards Team having visited those areas and undertaken peer inspections.

Progress was reported on the following four “must do’s”, with an update provided to the Director of Operations and Transformation.

- A plan scheduled for completion in May 2018 has been developed in relation to Eliminating Mixed Sex Accommodation (EMSA) compliance on Dovedale ward. There are also plans to alter Burbage and Stanage wards to single sex being developed including evaluating the operational feasibility. A report will be scheduled for EDG and QAC. Mr. Clarke added the report would be presented to QAC in March 2018.
- Substance Misuse risk assessments had achieved 98% completion of actions; The team have given assurance the remained actions would be completed during March 2018.
- The draft Physical Health Strategy was completed and now required agreement via consultation scheduled for the end of March 2018.
- The initial business case had been received for the Seclusion Suite at Forest Lodge; the suite has been specially commissioned by NHS England. A risk assessment was required at operational level, as progress appeared limited, with a number of financial concerns raised at Business Planning Group (BPG), which required addressing with Commissioners.

Progress was reported on the following “Should Do’s”

- The Collaborative Care Plan audit was complete with findings reported to the Effectiveness Group to support the delivery plan.
- CMHT physical health monitoring will be rolled out, initial evaluation of an EIP audit, mindful this was a single group of service users, had identified improvements.
- The risk in relation to the telephony system at the Substance Misuse service had been re-assessed resulting in a score of 16 which was not initially escalated as a high risk through governance process. The service has increased admin support in the interim and IMST aim to install the service in Quarter 3.

The Chair noted the actions marked amber were due for completion in February 2018, and queried completion by 31 March 2018. Ms. Lightbown responded the outstanding actions have been returned to Operations. Mr Clarke noted actions were in place and noted the Seclusion Suite was currently unachievable as negotiations were on-going with Commissioners.

The Chair sought clarity regarding mitigation were the CQC to inspect. Ms. Lightbown responded a risk assessment had been undertaken regarding the utilisation of the seclusion room at Forest Lodge, which is non-compliant with the Mental Health Act. Mr. Clarke added the changes to Dovedale ward to achieve EMSA compliance would be completed in May 2018 and the CQC were aware.

Mr. Taylor reported EDG was reminded of the priority to complete actions in relation to the “Must do’s” prior to the next inspection. The CQC will be looking to identify areas where adjustments need to be made and considered it would be beneficial for a confidential Board discussion regarding the pending CQC visit and potential risk areas. Mr. Mills believed the new Non-Executive Directors would benefit from this session.

Ms. Lightbown reported the Provider Information Request (PIR) had been received from the CQC. The final submission for the suite of information, which is significant piece work is well supported across the Trust, is due for submission by 21 March 2018. It would be beneficial to extrapolate and share key issues from the information submitted. Feedback from other Trusts has indicated Well-Led reviews are comprehensive.

iv **Annual Staff Survey Results**

Members received the results of the Annual Staff Survey for information.

Mr. Taylor reported the results had been disappointing, as there is pride in the Trust and historically the survey has reported good results. A senior member of staff had recently feedback following induction and shared the view there existed enthusiasm and a strong sense of values. The survey feedback in a number of areas is not recognised as a Trust the executive are content to lead. The core message indicated an unintended shift in culture which could be perceived as detached from the core values. The executive need to understand the detail and key messages evident in the results recognising the survey occurred during the Autumn 2017, when improvements were already being reported.

KT
(May18)

Ms. Parry gave an overview of the results, confirming a review would take into consideration the results over the last five years. A number of the comments linked to well-being, with the narrative suggesting this is attributed to organisational change reflective of two key Trust projects, CMHT Reconfiguration and clinical directorate restructure. Further analysis will be undertaken review the source areas of comments.

The Trust Management Group (TMG) will receive the report at its meeting on 15 March 2018 to share with the senior management team to form a collaborative approach, agree a way forward and develop an action plan.

The Chair queried the response rates in the previous years in comparison with other Trusts. Ms. Parry responded the response rate was down, at 35% in comparison to 40% for the previous year, however all staff had been sent a survey this year, as opposed to a targeted sample in previous years. Further analysis is required in relation to benchmarking against other Trusts.

Mr. Taylor acknowledged the detail in the report, which requires further analysis with elements emerging in relation to a number of themes ahead of the publication of the report. The recent changes in the Trust have been significant and intensified pressures in the system with staff believing there was a lack of listening and a shift in behaviours across all levels not consistent with Trust values. A different approach from a traditional action plan was required with the first step to share and discuss the results with TMG, the Leadership Engagement Network (LEN) for frontline leaders and Staffside.

A letter from Mr. Taylor with the survey results had been circulated to all staff, generating a response of support to assist the process of improvement. Feedback from the LEN recognised a current change in culture and behaviour with the results being seen as an opportunity to take stock, reflect and refocus.

Mrs. Stanley expressed reservations in the value of reviewing the last five years, noting the results appeared to align with organisational change. It was suggested focusing on addressing the current issues may be of value. A number of organisations conduct interim surveys and believed it may be beneficial to undertake this over the coming months sending a clear message to staff the Board have acted on the findings of the survey Results from interim surveys may also inform the CMHT/Clinical Directorate review. Mr. Taylor responded there was an organisation who conducted interim surveys, however it was imported to recognise the cultural themes evident in the results and to avoid the perception the Trust was only responding because of the survey results. In agreement with the LEN, the Network would review the organisations offering this service and lead the project. The Chair added she would not wish this to be framed solely around reconfiguration.

Mrs. Stanley noted team camaraderie was clearly evident and queried if additional intelligence gained from the Family and Friends Test (FFT) was useful. Mr. Taylor believed the FFT results were unable to add any benefit to the survey findings.

Mrs. Rogers noted her concerns, in relation to the changes and pressure in the system linked to the timing of the survey providing the example of staff suggesting there was insufficient availability of materials/supplies. It was also believed the results identified a failure to engage, mindful this could be a reflection of staff frustration with change. The results linked to equality were also disappointing as the Workforce and Organisation Development Committee (WODC) believed significant progress had achieved in this area.

Ms. Parry noted the survey had focused on the psychological relationship of engagement, and identified an imbalance, which needs to be reviewed at source. Following the results from the previous year concerning bullying and harassment the Trust had liaised with a Trust in Hull which had focused on this area. The evidence from the Hull Trust suggested the increase had been a result of an underlying change in culture and behaviour and had embarked on a cultural change programme.

Mr. Mills strongly supported the points from Mrs. Rogers and Ms. Parry points and the view of Mr. Taylor of the seriousness of the results and believed it was an opportunity to support transformation and utilise the skills of the new Non-Executive Directors. It was noted Ms. Parry's comments had suggested the data could be interrogated to identify outliers and suggested this was a route to take. The Chair believed a Board development session may be required to support this work, noting there was a role for the Board in the developmental process.

Dr. Hunter noted the NHS in general, found a way through difficult times by working harder and differently, which can manifest in a number of ways. It was believed staff have a strong sense of allegiance to the NHS and the survey results present an opportunity to take the negativity as a springboard and create something different, whilst acknowledging the difficulties of change.

Mr. Easthope believed the Trust had consciously embarked on cultural change, by seeking to improve accountability, assurance and governance. The resistance to these actions appears to be evident in the survey results and in hindsight acknowledged a different approach could have been undertaken however believed a measured approach at this time was paramount as responding appropriately would engender greater positivity going forward. The change management process was provided as an example, noting the draft Terms of Reference for a review of the CMHT reconfiguration were being prepared. The Chair requested clarity regarding the degree of staff awareness in relation to accountability and being held to account.

Mr. Easthope queried the publication of the national results and if a high level evaluation had been undertaken. Ms. Parry confirmed the national results had been published. Dr. Hunter added it was difficult to achieve a true benchmark as Trusts had not been clustered with similar Trusts and believed it was a significant piece of work to exactly identify the position of the Trust.

Cllr. Blake highlighted a number of qualitative responses, for example, 'looking forward to going to work', which highlighted the complexity of the issues, she believed it would be beneficial for NED's to be involved in the

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	<p>next steps, whether via Workforce and Organisation Development Committee (WODC) or other forums.</p> <p>Ms. Lightbown noted staff feedback in relation to the changes was focussed upon a belief the Trust was limited in listening to concerns or staff received inappropriate responses. The Chair noted nursing as a significant staff group and sought comment from Ms. Lightbown in relation to the results. Ms. Lightbown responded the issues were more complex than first appeared noting the changed structure of the Trust with differences in operational line management and professional and shared leadership all contributory factors. It raised a number of fundamental questions regarding the importance of all staff having an understanding of their role and responsibility and part in the whole and how this is promoted throughout the Trust.</p> <p>Mr. Taylor believed the Board recognised the seriousness of the results and agreed with all comments made reiterating the points raised by Mr. Easthope. It was recognised the results presented an opportunity to stand back, reflect and re-embed the value based principles of the Trust for the longer term.</p>	
Assurance: Risk Management & Internal Control		
<p>6/3/18</p>	<p>Mortality - Quarterly Update Members received the Mortality update for information.</p> <p>Dr. Hunter noted the report details occurrences of deaths in the Trust with each episode categorised into one of two areas, service users who have had an episode of care in the Trust within six months of their death and reported via the national system and those which are reported via the Trust internal incident reporting system. The national system is reviewed monthly, the incident reporting cases weekly.</p> <p>A new review process has been implemented, Structured Judgement Review, to improve understanding of the circumstances surrounding a death to support development as opposed to investigation. Each death is categorised into areas e.g. in-patient, learning disability etc.</p> <p>The report also includes actions as a result of changes in practice, within Quarter 1, thirteen actions had resulted in changes in practice which maps Serious Incident Action Plan reports during the quarter.</p> <p>360 Assurance (Internal Audit) had audited the process and given significant assurance.</p> <p>Dr. Hunter reported a paper had been submitted to the Royal College of Psychiatrists (RCP) International Congress to share details of the process adopted by the Trust which is awaiting acceptance. Mr. Thomas noted from perspective of the Board the report provided assurance the process is well managed, data captured and reviews undertaken. A positive statement was no deaths were found to be avoidable.</p>	
Governance		
<p>7/3/18</p>	<p>Living Wage Update Members received a proposal for approval to the uplift to the living wage.</p>	

	<p>Ms. Parry noted the report outlined the proposal to adopt the uplift and support the continued commitment to the living wage. Members approved the uplift</p>	
Board Stakeholder Relations & Partnerships		
8/3/18	<p>Chair's Update</p> <p>The Chair reported a number of individuals had been seen on a 1:1 basis, and embraced the richness of conversations. A number wished to share their experiences and concerns the outcome of which, had in some instances, generated operational ideas which were shared with executive colleagues.</p> <p>Members were thanked for attendance at the February 2018 CoG meeting, noting the agenda had generated debate with various questions posed requiring a response. Ms. Saunders and she were addressing the actions from the discussion.</p> <p>The Chair attended the NHS Providers Board meeting, noting colleagues were exercised nationally in relation to control totals and sharing information on systems and challenges. Discussion had also taken place in relation to the management of incentives, within a collective system.</p> <p>Dame Gill Morgan, Chair of NHS Providers has expressed an interest in visiting the Trust. Dates are being explored and a programme for the day will be developed to ensure engagement with a range of groups.</p> <p>Mr. Mills and the Chair will be attending the next NHS Confederation event.</p>	
9/3/18	<p>Governor's & Membership Matters</p> <p>Members received a report providing an update regarding Governor and membership matters for information.</p> <p>The Chair reported membership currently remained static. Governors were active over the last month, and in comparison to other Trusts were participating in more events.</p>	
Executive Management Updates		
10/3/18	<p>Chief Executive's Verbal Update</p> <p>Mr. Taylor reported a review will be undertaken regarding the implementation of the new model following the CMHT reconfiguration with the Terms of Reference drafted by Mr. Clarke. Mr. Taylor noted a number of concerns were raised by CoG in relation to the assurances the Board and particularly NED's had received in relation to the decision making.</p> <p>The Chair had commissioned a Board assurance review with Capsticks LLP agreeing to undertake an initial desk top exercise to evaluate the decision making process and determine whether Board received and sought assurance on staff, service user/carer consultation and engagement and to consider the clinical advice and evidence that supported the model.</p> <p>Mr. Taylor reported he had attended the inaugural induction session for Probationary Police officers, who will spend two weeks with the Trust to gain</p>	

	<p>insight into the delivery of mental health services. The programme which had his full support was developed by Ms. Richards, a management trainee with the Trust.</p> <p>Mr. Taylor reported Sir Andrew Cash, Chief Executive at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) will formally retire in summer 2018. Members wished him well in his retirement with the Chair having written a personal letter of thanks. He will however continue to have a role in the Accountable Care System (ACS).</p>	
Papers for Information and Assurance		
11/3/18	<p>Board Committees – Significant Issues Reports:</p> <p>Quality Assurance Committee Members received the Minutes of the Quality Assurance Committee held 22 January 2018 and the Significant Issues Report from the meeting held on 26 February 2018.</p> <p>Mr. Thomas noted the Committee received for the first time a Research and Innovation Report which had been well received.</p>	
12/3/18	<p>Any Other Urgent Business</p> <p><u>Mrs. Rogers and Mr. Thomas, Non-Executive Directors (end of office)</u> The Chair on behalf of the Board formally thanked Mrs. Rogers and Mr, Thomas for their commitment and contribution to the Trust as NED's over the last eight years and wished them well for their future. Members shared their appreciation.</p> <p><u>Board Training - Cyber Security 13 March 2018</u> Members had attended a cyber-security training session prior to the Board meeting. The session, a requirement of an internal audit, was facilitated by Mr. Andy Mellor, Assistant Director, 360 Assurance and Ms. Haywood-Alexander, Director of IMST. Mr Mills reported, following discussion with Ms. Haywood-Alexander, he had offered and was confirmed as the Non-Executive lead for mobile working for Board and Committees.</p>	
13/3/18	<p>Chief Executive's Announcement of Confidential Business <i>In the interest of probity the Chief Executive announced commencement of confidential business in accordance with the published agenda</i></p>	
14/3/18	<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 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 11 April 2018, Tudor Boardroom, SHSC, Fulwood 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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