

Board of Directors - Open

Minutes of the 112th Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday, 11 April 2018, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG

Present:

1. Ms. Jayne Brown, Chair
2. Mr. Kevan Taylor, Chief Executive
3. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
4. Mr. Richard Mills, Non-Executive Director, Chair of Finance & Investment Committee
5. Ms. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
6. Prof. Laura Serrant, Non-Executive Director, Chair of Workforce and Organisation Development 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

In Attendance:

11. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
12. Mr. Dean Wilson, Director of Human Resources (HR)
13. Dr. Helen Crimlisk, Deputy Medical Director
14. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)

Apologies:

15. Dr. Mike Hunter, Executive Medical Director

Public Gallery:

Mr. D Houlston, Public Governor

Ms. B Critchlow, Carer Governor

Mr. C Wood, Associate Clinical Directorate, Crisis and Emergency Care Network

Time	Item	Action
	<p>Welcome & Apologies</p> <p>The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Prof. Laura Serrant and Ms. Sandie Keene were introduced as the two new Non-Executive Directors on the Board. Apologies were noted and the meeting was quorate.</p>	
1/4/18	<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. No further declarations were made.</p>	

2/4/18	<p>Minutes of the Board of Directors Meeting Held on 14 March 2018 The minutes of the Open Board of Directors meeting held on 14 March 2018 were agreed as an accurate record, following minor amendments.</p>	
3/4/18	<p>Matters Arising & Action Log</p> <p><u>Matters Arising</u></p> <p><u>5ii/3/18 Regulatory Care Requirements – Progress report refers</u> Ms. Lightbown reported the risk assessment to support the business case for the Seclusion Suite at Forest Lodge had been undertaken.</p> <p>Mr. Taylor reported the Trust awaited a date for inspection, it was understood the Care Quality Commission (CQC) inspections would be concluded by 31 August 2018 and all executive leave was on hold.</p> <p><u>5iv/3/18 Annual Staff Survey Results refers</u> The Chair queried if a date had been agreed for the Board development session to focus on survey results. Ms. Saunders responded, dates were being explored.</p> <p><u>Action Log</u> Members reviewed and amended the action log accordingly. For the purpose of the new NED's Ms. Saunders gave a brief overview of the Action Log, noting utilisation to track actions and bring forwards, the colour coding refers to the RAG rating system.</p> <p>12/12/17 refers : Mr. Clarke reported the Trust had been remunerated by Sheffield City Council (SCC) for services provided 2017/18. The Supply Agreement is under legal review by both parties, progress would be reported in June 2018.</p> <p>Mrs. Stanley enquired if a date had been sought for the Board session to review the risk appetite and Board Assurance Framework (BAF), with a date prior to the July 2018 Audit Committee was preferable. Ms. Saunders responded the original date in February 2018 was cancelled due to weather conditions, further dates were being explored.</p>	MS
Strategy		
4/4/18	<p>Members received for approval the draft strategic direction for GP Services. To support delivery of strategic objectives and to address an outstanding action on the Board Assurance Framework (BAF) for a Primary Care Strategy. Mr. Easthope noted the Primary Care Strategy was reframed to address GP Services.</p> <p>The report identifies the scope, noting the Community Well Being Strategy will be progressed separately and shared with members at a later date. The Strategy had developed following discussion at the Executive Director Group (EDG), through Board Development sessions and working collaboratively with the Trust's partner, Primary Care Sheffield (PCS) to focus and align to organisation intent.</p>	

The Strategy focuses on the requirements and rational with actions progressed via the Primary Care Joint Executive Board (JEB), the governance mechanism between partners. The Trust wishes to support PCS to manage GP Services rather than undertaking this role itself. PCS have been the primary provider in the acquisition of Heely Green and Buchanan Road Surgeries, with the Trust providing support services and infrastructure. The Strategy encompasses the utilisation of the partnership and exploration of associated areas including Community Well Being, Neighbourhoods etc.

The Chair confirmed the Board had discussed strategic direction, and sought clarity regarding the expected outcome of discussion today.

Mr. Taylor, raised the question, "What do we mean by Strategy" noting there had been discussions in the past which were not adopted as strategy. It was believed the strategic direction of GP Services was aligned to previous discussions, with the paper today designed to endorse and support those discussions.

Mr. Mills welcomed the paper outlining the strategic direction, his questions were in relation to the implications and adding value to support the delivery and achieve improvements. It was unclear how this would be achieved from the next steps however supported the strategic direction and believed the next stage to be more complex, e.g. the communication plan and partnership agreement and connectivity with potential challenging negotiations and relationships across the city.

Mr. Easthope, acknowledged Mr. Mills questions in relation to on-going delivery and performance in Primary Care which, it was believed, were being detailed separately, noting performance reporting. Mr. Easthope believed the first step was to re-establish robust governance arrangements. The CQC inspection had highlighted differences in approaches in the oversight of GP practices by Foundation Trusts and believed further GP practices will seek support requiring the Trust to have a clear strategic direction and estate strategy for the partnership.

Mr. Clarke wished to raise two points, firstly the strategy supports primary care for mental health and demonstrates the mental health and learning disability voice in working collaborative with neighbourhoods and secondly developing and supporting community well-being priorities including employment and talking therapies. Mr. Clarke noted a Community Well Being strategy would be presented to Board in May 2018.

Mrs. Stanley welcomed the strategy and believed the distinction of role and remit of the Trust was helpful in relation to progression and wished to retain the original concept of moving into GP Services to enhance primary care in the community. Clarity was sought regarding the understanding that all GP Practices linked to PCS and suggested the Finance and Investment Committee (FIC) should review the financial performance of the Clover Group to seek assurance of recoverability. Mr. Easthope responded supporting Mrs. Stanley's rationale for a requirement to secure the finances.

CC
(BoD May)

	<p>There were a number of qualitative issues relating to access and waiting times and believed this aligned to Quality Assurance Committee (QAC). The Chair asked for the governance process to be agreed.</p> <p>Cllr. Blake, believed highlighting the benefits, outcomes and patient experience would be of value.</p> <p>The Chair sought clarity that governance processes would not hinder delivery of the objectives.</p> <p>Ms. Keene, noted clarity would be helpful regarding the direction of travel and queried if the aim was to expand or maintain practices, noting a conversation in relation to the background to the strategy would be beneficial. Mr. Easthope responded, firstly the Trust had progressed moving from sole management of GP Practices “the Clover group” to partnership arrangements with PCS, with the intent that PCS directly manage GP Practices and the provides infrastructure support and an number of wrap around services as part of the Community Well Being Strategy. The acquisition of further practices is likely to be opportunistic in response to the needs of the system. Mr. Taylor noted the number of practices is expected to increase. Mr. Easthope added a number of staff are employed by the Trust, which may be subject to review in the future, noting the strategy was not indicating any specific decision regarding the existing Clover group.</p> <p>Prof. Serrant suggested an addition sentence may be of value to define and confirm the strategic direction.</p> <p>The Board agreed to support the strategic direction of GP Service.</p>	PE/MH
5/4/18	<p>Medicines Optimisation Strategy</p> <p>Members received the Medicines Optimisation Strategy for approval.</p> <p>Dr. Crimlisk reported the Trust is required to have a strategy, which replaces the Medicines Management Strategy and broadens the concept of medicines, to include focus on patient facing roles, individual and cultural safety, learning from errors and best practice with continuous improvement and delivery of new technologies. The key author is Chris Hall, Interim Chief Pharmacist. Dr. Crimlisk noted the Trust has appointed a new Chief Pharmacist from July 2018 and to expect a review and further development of the Strategy once in post. The review would be timely as two national papers are expected to be published in the near future, the Carter Review on medication in the NHS and an NHS England paper on Medication Management within Mental Health Trusts.</p> <p>Mr. Taylor reiterated Dr Crimlisk’s point that this strategy is a Trust requirement, is safe and covers the interregnum.</p> <p>Mrs. Stanley, mindful of the Carter review, considered there were omissions in relation to infrastructure and efficiencies and would hope to see these in the revised iteration following review by the new Chief Pharmacist.</p>	

	<p>Mr. Mills queried if a risk assessment had been undertaken, mindful the strategy was an interim position. Mr. Taylor will ask EDG to review the risk, however the clinical advice was that the strategy was safe. The Chair acknowledged the new Chief Pharmacist would wish to develop and enhanced strategy.</p>	KT
	<p>Mr. Mills requested clarity regarding governance process. The Chair believed the QAC should oversee the review.</p>	MH

Performance Management

6/4/18	<p>Service Performance</p> <p>i <u>Service Performance Dashboard for the period ending 28 February 2018</u> Members received the Performance Dashboard for the period ending 28 February 2018.</p> <p>Mr. Easthope reported the Trust remains in Segment 2, attributing this to low performance targets for Early Intervention in Psychosis (EIP), in line with NHS Improvement's Single Oversight Framework. It was noted there had been improvements, with a current rate of 43% against a 53% target.</p> <p>A number of system wide key indicators had remained static, bed occupancy continues to be managed in alignment with acuity. The narrative includes detail on the development of Eliminating Mixed Sex Accommodation (EMSA) compliance and changes to seclusion (136 Suite) Spring 2018. The expansion of liaison services in Older Adults has resulted in an unexpected increase in bed numbers.</p> <p>The financial position at Month 11 in relation to surplus is £5.4m not the reported £4.7m. Mr. Easthope noted the FIC had scrutinised finances and discussed the forecasting position.</p> <p>Mr. Mills raised concerns in relation to the continuing pressure on acute bed occupancy and its longer term sustainability with the impact this may have on staff. Mr. Clarke responded, bed occupancy was high and being managed through robust bed management and gate keeping. The level of acuity has risen with circa 40% of admissions utilising Psychiatric Intensive Care Unit (PICU) whilst waiting for a low secure bed, which affects patient flow through the system. Discussions with NHS England are on-going in relation to commissioning of low secure services.</p> <p>Mr. Clarke noted the clinical model for Acute Care Reconfiguration Phase (ACR) 2 aims to achieve 85% occupancy and set out options to address concerns in relation to surges. The Trust retains its principles of where possible not sending anyone out of town. Mr. Mills noted it appeared the pressures would continue and aims to be resolved in line with the ACR2 development, mindful of the impact of future surges following ACR2 and how this might be addressed. The Chair believed a number of questions raised would be addressed during discussion of the ACR2 Outline Business Case (OBC).</p> <p>Mrs. Stanley noted reference had been made to surge over the last quarter and queried at what point surge becomes the normal position. Mr.</p>	
--------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Clarke responded the position remained static over the period and believed a review of bed numbers to support the ACR2 would be beneficial.

Ms. Lightbown noted in addition to the ACR2 OBC, the implementation of intensive home treatment in community was taking time to establish which offered alternatives to hospital admission. Staffing capacity was not yet at full complement, and therefore impacted on people waiting for low secure beds, which are commissioned by NHS England. EDG had been made aware of the potential impact on patient flow. The Chair requested clarity regarding the concerns. Ms. Lightbown responded the low secure bed gate keeping function was devolved to the Trust by Commissioners, noting there is a growing need for increased low secure beds. The Trust has the lowest bed base per population, with the consequence the most unwell patients on Trust wards are detained under the Mental Health Act, which in turn reduces capacity and therefore increases pressure on low secure and step down services. It was also noted potential service users presenting in crisis with a psychosis requiring hospital admission are also an integral element. This area remains under review, mindful of the investment identified to support early intervention in psychosis service.

Dr. Crimlisk reported the acuity on in-patient wards had changed significantly, the majority of patients were detained and acutely unwell. This has led to a review of staffing models and skill mix to align to the level of intensity and provided assurance to Board wards are safe.

Mr. Wilson made a number of observations on the report content noting the lower control limits on a number of graphs. e.g. incidents and assaults on staff. Mr Easthope noted the control limits were a standard deviation against normal trends and would be reviewed if the position remained for five consecutive periods.

Mr. Wilson referenced high Did Not Attend (DNA) rates and long waiting times for Opiates and Alcohol services and asked if this was a concern. Mr. Easthope responded high DNA and long waiting times are in line with the nature of this service. The service would be requested to review the position and ascertain if there was a national target to benchmark against to provide assurance to Board.

Section 2.3 on the Finance Report was referenced noting HMRC has informed the Trust tax and National Insurance refunds for Psychology Trainees will not be pursued.

Mr. Taylor, in response to the bed occupancy and benchmarking points raised earlier, for the benefit of the new NED's, reported the Trust had the lowest bed stock for the population and higher than average staffing levels which relates to acuity. The Chair asked if benchmarking data could be shared with Ms. Keene and Prof. Serrant.

Ms. Keene requested clarity regarding those service users with an un-allocated Care Planning Approach (CPA) and whether there was connectivity with bed occupancy noting the narrative in relation to risk management and sought further assurance of timescales of allocation.

PE

CC/PE

	<p>The number of DNA's was also highlighted noting the impact on efficiency, mindful of the reference to the service profile and if this issue had been reviewed and alternatives considered. Mr. Taylor responded, in relation to DNA rates for Opiate and Substance Misuse services further enquiries would be made, noting the specialism of the service and the importance of innovative with the client group.</p> <p>Mr. Clarke responded to the question raised in relation to CPA noting a case management system was in operation with senior overview. There were high level of sickness currently across the teams and meetings were arranged with teams to provide support. The Chair sought assurance those awaiting CPA were in the system. Mr. Clarke provided positive confirmation and as staff were returning from sick leave case-loads were reviewed with an improving picture.</p> <p>Ms. Keene requested clarity regarding the allocation process for CPA. Mr. Clarke responded the new clinical model of Single Point of Access (SPA) enabled people requiring a low level of care presenting with anxiety/depression to be sign posted to the Emotional Wellbeing Team with those requiring more focused therapies signposted to the CMHT.</p> <p>Mrs. Stanley noted the Key Performance Indicators (KPI's) for CPA remained static which could, in part, be attributed to the CMHT reconfiguration. Details were sought regarding the timeframe in relation to the resolving of staffing noting a number of "reds" were appearing on dashboards, regarding absenteeism within teams, e.g. Access Team at 50%, Mr. Clarke responded this had improved significantly over the last month. The Chair suggested focussing on the trajectory of CPA and absenteeism.</p> <p>Cllr. Blake believed there was insufficient context within a number of graphs to explain variances, e.g. self-harm and restraint. The Chair believed the QAC may be the forum to address a number of these issues.</p> <p>Mr. Mills responded to Mr. Easthope's comment regarding the forecasted financial position as the FIC were monitoring the position closely. The Chair queried if the definitive position would be reported in May 2018. Mr. Easthope reported the position in May 2018 would be the unaudited position, noting accounts are audited at the end of May 2018.</p>	<p>CC</p> <p>CC</p>
<p>ii</p>	<p><u>Safer Staffing Report for period ending 28 February 2018</u></p> <p>Members received the Safer Staffing report for the period ending 28 February 2018.</p> <p>Ms. Lightbown noted for the benefit of the new NED's, all NHS providers are required to report monthly to their Boards on in-patient staffing levels, to upload nationally and publish on the Trust website. An e-rostering system had being implemented to support reporting, which reported recurrently.</p> <p>There were no significant changes from the position in January 2018. Improvements noted in relation to recruitment to the acute wards with vacancy factor reduced from 25% to 20% for the period. A decrease in</p>	

	<p>registered nursing and occupancy for G1 was being managed. Further detailed work to review establishment and registered nurse rates for in Learning Disabilities services will be undertaken in alignment with acuity and detainees under the Mental Health Act.</p> <p>Dr. Crimlisk reported medical staffing remains static, the Trust has been challenged with recruitment of medical staffing, in-line with the national picture, with new innovative recruitment methods are being explored.</p> <p>Mr. Taylor, noted the most significant staffing challenges are in the community and believed it would be useful for Board to have a focused discussion, suggesting July 2018. Prof. Serrant supported the proposal, to identify if the provision matched the requirement to fit the service model. Ms. Lightbown noted the funded establishment sits within the Finance Directorate and the Electronic Staff Records (ESR) system in Human Resources is yet to include the information with collation of information being a manual process. It was intended to roll out e-rostering to community services.</p> <p>The Chair sought clarity from Ms. Lightbown, as Chief Nurse, of the mechanisms for being assured of the levels of community staffing on a regular basis. Ms. Lightbown responded the information required collating from a number of sources and believed the process would simplify once the Finance and ESR systems were connected. Mr. Taylor added it was the responsibility of front line manager to ensure each shift was staff appropriately and safe, noting the element requiring addressing is the assurance and level of reporting to Board.</p> <p>Prof. Serrant acknowledged the desired position, and for Board to be assured services were safe. Ms. Lightbown noted the new governance process and structures for clinical services from April 2017 required reporting of staffing levels across all teams and will be the focus for the newly appointed Deputy Director of Nursing.</p> <p>Ms. Keene requested clarity regarding the plan to implement the system. Mr. Easthope confirmed the funded establishment was included within Finance system and shared with managers to control establishment and vacancies etc. A system to collate all information systems to achieve unitary analysis required development. However it was noted there were plans to link into ESR within the period up to March 2019 with gaps in teams in relation to sickness and vacancies identifiable and being provided.</p> <p>Mrs. Stanley noted the challenge in this task, mindful of a number of systems used, in the interim period it was suggested EDG review the Corporate Risk Register to identify any risk relating to staffing. The BAF referenced maintenance of quality whilst in a period of reconfiguration, noting it may be timely to review.</p> <p>The Chair noted the report satisfied Board requirements and believed an in-depth review could be undertaken by Workforce and Organisation Development Committee (WODC).</p>	<p>CC/LL</p> <p>MS</p> <p>DW/LS</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------

Governance

7/4/18	Corporate Calendar - Case for Change <p>Members received a case for change in relation to the Corporate Calendar.</p> <p>Ms. Saunders reminded members a paper was submitted in December 2017, with a recommendation to change the operation of Board business and development. The revised proposal would be to reduce business meetings to nine, and omit January, June and August, the time could be allocated to development sessions.</p> <p>A review has been undertaken in relation to reporting requirements and these can be accommodated within the suggested timescales. Ms. Saunders noted should the need arise the Chair could call for an additional Board meeting.</p> <p>The Chair noted the reduction of business meetings would allow for more time to focus on strategic discussion rather than formal agendas noting however information would continue to be shared with the Council of Governors (CoG).</p> <p>Members agreed the proposal and recommendation to reduce business meetings to nine per calendar year.</p>	
8/4/18	Annual Report (Accountability/Performance) <p>Members received the first draft of the Annual Report, Ms Saunders reported submission date is 31 May 2018, and would welcome comments, an easy read version will also be produced following a request from CoG.</p> <p>Ms. Keene noted the Quality Accounts had not been included and believed a number of her queries should be included in this section. It would be helpful to see a balance of good news outcome stories for service users to supplement the good news stories in relation to the performance of the Trust providing a balanced narrative.</p> <p>Mrs. Stanley noted the style of the report was different from previous years and welcomed the change mindful of the regulatory information. There was further work to be undertaken and referenced page 19, with amendments required to Committee functions and an omission in the partnership section to PCS, feedback would be provided to Ms. Saunders.</p> <p>Ms. Keene suggested expanding references to social care, the Care Act and personalisation and required service change to comply with legislation.</p> <p>The Chair believed a “fresh eyes” approach would be beneficial and asked if members could review the report and forward any further comments to Ms. Saunders in the first instance. The Chair noted it was good to celebrate success however the report should also include the less positive and how learning is shared.</p> <p>The report will be presented to Audit Committee in May 2018 prior to final sign off by the Board at the Extra Ordinary Board of Directors meeting in May 2018</p>	

9/4/18	<p>Annual Members Meeting</p> <p>Members received formal notification of the Annual Members Meeting to be held on Wednesday 26 September 2018, the venue will be Sheffield United Football Ground.</p>	
10/4/18	<p>Register of Sealings</p> <p>Members received and were asked to note the report detailing the register of sealings, which will be duly signed off by the Chair.</p>	
Board Stakeholder Relations & Partnerships		
11/4/18	<p>Chair's Update</p> <p>The Chair referenced the Staff Achievement Awards noting her congratulations to those who had been nominated and won, and had enjoyed listening to their stories. There were plans to review the format for future events.</p> <p>The Chair had attended a meeting with a number of Governors to review the function of CoG meetings. There is flexibility to include discursive elements alongside compliance reporting. Plus there was a consensus to move meetings from Fulwood and sites around the city are being explored, accessibility had been raised as a concern with Fulwood. An update on progress of the group will be shared at the next CoG meeting. Mrs. Stanley noted there had also been discussion regarding utilising of time including the Governor only session, NED session and the lunch period.</p> <p>The Chair noted she had started a blog, which had generated response, the key question pertaining to learning from Southern Health, which would be shared with members.</p> <p>i. <u>Appointment of Interim Senior Independent Director (SID)</u></p> <p>Members received a proposal for the appointment of a SID.</p> <p>The Chair reported, following the conclusion of the term of office of Mr. Thomas, that the Board were required to appoint a new SID. The Chair acknowledged the changes in NED's and had therefore come to the conclusion to appoint a SID on a temporary position. The recommendation having spoken with colleagues was to appoint Mr. Mills as interim SID for a period of six months.</p> <p>Members supported the recommendation to appoint Mr. Mills for a period of six months as interim SID with immediate effect.</p>	
12/4/18	<p>Governor's & Membership Matters</p> <p>Members received the Governor and Members update, The Chair noted a significant number of questions had been submitted within the month. Membership remains static.</p>	

Executive Management Updates

13/4/18

Chief Executive's Verbal Update

NHS Improvement (NHSI) Quarterly meeting

Mr. Clarke reported the NHSI quarterly meeting had recently taken place. For the benefit of the new NED's, the agenda for the meetings focussed on a number of areas, including strategy, performance, finance. NHSI have reported no concerns in relation the Trust. Discussion included; updates on service reconfigurations and directorate restructures, staff survey results, development of strategic objectives and the key capital projects including ACR2, Leaving Fulwood and IMST developments. The financial position of the Trust had also been shared.

The Trust had requested further clarity regarding segmentation, and the timing of the review meeting to potentially move the Trust into segment one, confirmed as later in April 2018. Members were reminded the rationale for delay in reached a decision was related to the Trust under-performing with regard to EIP targets. It has been recognised nationally that demand was higher in northern counties. The Trust achieved over target in Quarter 4. Mr. Taylor shared his frustration with the delays and noted the issue had been raised formally. Mr. Easthope reported feedback regarding the financial position had been positive.

Sheffield Accountable Care Partnership (ACP) Update

Members received an update from Becky Joyce, Programme Director, Sheffield ACP.

Mr. Taylor reported Sheffield ACP were developing and making progress towards integration. The Trust had engaged with the Mental Health and Learning Disability Board. Mr. Mills asked for clarity regarding the position of the Trust in relation to the agreement process for the six priority capital bids. Mr. Taylor responded bids had been submitted to the ICS, it was unclear who the decision making body would be. The Trust projects included ACR2 and Community Well Being Hub. Other bids included Weston Park, Sheffield Children's Hospital NHS FT and a number of IMST bids.

The Chair reported following conversations with peers there was a consensus further clarity was required in relation to governance arrangements. Mrs. Stanley noted a further conference for NED's had been scheduled for 1 May 2018. The Chair noted her attendance.

The Chair was mindful the ACR2 Outline Business Case would be presented to the Confidential session of Board in May 2018, and any successful funding would impact on decision making of the Board. Mr. Easthope requested the Board consider the financial viability of the OBC and consider any capital funding a benefit.

Papers for Information and Assurance		
14/4/18	<p>Quarterly Reports</p> <p>Members received a number of Quarter three reports for information and assurance. Ms. Lightbown reported they had all been scrutinised by QAC.</p> <ul style="list-style-type: none"> i. Infection, Prevention and Control (Q3) ii. Safeguarding Adults (Q3) iii. Safeguarding Children (Q3) iv. Mental Health Act Committee Performance Report (Q3) v. Mental Capacity Act/ Deprivation of Liberty Safeguards Performance Report (Q3) <p>Ms. Keene referenced and acknowledged the lengthy backlogs and the actions being taken to address the issue. The Trust was aware of the risk and the Mental Health Legislation Lead had built good relationships with Sheffield City Council (SCC) colleagues and individuals in Trust care are monitored. In relation to the query regarding how the Trust compared nationally Ms. Lightbown would seek further information to clarify.</p> <ul style="list-style-type: none"> vi. Mental Health Act Monitoring Visits Performance Report (Q3) 	LL
15/4/18	<p>Board Committees – Significant Issues Reports:</p> <p>Quality Assurance Committee (QAC)</p> <p>Members received the minutes from the QAC meeting held on 26 February 2018 and the Significant Issues Report from the meeting held on 26 March 2018. It was noted Mr. Thomas had chaired the Committee.</p> <p>Mr. Mills reported the Committee had discussed in detail a serious incident. There had been significant learning from the incident and the Committee believed the Trust could be open and transparent and share learning. The Chair noted, following a conversation with Dr. Hunter, the request for the report to be scheduled for a confidential session. The Chair was mindful of the presentation from Mazars on Southern Health and the benefits of sharing good practice from incidents.</p> <p>The Chair noted Mr. Thomas would welcome the opportunity to meet Ms. Keene for a handover.</p>	MH (B/F May)
16/4/18	<p>Any Other Urgent Business</p> <p><u>Care Quality Commission (CQC)</u></p> <p>Ms, Lightbown reported the CQC had requested to attend Board meetings as part of their well led inspection, aiming to attend two meetings per annum. To note Jenny Jones, Hospital Inspection Manager will observe the May 2018 meeting.</p> <p><u>Pay deal framework</u></p> <p>Mr, Wilson reported the pay deal framework had been circulated to members. It was discussed and agreed by management and Trade Unions at Staff Council in March 2018. The Agenda for Change structure had been</p>	

	overhauled and a minimum pay increase of 6.5% applied over a period of three years was fully funded.	
17/4/18	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>	
18/4/18	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>	

Date and time of the next Board of Directors meeting
Wednesday 9 May 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)
Margaret.saunders@shsc.nhs.uk Tel: 0114 3050727
Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk Tel: 0114 2716370