

## Board of Directors - Open

**Minutes of the 116<sup>th</sup> Board of Directors Meeting of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 12 September 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, Information and Performance Committee
5. Ms. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
6. Cllr. Olivia Blake, Non-Executive Director
7. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
8. Mr. Phillip Easthope, Executive Director of Finance
9. Dr. Mike Hunter, Executive Medical Director
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
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)
14. Dr. David Newman, Clinical Director, Learning Disability Service (Item 5)
15. Mr. Jason Rowlands, Director of Strategy and Planning (Item 5)
16. Ms. Rebecca Joyce, Programme Director, Accountable Care Partnership –ACP (Item 6)
17. Ms. Liz Johnson, Head of Equality and Inclusion (Item 9)

### Apologies:

18. Prof. Laura Serrant, Non-Executive Director, Chair of Workforce and Organisation Development Committee

### Public:

Sue Highton, Appointed Governor  
 Billie Critchlow, Carer Governor  
 Nick Hall, Service User Governor  
 Daniel Zamal

Ref	Item	Action
1/9/18	<b>Welcome &amp; Apologies:</b> The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance, it was noted the meeting was quorate.	
2/9/18	<b>Declarations of Interest:</b> Cllr. Blake declared an interest in issues relating to the Trust's Partnership Agreement with the Local Authority, in particular Item 10 – Contractual Arrangements with Sheffield City Council (SCC). Mr. Taylor declared an	

	<p>interest in Item 5 - Learning Disabilities Services: a strategic case for building comprehensive community services and all Non-Executive Directors (NEDs)- Mrs. Stanley, Ms. Keene, Cllr. Blake and Mr. Mills declared and interest in Item 13 - Trust Constitution (Amendments).</p> <p>It was determined the items were non –pecuniary and would not require Cllr. Blake, Mr. Taylor or the NED’s to leave the meeting during discussion relating to these items.</p> <p>Mrs. Stanley declared she had resigned her position on the board of the Longhurst Group. The register will be updated accordingly.</p> <p>No further declarations were made.</p>	
3/9/18	<p><b>Minutes of the Board of Directors meeting held on 11 July 2018</b> The minutes of the open Board of Directors’ meeting held on 11 July 2018, with minor amendments were agreed as an accurate record.</p>	
4/9/18	<p><b>Matters Arising &amp; Action Log</b> Members reviewed the Action Plan and amended accordingly. It was noted a review of CMHT Reconfiguration, Board decision making and Trust strategies “timeline” should be included.</p> <p>Mr. Clarke reported an external appointment had been commissioned to undertake the review of the CMHT Reconfiguration, the Terms of Reference (ToRs) are agreed and will include a review of policies and Human Resource (HR) procedures.</p>	
<b>Strategy</b>		
5/9/18	<p><b>Learning Disabilities Services (LDS) : a strategic case for building comprehensive community services</b> <i>(Dr. David Newman, Clinical Director, Learning Disability Service and Mr. Jason Rowlands, Director of Strategy and Planning in attendance)</i></p> <p>Members received an outline strategic case designed to build comprehensive community services for people with learning disabilities. Board were asked to support the communication plan and development of a business case.</p> <p>Mr. Clarke, reported initial discussion took place in the July 2018 confidential session of the Board of Directors’ meeting, followed by a Board development session, where a service user had shared their experience of the in-patient and community Learning Disability Service (LDS). This was complemented by an overview of the national and local context including the drivers underpinning conversations with Commissioners, NHS Sheffield Clinical Commissioning Group (NHSSCCG).</p> <p>Mr. Rowlands reported the strategic case is an enabler for gathering public opinion with feedback informing a framework to test options with service users, carers, staff and key stakeholders asked to engage in the consultation process.</p> <p>Dr. Newman presented the case for changing services in Sheffield for people with learning disabilities. The Transforming Care Programme, a national project was developed following the exposure of events, poor care and institutionalisation of patients in Winterbourne View in 2011. The Trust</p>	

volunteer and service user who had attended the development session and shared experiences of care in Sheffield detailed the breakdown in the level of community support which had contributed to admission to Firshill Rise and Maple ward prior to the sourcing of a home community support package.

The Transforming Care agenda has service users at the centre, aiming to provide person-centred care, a choice of community services at an appropriate level of support, integrated with mainstream 24/7 services. Any periods of hospital admission should be short stay and as unrestricted as possible.

The Sheffield model comprises of three elements, firstly the Community Learning Disability Team (CLDT) a multi-disciplinary team supporting health and wellbeing with circa 850 service users at cost of £1.6m, secondly the Community Intensive Support Service (CISS) providing rapid response and alternative therapies to admission, circa 60 service users at a cost of £0.45m and thirdly Assessment and Treatment Service (ATS) at Firshill Rise, an acute in-patient facility, circa 11 service users at a cost of £1.9m. Lengths of stay at ATS can become excessive while service users await interventions from social services.

Dr. Newman provided a vignette of four service users with the commonality of having a learning disability which the current model of care brings together with the potential for each individual's behaviour or characteristics to trigger stress or anxiety in another.

The Commissioners, NHSSCCG, have indicated a wish to disinvest from ATS and the current bed-based services and have requested the Trust explore new ways of working. Options are being explored to develop an intensive community and home treatment service, operating increased hours and supported from the crisis hub during out of hours. A team will develop their skill set and system capability focusing on positive behaviour support whilst working with families. The STOMP Agenda (Stopping Over Medication of People with Learning Disability) will be implemented providing social and psychological interventions. Alternatives to admission will be explored utilising the Trust community and in-patient pathways and service users treated in Green Light mainstream services. A Forensic Outreach service for those with complex needs is being explored regionally.

Mr. Rowlands reported the new non bed based care model would be supported with four elements: Green Light, resilience and skills, competency of the pathway, an expansion of Community Intensive Support Service (CISS) and active case management and assurance the system is accessible and with sufficient capacity. There is a significant amount of work to be undertaken including financial modelling. Speak Up For Action will support the Trust in the consultation process, the success of which will be instrumental in developing a new model. Board are asked to consider the proposal to progress and develop a new care model, including the production of a three month consultation process.

Mr. Easthope supported the direction of travel, adding the Trust emphasised the drivers for change, referencing quality improvement and parity rather than financial savings. The Commissioners have indicated funding from in-patient services will be refocused into community provision.

Ms. Keene welcomed the presentation and having recently visited ATS, a relatively new facility, would be seeking assurance any new model is future proofed. It was noted the most unwell service users have progressed via the system and length of stay had been reduced. A query was raised regarding an analysis of needs across the city and whether there was capacity and expertise to support a new model. Dr. Newman stated the analysis of service users' needs and scenarios were included in the report.

Mr. Taylor confirmed the Board had been asked to support the direction of travel noting the Community Enhanced Recovering Team (CERT) provide support to individuals with complex needs within a socially inclusive model. A number of concerns raised today in relation to capacity, cost and support could not be answered at this stage and would require further input of the commissions.

Ms. Keene queried if the timescales were realistic with the Chair adding the Board would be unable to sign off a business case in November 2018.

Dr. Hunter considered the plan ambitious with the key components of intensity, quantity and quality to deliver alternatives to hospital admission as integral. He supported the next steps, noting his accountability in relation to understanding the clinical characteristics to deliver quality and safety in this project.

Mr. Mills, mindful of the Acute Care Reconfiguration Phase 2 (ACR2) noted there was no reference to ACR2 with potential crossover and timescales. There would be challenges in relation to the use of the building at Firshill Rise as plans evolve. He believed the Board should have feedback from the consultation prior to making any decision. The Chair added the Board had been asked to agree a programme of communication which would be shared with members.

Ms. Lightbown supported the direction of travel and believed there is a strong clinical case for change to enhance community services for people with a learning disability, understand the epidemiology and review service provision across the city. In relation to the care model it is taking the best of the pre-existing principles developing further and assessing the outcomes and on this basis supported the rationale of NHSSCCG for a reduction in bed based services. The service user story had been particularly powerful as it demonstrated the recognition by the service user of a deterioration which had lacked support via early intervention resulting in crisis and admission.

Mr. Wilson, in his capacity as Director of HR focused on the staff element, believing staff consultation and engagement is pivotal. This change will be significant in relation to delivery of care, and provide an opportunity to take the learning from recent reconfigurations to ensure the best outcome. He was mindful of the risks associated with the proposal noting the timescales may be challenging.

Cllr. Blake suggested the exploration of best practice and models in other areas would be beneficial to quantify the potential impact on in-patient services and the additional capacity requirements to support the proposed model. Dr. Newman responded, in relation to best practice, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH) had closed

	<p>their bed based service a number of years ago The money was reinvested in community services occasionally commissioning beds from Sheffield Health and Social Care Trust. In relation to the region, Nottingham Healthcare NHS Foundation Trust is the only local trust to continue to operate bed based services.</p> <p>Mr. Rowlands added a number of members have questioned the timeframe, adding this links with the city wide integrated care programme.</p> <p>Cllr. Blake supported the development of a robust consultation programme. Mrs. Stanley believed engagement should be at an early stage and to be mindful of the inclusion of Council of Governors (CoG). The Chair would formally wish to share this with CoG at the earliest opportunity.</p> <p>The Chair, noted in relation to clinical practice, it appears the care model in Sheffield requires modernisation. It was proposed members receive a progress update on the consultation process to include a robust engagement plan and details of the pathway for those service users who require a bed based facility. The Board need to be assured of the continuity of care. The reinvestment strategy also needs to be robust and offer quality and safe services. It would also be helpful to understand the options for the building at Firshill Rise.</p> <p>The Board supported the development of the engagement process and would receive an update in November 2018.</p>	
6/9/18	<p><b>Accountable Care Partnership (ACP) Update</b> <i>(Becky Joyce, Programme Director, ACP in attendance)</i></p> <p>Mr. Taylor introduced Ms. Joyce, Programme Director, Accountable Care Partnership (ACP) to provide the Board with an overview of Partnership activities including specific opportunities for the Trust.</p> <p>The vision of the ACP is to improve the health and wellbeing of residents through the promotion of a health and wellbeing culture, development and delivery of a world class health care system. Two significant events occur in September 2018, firstly the South Yorkshire and Bassetlaw Integrated Care System (ICS) goes live and secondly consultation commences for the awarding of the national integrated care provider contract.</p> <p>The Sheffield ACP has a dual focus, transforming both outcomes and ways of working. The programme structure has a number of core work-streams supported by strategic and functional enablers. The work-streams are all at different stages, e.g. NHSSCCG and Sheffield Teaching Hospitals NHS FT (STH) are developing both a new care model for skin services and a £100m contract for patients at risk of unplanned admission. A business case is being devised to support population analytics, focusing on the health needs of the population and development of services within an integrated system.</p> <p>The Action Plan following a Care Quality Commission (CQC) Local System Review looking at the way different parts of the health and care system work together in Sheffield for older people, undertaken in February 2018, is included as an appendix.</p> <p>The ACP has appointed the Voluntary Sector as its seventh partner with</p>	

liaison taking place with the Chief Executive of Voluntary Action Sheffield (VAS) to strengthen links and enhance strategic commitment.

Sheffield Liminal Leadership has been established which is an organisational development model focused on bringing leaders from all areas together.

The key next steps and development are focused on patient population and staff engagement ensuring the work of the ACP is shared with a wider forum with a robust communication plan. An external partner will be appointed to support this and develop a questionnaire plus working with the voluntary sector to utilise their connections across the city.

The Sheffield Place Plan is to be refreshed with Dr. Greg Fell, Director for Public Health, Sheffield City Council and Ms. Joyce working collaboratively in preparation of a revision of the Health and Wellbeing Strategy.

The Kings Fund is holding a number of dates for an integrated care network, to build a strategic approach for the ACP as a whole with a range of leaders attending. In relation to the national context and future landscape of health and care in Sheffield the Trust will be a key partner in influencing the future direction.

For the Trust specifically, Ms. Joyce believed there were opportunities to develop and build primary care mental health and well-being into communities and neighbourhoods, noting this is a strategic objective of the Trust. Mental Health services for all ages remains a key question, particularly seamless transition for all ages, which requires a larger debate in the wider system. Plus increasing holistic care with the integration of physical and mental health, dementia being a specific pathway for development and embedding. Mr. Mills queried if the references to “all age mental health” covered transition between children to adult services. Ms. Joyce confirmed it did and this was widely recognised as a challenge.

Better value is also being considered with a review of functional aspects and “back office functions” e.g. Finance, Informational Technology, HR etc.

Mrs. Stanley referenced “workforce” and acknowledged the ACP was reviewing the potential for collaboration of “back office functions”. In relation to recruitment she queried whether there would be competition for staff and the tension this may cause. Mr. Taylor responded discussions have taken place adding there will be tensions and recognised the flexible South Yorkshire workforce model may not suit all, particularly those on lower pay bands, who may not be attracted to flexible model working across multiple areas. The solution is securing the workforce of the future with positive work taking place. A priority for the ICS will be liaison with local education providers to attract young people into careers in healthcare, similar to the recruitment programme of the Armed Forces.

Mr. Clarke queried how the ACP/ICS are engaged in priority setting and securing of additional funding. Ms. Joyce responded meetings were being held with the Finance Directors in the ICS to agree a position in relation to priorities. Mr. Taylor added the statutory structure had not changed and the commissioned budget will continue to be delivered via NHSSCCG. The ICS had supported a number of key projects and the Trust has benefited including liaison, perinatal and IAPT services along with transforming care

	<p>and developing an integrated model of commissioning.</p> <p>Ms. Keene queried the level of ambition in relation to “back office functions” and the for those discussions are taking place mindful of integration and co-operation.</p> <p>The Chair referenced the future landscape of health and care, acknowledging this is a significant agenda item and asked for clarity on this statement. Mr. Easthope also sought clarity believing it was imperative the Board took a bold approach. In light of the requirement to work collaboratively finance systems are becoming integrated and working differently with small changes occurring. However an increase in pace would be beneficial as key discussions are required noting there have been no changes in relation to governance as the partnership continues to operate within existing governance arrangements of sovereign organisations.</p> <p>The Chair believed this is leading to a substantive agenda item with Mr. Taylor suggesting taking discussions into a board development session.</p> <p>Mr. Wilson noted the work-streams identified to date led by one of the four HR Directors include primary care, older adults, skills and future staffing. He was leading on future staffing and had commenced key discussions. The Chair made reference to the adoption of NHSSCCG’s policy on Declarations of Interest, noting she did not recall the decision being taken. Ms. Joyce responded it was included in the detailed governance review.</p> <p>The Chair thanked Ms. Joyce for attending, noting the Board requires further focused time on the ACP/ICS and suggested it was timely for an update to the CoG.</p>	<p>MS</p> <p>MS</p>
<b>Performance Management</b>		
<p>7/9/18</p>	<p><b>Service Performance Dashboard for the period ending 31 July 2018</b></p> <p>Members received the performance report for the period ending 31 July 2018 for information.</p> <p>Mr. Easthope acknowledged the performance report required revision to align with organisational service changes.</p> <p>The Trust remains in segment two, at the quarterly meeting the NHS Improvement (NHSI) Relationship Manager was unable to confirm the Trust had moved to segment one. The Trust continues to perform well and has reached a number of the national targets. The Chair asked if the sophisticated analysis could be expedited.</p> <p>Mrs. Stanley reported this observation had been made previously and members appeared to have agreed. She referenced the direction of arrows on the dashboard, using the example of sickness absence, noting it had increased and the arrow reflected this, in this instance it is not an improvement. Mr. Easthope responded the dashboard arrows indicate a change, adding this can be amended to reflect an increase or decrease in performance.</p> <p>Cllr. Blake asked if directional performance arrows and further narrative</p>	

	<p>could be included on the primary care dashboard. Dr. Hunter added a thorough report is being compiled regarding the Clover Group, to be presented to Quality Assurance Committee (QAC).</p> <p>Mrs. Stanley noted there appeared to be an improvement in relation to in-patient bed occupancy and asked if this was a surge or reflection of improved management of services. Mr Taylor believed trends over a period required analysis. Mrs. Stanley responded this was not expressed in the dashboard or the report, mindful there had been a number of strategic discussions. Additional context in relation to what is being managed in terms of demand would be welcomed.</p> <p>The Chair believed it would be beneficial to explore elements of the performance report in depth during a Board development session.</p>	MS
8/9/18	<p><b>Safer Staffing Reports for period 1 June to 31 July 2018</b></p> <p>Members received the Safer Staffing Report for the period 1 June to 31 July 2018.</p> <p>Ms. Lightbown reported high occupancy rates across acute in-patient wards consistently over 100%. The remaining wards range between 73% and 96%. The vacancy rate in July 2018 for in-patient wards was 25%, and covered by substantive or known bank and agency staff, ensuring continuity of care. High numbers of Support Workers continue to be utilised, the Deputy Director of Nursing has analysed usage, the outcome suggests higher assessed clinical need, higher levels of risk and detention under the Mental Health Act, resulting in the necessity for 1:1 and on occasions 2:1 observations. Clinical Operations have agreed to recruit four additional substantive Support Workers per ward, there will also be a review to understand the clinical needs assessments and variance in clinical practice.</p> <p>The situation is challenging, and level of occupancy has been sustained over the last 12 months. The next steps for longer term solutions include a review of recruitment and retention, including preceptorship programme, Nurse Consultants recently appointed will be assigned to the pathway. In addition four nurses have commenced a two year Masters programme focusing on advanced clinical practice. Sixteen trainee Nursing Associates places will be funded from December 2018, offering staff at Healthcare Support Worker level an opportunity to gain a qualification regulated by The Nursing Midwifery Council (NMC), there is an expectation that a number will move onto registered nurse training. The Trust is also offering positions to student nurses.</p> <p>The management of e-rostering links with demand and capacity and there is evidence of improvement on the wards where this is embedded. Confirm and challenge meetings are due to commence using the performance data as a measure, once embedded an Actual Funded Establishment (AFE) will be produced.</p> <p>Cllr. Blake believed it would be beneficial to include additional narrative and statistics on bank and agency support. The Chair added the skill rates and training levels of individuals would be beneficial.</p> <p>Mr. Mills referenced the nursing establishment review planned for 2018/19</p>	

	<p>and if this piece of work will link into the budget setting process, as the timing appears misaligned, noting the directorate overspends are attributed to staffing costs. Ms. Lightbown responded in relation to bank usage, Mr. Hollingsworth is undertaking a review and data will feed into an integrated performance report, offset with vacancies, absence, finance, establishment etc. In relation to the establishment review during 2017/18 the Trust spent £950k on bank and agency, the equivalent of twenty five nursing staff, which is not an overspend and in budget due to a vacancy factor of non-recruitment to substantive posts. In relation to the review of AFE, these are not routinely undertaken while acknowledging there may be an impact on budget believed it would not. The spend for support workers in 2017/18 was circa £3.5m which relates to sixty staff, which Mr. Hollingsworth is also reviewing to establish overspend against non-establishment.</p> <p>The Chair noted the information presented however would welcome additional assurance regarding the safe staffing of wards. Mr. Taylor noted there are a significant number of vacancies with shifts being filled through bank and agency. He had recently undertaken a shift on Stanage ward recently where staffing was at a safe level. The national picture is similar in relation to vacancies and the Trust is implementing innovative recruitment measures. The Chair asked for further narrative in the report highlighting the areas where usage of bank/agency is high and the strategic approach being taken to provide additional assurance. Ms. Lightbown, in her capacity as Chief Nurse, confirmed wards are safely staffed. Safer Staffing is an agenda item at the Board in November 2018 where the strategic case and actions being taken will be presented.</p> <p>Mr. Easthope confirmed there had been a change in 2018 as expenditure had risen against establishment, noting extra shifts appear on a daily basis. A shared understanding of establishment against acuity is required acknowledging the risks in relation to financial planning.</p> <p>Dr. Hunter believed the situation was leading down an unduly restricted path in the approach to care, adding his responsibility as Medical Director will be to support Ms. Lightbown in understanding and owning this issue.</p>	
9/9/18	<p><b>Staff Survey 2017 Update</b>  <i>(Liz Johnson, Head of Equality and Inclusion in attendance)</i></p> <p>Members received the overview from the staff survey results for information.</p> <p>Mr. Wilson reported there had been a significant downward shift in scores, adding the survey was undertaken during a period of two major re-organisational changes. There has been a thorough review of the analysis, as it had previously been agreed to establish a matrix rather than action plan, as an aid to Care Networks, teams and/services to monitor and utilise more easily.</p> <p>Ms. Johnson reported this year, there had been a change in approach and rather than a specific action plan a systematic approach had been adopted which will consider different aspects of the survey and evolve throughout the year. The Leadership Engagement Network (LEN) has reviewed the matrix model which can be used to identify gaps and a team/service analysis has been completed which had identified a number of challenging areas.</p>	

	<p>Mrs. Stanley reported Workforce and Organisation Development Committee (WODC) had discussed the report in detail and welcomed the new approach. The Committee were aware of events and conferences and asked if feedback from such events is gathered and whether it could be used as a progress indicator. It was noted the Board had previously discussed the possibilities of an interim staff survey. Mr. Wilson saw no reason why an interim staff survey could not occur, however was mindful the new national survey is due for publication imminently.</p> <p>Mr. Mills referenced the “hot spots” and queried whether the changes in results were attributed to organisational change and reconfiguration. Mr. Wilson responded, on review of the analysis the correlation is insignificant, notwithstanding the reconfigurations were substantial. Ms. Johnson added poor results were also evident in areas not affected by reconfiguration. The Chair added the root cause will be interesting if reconfiguration is not a factor and queried if the Board should be aware of this. It was suggested WODC receive further analysis in the first instance. Dr. Hunter added the QAC will focus on the results by services/teams to gain an enhanced understanding of staff views triangulated with staffing levels, key performance indicators, complaints, serious incidents and quality.</p> <p>Mrs. Stanley noted, although a high rate of appraisals had been reported, it appears the survey results indicated a poor quality of appraisal.</p> <p>The Chair thanked Ms. Johnson, adding WODC and QAC will focus on a number of areas and report to Board accordingly.</p>	
10/9/18	<p><b>Contractual Agreements with Sheffield City Council</b> Members received an update on the Supply Agreement.</p> <p>Mr. Clarke reported the agreement remains under negotiation and therefore cannot be disclosed in a public forum. The Board at this stage are not asked to make any decision. In answer to a question raised in at the July 2018 Board of Directors meeting he could confirm the budget and employing authority for Social Workers remain with SCC. Ms. Keene queried if there were arrangements with SCC for older adults mental health. Mr. Clarke responded SCC ended this arrangement three to four years ago. Ms. Lightbown believed safeguarding arrangements should be included within the final agreement.</p>	
11/9/18	<p><b>Non Agenda for Change Contracts – National Pay Award</b> Members received for consideration the application of the national pay award for staff on non- agenda for change contracts.</p> <p>Mr. Wilson reported staff on Agenda for Change contracts will receive the nationally agreed pay award of 3%. The Board are required to review and consider applying a pay award to staff on non-Agenda for Change contracts.</p> <p>This applies to nineteen staff, three long standing and sixteen recently TUPED into the Trust. The Board agreed not to support the uplift in 2016/17 and awarded an uplift in 2017/18. The recommendation from the Executive Director Group (EDG) is not to award an uplift, the rationale being this group of staff, in the majority of cases, on non Agenda for Change terms</p>	

	<p>and conditions are receiving a salary higher than their peers. By not awarding an uplift enables the Agenda for Change pay rates to increase therefore narrowing the differential. Mr Mills asked for clarity on when the decision was made not move to Agenda for Change. It was confirmed staff had the option to remain on current terms and conditions when Agenda for Change was introduced in 2004 with three of the nineteen are existing members of staff opting not to move across under the national preference scheme. The remaining sixteen staff are new and under conditions of TUPE have transferred into the Trust on existing terms and conditions. Ms. Keene asked if there was an intention to align staff with Agenda for Change. Mr. Taylor responded positively, staff were given a choice to opt in or out and can at any point request a transfer across with certain protection for a period.</p> <p>The Board supported the recommendation from EDG not to award a pay uplift and based on the underpinning rationale.</p>	
<b>Governance</b>		
11/9/18	<p><b>Controlled Drugs Accountable Officer Amendment)</b> Members received notification of the new Controlled Drugs Accountable Officer.</p> <p>Dr. Hunter reported the Trust are required to have an appointed Controlled Drugs Accountable Officer, Mr. Allinson, recently appointed as Chief Pharmacist, will undertake this role, a position previously undertaken by Peter Pratt the previous Chief Pharmacist who continued in the role while undertaking a secondment. The CQC will be informed of the change in personnel.</p>	
12/9/18	<p><b>Associate Mental Health Act Managers (AMHAM) Q1 Report</b> Members received the AMHAM Quarter 1 report for assurance and information.</p> <p>Ms. Lightbown noted the report provides the Board with assurance the AMHAMs are fulfilling their legal duties in relation to adherence to the Mental Health Act. A review of AMHAM role and function includes; contract updates, development of a new policy and a revision of the ToRs for the quarterly meeting. A number of training and peer support sessions have also been scheduled and each AMHAM will receive an appraisal and annual review.</p> <p>The Chair asked if the Trust had sufficient AMHAMs for the level of work, Ms. Lightbown responded the Trust had sufficient numbers.</p> <p>Ms. Keene referenced delays and asked if concerns should be raised. Ms. Lightbown responded this area is being managed with meetings being conducted.</p>	
13/9/18	<p><b>Trust Constitution (Amendments)</b> Members received a report outlining proposals to amend the Trust Constitution, which require Board approval.</p> <p>Ms. Saunders reported there are a number of amendments requiring approval, the first relates to the reappointment of NEDs. The CoG have approved the proposal to reappoint a NED following successful appraisal.</p>	

	<p>In relation to the proposal CoG requested a further amendment in relation to ensuring a majority vote and requested a NED reappointment would require the support of 75% of CoG members present where the vote was taken.</p> <p>Two further amendments are required to bring the Trust Constitution in line with the national NHS Improvement model which relate to the qualification of an Associate Non-Executive Director and significant transactions.</p> <p>Mrs. Stanley noted the paragraph relating to the Associate NED requires amendment. Ms Saunders agreed to circulate the amendment to members.</p> <p>Mrs Stanley asked for clarity on the reference to significant transactions, suggested a link is inserted to the definition. Mr. Easthope added the NHSI definition of significant transactions will be adopted.</p> <p>The Board approved the amendments to the Constitution.</p>	MS
14/9/18	<p><b>Guardian of Safe Working Q1 Report</b> To note the report has been deferred to October 2018.</p>	
<b>Board Stakeholder Relations &amp; Partnerships</b>		
15/9/18	<p><b>Chair's Update</b></p> <p>The Chair reported she had attended the Compassion Conference, which had been well attended. She wished to thank the organisers. Dianne Crookes who has been a key organiser of this annual event leaves the Trust on 26 September 2018. Service user narrative was used through the day and she wished to explore how this could be replicated in papers to Board to support discussion. She believed staff had valued the time during for the day for reflection. Mr. Mills had attended and also commended the organisation, he noted the stories shared had been very powerful and thought provoking. A theme of continuity of care was evident throughout the day. Ms. Keene believed the service user story in relation to care planning for a crisis demonstrated tangible engagement. Mr. Mills added the Trust also recognises the need for compassion for staff. Mr. Easthope noted the event had been powerful and emotive, and from his perspective had questioned the chain of events following a number of episodes of care. Cllr. Blake noted the story by the midwife with references to empathy training and queried whether this training could be explored in the Trust.</p> <p>The Chair noted there had been a high proportion of medical students in attendance. Dr. Hunter added a psychiatry spiral curriculum was developing in Sheffield to ensure the mental health element would be taught across the whole curriculum rather than a block period in year four.</p>	
16/9/18	<p><b>Governor &amp; Membership Matters</b> Members received the Governor and membership update for information.</p> <p>Mr. Mills referenced the NED appraisal process noted in the report. A small working group has made a number of recommendations regarding the proposal and in his capacity as Senior Independent Director (SID) a report will be submitted to the Nominations and Remunerations Committee (NRC). The Chair added there had been a substantive discussion at the CoG meeting and the comments provided are receiving attention. There were a</p>	

	<p>number of NED appraisals outstanding which will be scheduled during October 2018.</p> <p>Mr. Mills reported Governors had an opportunity to visit the Longley Site to familiarise themselves with the ACR2 plans for development. He wished to thank Mr. Rawlings for organising the visits.</p> <p>The Chair reminded members the Annual Members Meeting (AMM) will be held at Sheffield United Football Ground on Wednesday 26 September 2018.</p>	
<b>Executive Management Updates</b>		
17/9/18	<p><b>Chief Executive's Verbal Update</b></p> <p>Mr. Taylor reported attendance at the launch of the Working Win event, a health led employment trial aimed to support people with mental health issues return to employment. Speakers included Mayor Dan Jarvis and Sarah Newton, Minister for Disabled People, Work and Health.</p> <p>The South Yorkshire and Bassetlaw ICS has gone live, the first executive meeting was held on 11 September 2018.</p> <p>Mr Taylor had undertaken shifts at Forest Close and on Stanage Ward.</p>	
<b>Papers for Information and Assurance</b>		
18/9/18	<p><b>Annual Reports</b></p> <p>The following reports were received for information.</p> <p>i. <u>Infection, Prevention and Control</u></p> <p>ii. <u>Workforce Race Equality Standard Metrics 2018 and progress against Trust WRES targets</u></p> <p>The Chair requested the new Equality Standards for Disability are scheduled for Board early in 2019.</p>	DW (B/F Bod 19)
19/9/18	<p><b>Board Committees</b></p> <p><b>i Quality Assurance Committee (QAC)</b></p> <p>The minutes of the QAC meetings held on 22 May and 20 June 2018 and the Significant Issues Report from the meeting held on 23 July 2018 were received for information.</p> <p>Ms. Keene noted the Committee had discussed and agreed the development of Community performance reporting.</p> <p><b>ii Audit Committee (AC)</b></p> <p>The minutes of the AC meeting held on 24 May 2018 and the Significant Issues Report from the meeting held on 17 July 2018 were received for information.</p> <p>Mrs. Stanley reported the new Internal Audit tracker will eliminate the need for the current spread-sheet. Slippage of timescales would be noted and escalated to Board if the trajectory continued on a downward trend. The Internal Audit Plan is owned by the Committee and in her capacity as Chair of AC will raise any concerns. The initial deferral of an Human Resource Audit was noted with Mr Wilson confirming the audit</p>	

	<p>had commenced and was due to conclude in November 2018. Mr. Easthope added the deferral with revised timescales was supported by EDG and the Chair of AC advised liaison had taken place with Internal Audit with a response awaited.</p> <p>The ToRs for AC were agreed.</p> <p>Mrs Stanley referenced the Board Assurance Framework (BAF) noting there were a significant number of controls. The Trust is required to demonstrate to Internal Audit it is embedded and being utilised. A refresh would be undertaken to distil the content led by Ms Saunders.</p> <p><b>iii Workforce and Organisation Development Committee (WODC)</b> The minutes of the WODC meeting held on 24 April 2018 and the Significant Issues Report from the meeting held on 31 July 2018 were received for information.</p> <p>Mr. Wilson reported Committee continues to review the Terms of Reference and streamline the work programme. A review of the Organisation Development function will be undertaken.</p> <p>Cllr. Blake noted an amendment to the ToRs, the number of NED's in attendance should read two.</p> <p><b>iv Finance, Information and Performance Committee (FIPC)</b> Mr. Mills reported the Significant Issues Report had been circulated to members in August 2018.</p> <p>Mrs. Stanley reported she had met recently with a number of Governors, and raised awareness of Committee business. The feedback had been positive in relation to the informal NEDs session prior to CoG meeting and the Significant Issues Reports.</p>	MS
20/9/18	<p><b>Any Other Urgent Business</b> No urgent business was discussed.</p>	
21/9/18	<p><b>Chief Executive's Announcement of Confidential Business</b> <i>The Chief Executive announced commencement of confidential business in accordance with the published agenda.</i></p>	
22/9/18	<p><b>Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting</b> <i>In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press are 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 10 October 2018 at 10am**

**Tudor Boardroom, SHSC, Fulwood Conference & Training Centre, Old Fulwood Road, Sheffield, S10 3TG**

Margaret Saunders, Director of Corporate Governance (Board Secretary)

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