

# Board of Directors - Open

**Minutes of the 121<sup>st</sup> Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 13 March 2019, in the Tudor Boardroom, Old Fulwood Road, Sheffield, S10 3TG**

**Present:**

1. Ms. Jayne Brown, Chair
2. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit Committee
3. Mr. Richard Mills, Non-Executive Director, Chair of Finance, Information and Performance Committee
4. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
5. Prof. Laura Serrant, Non- Executive Director, Chair of Workforce & Organisation Development Committee
6. Cllr Olivia Blake, Non-Executive Director
7. Prof. Brendan Stone, Associate Non-Executive Director
8. Mr. Clive Clarke, Deputy Chief Executive/Operations Director
9. Mr. Phillip Easthope, Executive Director of Finance
10. Dr. Mike Hunter, Executive Medical Director
11. Ms. Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

**In Attendance:**

12. Ms. Margaret Saunders, Director of Corporate Governance (Board Secretary)
13. Mrs. Sharon Sims, Personal Assistant to Deputy Chief Executive (Minutes)

**Apologies:**

14. Mr. Kevan Taylor, Chief Executive
15. Mr. Dean Wilson, Director of Human Resources

**Public:**

Mr. J Buston, Public Governor  
 Mr. D Houlston, Public Governor  
 Ms. J Harris, Head of Communications

Ref	Item	Action
	<p><b>Welcome &amp; Apologies:</b>            The Chair welcomed Prof. Stone to his first meeting as Associate Non-Executive Director and members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Apologies were noted and the meeting was quorate.</p>	
1/3/19	<p><b>Declarations of Interest:</b>            Cllr Blake declared an interest in issues relating to the Trust's Partnership Agreement with the Local Authority. Prof Stone noted he was a Director on the Board of Sheffield Flourish, a mental health charity. It was determined the items were non pecuniary and would not require Cllr. Blake or Prof. Stone to</p>	

	leave the meeting. No further declarations were made.	
	<p><b>Minutes of the Board of Directors meeting held on 13 February 2019</b> The minutes of the meeting held on 13 February 2019 were agreed as an accurate record with the following amendments.</p> <p><u>6/2/19 Service Performance Dashboard for period ending 31 December 2018 refers</u> Mr. Clarke referenced the minute in relation to a home treatment service operating 24/7, he reported this was an aim for the service and had not been fully implemented to date.</p> <p><u>8/2/19 Healthcare Worker Flu Vaccination Programme 2018/19 refers</u> Correction: the total update should read 52.9%.</p> <p><u>17/2/19 Board Committees Quality Assurance Committee refers</u> Correction: ... discussion on the Nutrition and Hydration Strategy.....</p>	
3/3/19	<p><b>Matters Arising &amp; Action Log</b></p> <p><u>7/2/19 Safer Staffing Reports for period ending 31 December 2018 refers</u> Ms. Lightbown referenced the minute relating to the inclusion of other professions into a safer staffing dashboard. She reported the Trust is not currently in a position to produce an integrated report. Action guidance for multi professions is being produced and Allocate the e-rostering provider have published guidance to support job planning. The Trust is reviewing the position to determine the best option. Ms. Lightbown will feed into Workforce and Organisational Development Committee (WODC).</p> <p><u>8/2/19 Healthcare Worker Flu Vaccination Programme 2018/19 refers</u> Ms. Lightbown reported national NHS data was available with the average uptake 68%. The Trust is significantly lower and she would be looking specifically at the comparison with other Mental Health trusts.</p> <p>Ms. Lightbown reported the Care Quality Commission (CQC) and the Medicines and Healthcare Products Regulatory Agency (MHRA) have now issued patient group directives which removes the option open to the Trust of utilising peer vaccinators. It is therefore recommended to manage the vaccination programme via Occupational Health services.</p> <p>Concerns have been raised in relation to the directive and a challenge has made to the CQC, MHRA and specialist pharmacy service. Mr. Abiola Allinson, Chief Pharmacist is in discussion with the aforementioned organisations. Board will be updated in due course. Ms. Lightbown noted that Mr. Wilson has been sighted on this issue and will be liaising with the Trust's Occupational Health provider PAM. Confirmation will also be sought in relation to PAM being regulated with CQC for the provision of vaccinations. Ms. Lightbown was mindful the flu campaign 2019/20 was in the early planning stages.</p> <p><u>9/2/19 Corporate Risk Register (CRR) Quarter 3 refers</u> Mr. Clarke noted a further review of the Risk Appetite was undertaken at a Board Development Session and will feed into future Audit and Risk Committee meetings.</p>	B/F BoD Action Log LL

	<p><u>11/2/19 Freedom To Speak Up (FTSU) – Self Review refers</u> The Chair reported she had spoken to Mrs. Keene in relation to the role of FTSU Non-Executive Director; Mrs. Keene will liaise with the FTSU Guardian to clarify the scope of the role. Mr. Clarke reported the Executive Directors Group (EDG) discussed the outcome of the review in particular the vision and strategy.</p> <p><u>15/2/19 Chief Executive Update Health and Safety Executive (HSE) Inspection refers</u> Mr. Clarke reported the Trust has responded in writing to the concerns raised by HSE following the inspection of the Trust.</p> <p><b>Action Log</b> Members reviewed and amended the action log accordingly.</p> <p><u>Minute Ref: 17/11/8 refers</u> Mrs. Stanley sought clarity regarding the narrative in the action as it was believed the action was for members to see the detail of the Health and Safety Report.</p>	
<b>Strategy</b>		
4/3/19	<p><b>Risk Management Strategy</b> Members received a revised iteration of the Risk Management Strategy for approval of this version and aligning to governance process.</p> <p>Ms. Saunders reported the strategy has followed a process of consultation and review, the original strategy was approved by Audit Committee in October 2017. To note the Board Development session in February 2019 discussed the risk appetite which will be fed into 2019/20 version.</p> <p>Mrs. Stanley in her capacity as Chair of Audit Committee reported the strategy had been reviewed in committee on a number of occasions. She referenced the risk appetite noting it relates to 2018/19 with an old set of definitions and was mindful 2019/20 is only weeks away. She understood the governance process, and was unsure of the viability of sign off of this iteration albeit adding the revision was not significant. Mrs. Saunders responded a revised version with updating risk appetite and definitions will be presented to Board for final ratification in April 2019.</p> <p>The Chair reported the Board have provisionally signed of the strategy and will ratify the final iteration in April 2019</p>	B/F BOD April (MS)
<b>Performance Management</b>		
5/3/19	<p><b>Service Performance Dashboard for the period ending 31 January 2019</b> Members received the Service Performance Dashboard for period ending 31 January 2019 for information and assurance.</p> <p>Mr Easthope reporting on reviewing the main Key Performance Indicator (KPI) dashboard there was no stepped change to report. The main concerns are similar year to date concerns with the exception of the gatekeeping of acute admissions and assessment and home treatment. EDG has asked for clarification to identify any link between the rise in admissions.</p> <p>In relation to financial position the Trust remain at level 2, and is above plan, driven from underspends in clinical operations attributed to inability to recruit</p>	

to vacant posts.

Mr. Clarke reported the new Crisis unit is operational on the Longley site, having moved from Netherthope House, and the Decisions Unit is being implemented via a phased start up service users already receiving a service. It was acknowledged both these services will impact on service performance.

IAPT performance has been close to the 50% target. The service model for Sheffield is different from other IAPT models, in that the Trust takes all referrals from Primary Care, which will result in varying recovery rates due to the diversity of need. NHS Sheffield Clinical Commissioning Group (NHSSCCG) has the data and has indicated a wish to enter into discussion and conduct a review. From IAPT's perspective there will be a group with unmet need if referrals were only made following criteria. Dr. Hunter added from a clinical perspective a near target achievement which supports more service users would be his preferred option rather than an approach with thresholds to achieve better targets. He confirmed NHSSCCG monitor delivery of the service closely as it is managed by NHS England (NHSE).

Bed occupancy has improved attributed in part to the appointment of Flow Co-ordinators, who operate 24/7 managing the gate keeping of in-patient wards and the flex of staff to move across wards which are understaffed to ensure safe staffing levels.

The recent addition of security has had a positive impact with a recent survey monkey suggested 90% of those who participated felt safer with the presence of security. The initiative was a pilot and further discussions in relation to a permanent provision would be undertaken. A further pilot scheme was about to launch on two wards using body cams.

Mr Mills referenced item 2.2 Clover performance and sought clarity regarding the date data would be available. Mr. Easthope responded this was anticipated from April 2019 and has been in discussion with partners, Primary Care Sheffield, who produce the report. The Chair noted the delays in reporting are not assuring the Board and suggested an enhanced approach in order to secure the required information.

Mrs. Keene, noted sickness absence remained a concern and asked if any action was being taken. Ms Parry responded in relation to long term absence the top 30 are in review with the primary cause stress and anxiety. The directorates receive routine reports identifying "hot spots". HR Business Partners and Advisors are also visiting teams and monitoring their use of policies and procedures. The roll out of the Health and Well Being action plan is also underway; one initiative being taken is referring individuals at an early stage when stress is the reason for absence. Dr. Hunter believed it was timely for EDG to have a "deep dive" on sickness absence. The Chair requested the outcomes from the "deep dive" be reporting into Workforce and Organisation Development Committee (WODC).

Mrs. Stanley referenced short term absence, noting it had been omitted, having previously asked for it to be included.

Mrs. Stanley referenced assaults on staff, and noted the narrative remained unaltered following a question she had raised in relation to the counting of victims. It was noted this was on the Action Log for progression. Mrs Keene noted Quality Assurance Committee (QAC) had requested information

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	<p>regarding verbal assaults,</p> <p>Cllr. Blake referenced the continuing lack of narrative in relation to workforce information. Mr. Easthope responded there are significant resource and capacity issues within workforce information team, attributed to leavers and sickness absence. Mr. Wilson is reviewing solutions for this specialist area. Ms Parry added the Trust is actively seeking to appoint to a workforce systems post.</p> <p>Mrs. Stanley noted WODC had scheduled a planning meeting to review reporting into WODC and asked Prof. Serrant if this should go ahead as planned, mindful of the capacity concerns. Prof. Serrant noted WODC receive a lot of data and the “so what” questions need to be answered and the reporting to reflect these questions. Prof. Serrant suggested the group still meet. Mr. Clarke offered to join the meeting if his schedule permitted.</p>	<p>DW</p> <p>CC</p>
<p>6/3/19</p>	<p><b>Safer Staffing Report for period to 31 January 2019</b></p> <p>Members received the Safer Staffing report for the period ending 31 January 2019.</p> <p>Ms. Lightbown presented the report, noting a performance dashboard was now integrated into the report to review patient demand and staffing performance, further developmental work required to include patient demand, and profiles linked to acuity and dependency, staff experience and patient outcome measures. The information down to ward level which includes e-rostering data is used at the Confirm and Challenge meetings.</p> <p>In relation to occupancy this has reduced to an average of 89%. Although admissions into acute wards during January had increased occupancy to over 100%.</p> <p>Sickness absence across in-patient wards is high at circa 8%, with a number of outliers; the Trust average is 7%. The comparison with nation data was not available.</p> <p>Vacancy rates average 12%, on a par nationally with higher rates on PICU, Dementia and Learning Disabilities. The report can now be utilised at ward level and key indicators identified. High use of bank and agency staff particularly in the areas of high sickness and where recruitment to vacancies is proving challenging. As an example PICU had an 80% registered nurse fill rate, which aligns to the registered vacancy nurse factor of 16% and sickness rate at 8.5%, therefore combined equates to a 25% gap in establishment, 14.5% of their registered nurses were used to support the fill rate. The level of detail in reporting starts answering the “so what” questions, and gives ward managers more detail and as Executive Nurse can be assured and take appropriate action where necessary. The Flow Co-ordinators, as previously mentioned, have access to the system and can also act as required.</p> <p>Mrs. Keene referenced the data, noting the position was poor and to be assured was proving challenging in relation to patient and staff experience and requested clarity regarding how assurance is sought. The Chair noted the report is for the period ending 31 January 2019 and asked how assurance is sought in real time and detail of the position today. Ms. Lightbown responded there are a number of factors including an escalation process, for example she would be informed if the level of registered nurses</p>	

on any shift fell below the minimum and it would be unusual if she was informed the ward was unsafe. The nurse leadership team assigned to each ward are supernumerary and would work a clinical shift. The Flow Coordinators also have the authority to move staff and create a flexible workforce, by developing reporting and having a real-time picture ensures safe wards. The appointment of a Workforce and E-Rostering Systems Workforce Manager will strengthen and streamline reporting to build an enhanced sophisticated and resilient system. Ms. Lightbown suggested Board receive a presentation from the Deputy Directors of Nursing regarding the functionality of the system, the Chair supported this proposal and noted Board have receive assurance of process.

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Prof. Serrant requested assurance that the systems in place have the capability to provide the information required as it appears to be collated from multiple sources. Ms. Lightbown responded the E-Rostering system has the capability with further work being undertaken with Allocate to develop the full functionality of the system which will eliminate the need for multiple data sources.

Mrs. Keene was mindful the focus was on system and process and asked if progress was being made from having these systems and what difference was being made. Ms. Lightbown responded the progress will be the ability to conduct a review of the Actual Funded Establishment (AFE), outcomes to gain a better understanding of patient need, right level of a skilled workforce to meet the need, the previous review of AFE was not based on this level of data. Mr. Clarke added the measure is also based on service user experience and therapeutic experiences and maximised by resources for example supporting people on Section 17 to go on leave with the measure being less leave cancelled. Ms. Lightbown would also like to see the Friends and Family Test on each in-patient ward, as currently the data is not systematically collected, a further quality objective is for every area to have patient outcome measures, and to build on the results from the staff survey, staff experience.

Mr. Mills referenced the funded establishment review, noting EDG would be sighted on this. Clarity was sought regarding the process and any potential financial consequences, which may affect the financial planning or require consideration in year, which links to Cost Improvement Plans (CIP) and historically the release of funds at Quarter 4. Ms. Lightbown confirmed EDG will be asked to discuss the outcome of the review as early indications suggested additional resources would be required. The Chair mindful additional resource may be required queried the ability to recruit staff. Ms. Parry responded there is a rolling Band 5 Nurse recruitment programme which is proving successful. Plus the senior leadership team are working with the recruitment team focusing on how attract staff to the in-patient wards including flexible working options. Ms. Lightbown added the Trust is in Cohort 2 of the NHS Improvement (NHSI) national collaborative on recruitment and retention which concludes on 31 March 2019. In liaison with Mr. Wilson, the Trust lead she will ask for feedback via EDG. An initial report has been received from NHSI with significant improvement in reduction in turnover, and benefiting from reducing the recruitment process and the offering student nurses preceptorship positions subject to the registration and graduation, anecdotally it is known students have preferred Sheffield as opposed to neighbouring trusts. There has been improvement in recruiting to Band 5, albeit attracting Band 6 nurses to the Trust remains a challenge with the gap created through internal promotion.

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Mr. Easthope noted the system was embedding, staffing level discussions are on-going and he will be seeking evidence and benchmarking to support any request for additional resource, a conclusion is expected by 31 March 2019.

The allocation in the draft financial plan is £1m; early indication is that the requirement will be circa £1.5m. He was of the understanding this related to a multi-disciplinary profession workforce as opposed to nursing alone, adding £1.5m is closer to establishment to align with current staffing levels. The Chair responded as a Board, she would be looking to seek assurance this plan was robust and safe and supported by EDG.

Dr. Hunter noted his concern in relation to the impact on quality and safety could be debated at length. He considered the numbers in the AFE are crucial and are one strand in solving the problem. He was mindful the Care Quality Commission (CQC) raised concerns in relation to establishment and examples of how the Trust use flexible workforce supported by bank and agency were provided. It is acknowledged that a substantive workforce, who holds the Trust culture of quality, safety and patient experience, is preferable to high use of bank and agency staff. EDG needs to support the recruitment programmes and drivers for attracting nurses to the Trust, adding there are a number of specific smart measures in the operational plan aligned to experience and outcome.

The Chair noted the consequence of risk in balancing finance and safety.

## Governance

7/3/19

### Board Assurance Framework

Members received the Board Assurance Framework (BAF) 2018/19 for review.

Ms. Saunders presented the BAF; she referenced Section 2.3, a summary of the BAF's presentation through Board committees. Board have responsibility for two risks, both have been reviewed and assurances recorded.

Mrs. Stanley reported the gaps in assurance and control have been incorporated and are well articulated. She noted a number of red areas and was mindful that in order for the BAF to function these gaps need to be identified. As Chair of Audit Committee she would ask that members are in agreement with the timeframes, and any extension is supported by rationale.

The control section had been amended, in a collateral narrative in line with CQC action plan, from an Audit Committee perspective she was unclear as to how the review was progressing and the frequency of reporting via Board. A number of gaps in assurance have been identified and owned by the QAC and asked if there was a process for reporting against the "should do" actions to Board. Ms. Lightbown responded, through EDG, the delegated authority is to QAC to oversee and monitor the action plan, and report to Board any significant issues. Mrs. Stanley noted there were multiple actions, and suspected these were not all limited assurance and asked for clarity regarding the process of reporting change particularly where actions had been completed. Dr. Hunter responded QAC are looking at this area, and would seek to continue reporting through the significant issues, noting Board could request further information as required.

	The Chair reported the Board had reviewed the BAF and noted progress.	
<b>Board Stakeholder Relations &amp; Partnerships</b>		
8/3/19	<b>Chair's Update</b> The Chair reported she had no update.	
9/3/19	<p><b>Governor &amp; Membership Matters</b> Members received a Governor and Membership update for information.</p> <p>The Chair noted a slight decline in membership numbers and believed a data cleanse of the system was attributable. She noted the presentation to Council of Governors by Mr. James Munroe and suggested this was repeated and members are in attendance. His session had included Care Opinion and asked the question of how the Trust responded to this. Dr. Hunter responded it was considered further focus could be put on the Care Opinion, and would expect this to link into the Trust's smart objectives in the operational plan.</p> <p>Mrs. Keene added the Trust had been reported as above average, mindful this did not include primary care, which may have reduced the position to below average. Prof. Stone believed Mr. Munroe could help the Trust, in obtaining enhanced quality feedback, as this was an area the Trust would benefit from, mindful there could be resource implications. This is an area the CQC has focused upon. The Chair noted members have discussed the service user story and how best to share this with Board in an open forum, and requested Dr. Hunter explore options with Mr. Munroe.</p> <p>Prof Stone believed Mr. Munroe could be briefed prior to future presentation, in relation to the challenges the Trust face and for him to offer advice.</p>	MH (B/F BoD)
<b>Executive Management Updates</b>		
10/3/19	<p><b>Chief Executive's Verbal Update</b></p> <p><u>Listening into Action (LiA)</u> The LiA "Pulse Check" commenced on 10 March 2019, the Communications team are updating EDG on a daily basis, and to date 12% of staff had responded. The suggestions for "quick wins" are being reviewed and a number have been actioned.</p> <p><u>EU Exit</u> The Trust continues to prepare with NHSSCCG and NHS England having sought assurance the Trust is as prepared as possible.</p> <p><u>Collective Dispute</u> The Trust has received a collective dispute from Staffside from health and the Sheffield City Council (SCC). Mr. Taylor initially met with Charlie Carruth, Unison Regional Officer, to seek clarity regarding the issues members have raised and to work collaboratively to find a compromise. A further meeting is scheduled for later in March 2019.</p>	
<b>Papers for Information and Assurance</b>		
11/3/19	<p><b>Board Committees – Significant Issues Reports:</b></p> <p><b>Quality Assurance Committee (QAC)</b> Members received the minutes of the meeting held on 28 January 2019 and the Significant Issues Report from the meeting held on 25 February 2019.</p>	

Mrs. Keene reported QAC discussed a number of issues and wished to note the following items:

An analysis of the workforce survey in relation to quality and safety has been requested for the April 2019 meeting. To note verbal abuse will be added to the safety dashboard.

The lack of data was noted in relation to infection control and safeguarding, mindful this linked to gaps in resource in production of reports, the committee noted it could not be fully assured due to the lack of data.

In relation to infection control the Chair asked if policies were being adhered to, providing an example of having visited wards where the bare below the elbows policy was not apparent. Ms. Lightbown responded, the policy was not being applied in all areas and was scheduled to visit sites to audit practice.

A robust discussion on the CQC Action Plan. Mrs. Keene believed the monitoring system was robust however noted a number of gaps in relation to the evidence to support the actions and committee could not be fully assured. Mindful of the BAF discussion, Mrs. Keene noted the action plan could be completed without reviewing the differences it has made and believed there was a further level of assurance required.

A detailed presentation from the Community Mental Health Team (CMHT) Recovery Team had including caseloads and higher than expected activity. Mrs. Keene noted the significance of the collective dispute was recognised and in hindsight further discussion would have been beneficial.

The complaints management assurance for Quarter 2 and 3 showed an improved position. The number of gaps in the completion of Fastracks was being managed through intervention by EDG.

Mrs. Stanley referenced the CMHT Recovery Team and caseloads noted in the report, during the informal Non-Executive Director meeting with Governors this issue was raised and Governors reported caseloads were at an extremely high level. Clarity was sought regarding the position of the Recovery Team within the CMHT. Dr Hunter responded, in the new model, CMHT relates to Recovery, Single Point of Access (SPA) and Home Treatment. The caseloads in Recovery are referred to in this instance which offers a service of longer term support for service users with more severe mental health problems. The current Care Co-ordinator case loads is circa 40s, to align with service accreditation this should reduce to the 30s. The Trust is not a significant outlier in comparison against national benchmarking data. There are circa 200 more individuals in the system than anticipated and EDG is in support of a caseload reduction programme. The concept of caseload is a less accurate marker with levels in Home Treatment satisfactory and in relation to SPA, the weighing of each case is more an issue.

Mrs Keene reported being challenged by Governors who were suggesting caseloads in excess of 100 and wished to seek clarity. Mr. Clarke responded the highest single caseload was 47, the reference to caseloads in excess of 100 could relate to a lower tier in the system, i.e. service users requiring minimal intervention for example contact every six months, are managed by

	<p>1.5 wte. They are not caseloads on a waiting list, but held in the system as being known to services, and could be escalated at any time. Mr. Clarke reiterated EDG acknowledged the caseloads are too high and have committed to work with Staffside make reductions. Mrs. Stanley noted her assurance that caseloads were not in 100s.</p> <p>The Chair noting the level of challenge being received in relation to CMHT, and on the basis of the increased activity believed Commissioners should be approached in relation to under commissioning of services. She also believed the language in the narrative was not helping Governors understanding. A short briefing to QAC outlining the facts and details of caseload numbers would be beneficial. Assurance would also be sought that 1.5wte was sufficient to manage the low level tier. Prof. Stone was also concerned the volume may be a potential risk.</p> <p>Mr. Mills thanked Dr. Hunter for his explanation along with the metrics in performance reporting on a number of the areas covered in this item would be beneficial and could be relayed to the Council of Governors.</p> <p>Mr. Clarke reported the Trust is in discussion with Commissioners in relation to increased activity of up to 20%, which is recognised nationally.</p>	CC
12/3/19	<p><b>Mortality Review Quarter 3</b> Members received the Quarter 3 mortality review for information.</p> <p>Dr. Hunter reported the review group continue to meet weekly and review all deaths reported through the Ulysses system. On a monthly basis 10% of all deaths on the national spine are reviewed by the group. To note, a death during Quarter 3 occurred on an in-patient ward and will be subject to investigation.</p>	
13/3/19	<p><b>Any Other Urgent Business</b> No other urgent business was discussed.</p>	
14/3/19	<p><b>Chief Executive's Announcement of Confidential Business</b> <i>In the interest of probity the Chief Executive announced the commencement of confidential business in accordance with the published agenda</i></p>	
15/3/19	<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 were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.</i></p>	

**Date and time of the next Board of Directors meeting**  
**Wednesday 10 April 2019 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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