

Board of Directors – Public (Extraordinary)

UNCONFIRMED Minutes of the 143rd Public (Extraordinary) Board of Directors held from 9:40am on Wednesday 22 December 2021. Members accessed via MS Teams.

The event was live streamed and papers were available on the Trust website.

Present: Sharon Mays, Chair
(voting) Jan Ditheridge, Chief Executive
Anne Dray, Non-Executive Director, Chair of Audit & Risk Committee
Phillip Easthope, Executive Director of Finance
Dr Mike Hunter, Executive Medical Director
Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee
Beverley Murphy, Executive Director of Nursing, Professions and Operations
Olayinka Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee
Caroline Parry, Executive Director of People
Heather Smith, Non-Executive Director, Chair of People Committee

(non voting) Prof. Brendan Stone, Associate Non-Executive Director.
Susan Rudd, Interim Director of Corporate Governance (Board Secretary)

In Attendance: Pat Keeling, Director of Special Projects (Strategy)
Sharon Sims, PA to The Chair & Director of Corporate Governance (Minutes)
Andrew Male, Chief Digital Information Officer
Iain Borland and Alan Brown, Strategic Partners (Apria)

Apologies: Fleur Blakeman, Director of Improvement, NHS England/Improvement (NHSE/I)

Min Ref:	Item	Action
PBOD21/12/143	<p>Welcome and Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. She noted that the meeting was being live streamed.</p>	
PBOD21/12/144	<p>Declarations of Interest Prof Stone is a Lecturer in the University and a Director on the board of Sheffield Flourish, a mental health charity. It was determined the items on the agenda were non-pecuniary and did not cause a conflict of interest.</p> <p>Anne Dray declared an interest in Item 03 Appointment of Senior Independent Director (SID) and would leave the meeting for this item.</p> <p>No further declarations were made.</p>	
PBOD21/12/145	<p>Electronic Patient Record (EPR) Full Business Case (FBC) Board received the report for assurance and approval</p> <p>Beverley Murphy acknowledged that this had been a significant piece of work. She assured Board that the business case to support the Electronic Patient Record (EPR) had been through a robust governance process.</p>	

Finance & Performance Committee (FPC) received the FBC at its meeting in December 2021. Beverly Murphy advised that FPC considered affordability, benefits and implementation costs. They recognised the financial challenges which would be modelled in financial planning and had the support of Phillip Easthope, Executive Director of Finance. Beverley Murphy added that the Integrated Care System Executive Group were also in support of this development.

Board received a presentation summarising the FBC and were asked to approve the FBC to progress to the next stage of contract signature. Due to the timelines, a request was made to delegate authority to FPC to receive and approve the contract and schedules in January 2022. *The FBC documentation was available to Board members.*

The presentation was delivered by Andrew Male, Iain Borland and Alan Brown, key highlights to note:

Strategic Case: Andrew Male assured Board that the strategic case had been through governance processes. The rationale for change was that Insight, the current system was no longer fit for purpose and there was a significant risk if this was not replaced. The new EPR aligned with the Trust's strategic objectives and throughout the procurement process Supplier A demonstrated how they could support the aims.

Financial Case: Board were asked to approve the FBC and the funding requirements and capital cost profiling. Andrew Male assured Board that the funding is affordable and aligned with the Capital plan. He noted that there was a cost pressure in Years 0-3 and cost benefits from Year 3.

Affordability and Cost Profile: Alan Brown presented further details on the financial affordability. The example under Capital had been modelled without Unified Technology Funding (UTF) and was affordable, Alan noted that UTF had been allocated, but not confirmed. The revenue pressure over the first three years equated to £3m and would be shared with Supplier A.

UFT Bid: Details of the bid and further work to undertake on the profile.

Return on Investment: good benefit to cost ratio of 2.6 over the ten year period.

Benefits: A number of cash and non-cash benefits which had been evaluated and signed off by Clinical and Operational leads and included reduction in admin staff and increased efficiency and productivity.

Commercial Case: a robust procurement process through the Finder Tender Service (FTS) which resulted in two suppliers submitting bids, both had been notified of the outcome and no challenges had been received by the deadline of 2 December 2021. Andrew assured Board that the process had been overseen by an independent advisor and supported by Capsticks, the Trust's Solicitor.

Project Plan: A plan had been developed and further work to be undertaken in relation to implementation and mobilisation, the "go live" target date was May 2023 and a final sign off by September 2023. In order to achieve this timeline the contract signature would be required in January 2022.

Risks: Three key risks had been identified: 1) the appointment of a deployment partner not in place at contract signature, Andrew noted that the tender closed early January 2022. 2) Operating dual systems for a number of services and 3) delays in recruitment to the substantive posts in the project roles.

Next Steps: Approval of the FBC to move to contract signature by 13 January 2022.

Richard Mills as Chair of Finance and Performance Committee (FPC) acknowledged it had been a significant piece of work and assured Board that it had been a high priority and had received robust scrutiny at FPC. There had been good engagement and the preferred system had a specification that met clinical need. Implementation and engagement with staff would be key to its success.

Sandie Keene referenced the cash realisation benefits and noted that better clinical utilisation and reduction of out of area placements was estimating savings of £1m in Year 1 and £7.5m over the 10-year period. She asked for clarity on whether there were risks or an impact to revenue in not achieving this. Beverley Murphy advised that the clinical and operational leadership team had spent time on this project and looked the alignment of care pathways, to ensure people receive care at the right time and in the right place and that there is a flow across teams.

Pat Keeling referenced the risks in relation to data migration and asked if specialists had been factored in to manage the project. Andrew confirmed that costings had been allocated, and that there would also be internal resource as they were familiar with the functionality of Insight.

Anne Dray as a member of FPC had been involved in the discussions, and whilst there had been the assurance from NHSE/I she asked how the system would be different from a service user/carer or staff perspective. Iain advised that one benefit would be the sharing of information, and that service users would not be asked the same questions in different care settings. From an operational perspective information and/or data would be live and easily accessible from the system, he added that this was particularly useful for community teams. Beverley Murphy added that staff had fed back that it was time consuming accessing and collating data from Insight, she referenced the IPQR report and noted that a lot of this information was currently collated manually, and that this system would ensure a more productive process.

Dr Mike Hunter noted this aligned to a principle in the Clinical and Social Care and saw this as a tool to enable and support the delivery of person centred care.

Board received the update and were assured of the processes, Board approved the Full Business Case to proceed to contract signature. Board agreed to delegate authority to Finance and Performance Committee (FPC) to finalise any outstanding matters in relation to contract signature and report back to Board in January 2022 any outstanding matters.

Having declared an interest in the next item Anne Dray left the meeting.

PBOD21/12/146

Appointment of the Senior Independent Director (SID)

Board received the report for approval

Susan Rudd reported that the Board are asked to approve the appointment of the Senior Independent Director (SID), the vacancy had arisen due to the imminent departure of Sandie Keene. The details of the role and the constitution requirements were detailed in the report.

The Chair had sought expressions of interest from the Non-Executive Directors and Anne Dray expressed an interest, Susan added that Anne was an experienced Non-Executive Director and that she had held this role in another Trust. The recommendation to appoint Anne Dray as the SID was taken to the Council of Governors on 14 December 2021. The Council fully supported the recommendation.

Board received the report and approved the appointment of Anne Dray as the SID

Anne Dray returned to the meeting.

PBOD21/12/147 Any Other Urgent Business

The Chair reported that it was Sandie Keene's final Board meeting, she thanked her for her contribution over the years as a Non Executive Director, and on behalf of the Board wished her well for the future.

Date and time of the next Public Board of Directors meeting:

Wednesday 26 January 2022 at 9.30am

Format: MS Teams

*Susan Rudd, Director of Corporate Governance (Board Secretary) susan.rudd@shsc.nhs.uk
Apologies to: TBC, Corporate Governance Officer*