

Board of Directors – Public

UNCONFIRMED Minutes of the 144th Public Board of Directors held from 9:30am on Wednesday 23 March 2022. Members accessed via MS Teams and the meeting was livestreamed for the public.

Present: Sharon Mays, Chair
(voting) Jan Ditheridge, Chief Executive
Phillip Easthope, Executive Director of Finance
Dr Mike Hunter, Executive Medical Director
Beverley Murphy, Executive Director of Nursing, Professions and Operations
Caroline Parry, Executive Director of People
Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee
Heather Smith, Non-Executive Director, Chair of People Committee

In Attendance: Prof. Brendan Stone, Associate Non-Executive Director.
(nonvoting) Susan Rudd, Interim Director of Corporate Governance (Board Secretary)
Pat Keeling, Director of Strategy

Other attendees: Fleur Blakeman, Director of Improvement, NHS England/Improvement (NHSE/I)
Michelle Horspool, Deputy Director Research
Teresa Clayton, Head of Experience
Amber Wild, Corporate Assurance Manager

Apologies: Anne Dray, Non-Executive Director, Chair of Audit & Risk Committee
Olayinka Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee

Min Ref:	Item	Action
PBoD 23/03/22	<p>Service User Story</p> <p>The Board heard from a Service User Story who presented their lived experience in co-production of SHSC services and also of homelessness and living with a traumatic brain injury.</p> <p>He explained that he had suffered a brain injury as a result of a car crash during his 20s, the consequences of which resulted in him experiencing homelessness.</p> <p>He emphasised the importance of co-production, of support from the bottom up and working with different partner agencies throughout the Service User Story.</p> <p>The Chair explained that on a visit to Homeless Assessment and Support Team (HAST), the Chair was informed that around 50% of the people the team help in Sheffield have a brain injury.</p>	
PBoD 23/03/22	<p>Learning and Reflections from the Service User Story</p> <p>Beverley Murphy reflected on the importance of the involvement of service user's carers, family and social networks as well as the need to work with third sector partners to provide a holistic, person-centred assessment for each individual. She also emphasised the value of co-production in providing better quality care.</p>	

	<p>Jan Ditheridge emphasised the importance of listening to and reflecting on feedback received from service users.</p> <p>Professor Brendan Stone reflected on the need for SHSC to be ambitious in the area of co-production and the possibilities it opens to the Trust given the importance of the experience of service users and their carer's feedback in shaping the services SHSC provide.</p> <p>Dr Mike Hunter added his agreement on the value of co-production and lived experience which are fundamental to providing care, but which are not reflected in the formal training of professionals.</p> <p>Building on Dr Hunter's reflections the Chair suggested that SHSC work with the city's universities to ensure that co-production and lived experience are incorporated into the training of professionals.</p> <p>Richard Mills commented that the value of the service user story in providing the Board with added insight into the needs of service users.</p> <p>Heather Smith added that it was to hear that some service users now feel that they are having an impact on the work of the Trust and that they are making a difference.</p> <p>The Chair concluded by noting the pertinence of the service user story to items on the agenda for the meeting that day which reinforced the value of hearing from service users on their experience, the importance of feeling valued, parity of respect and the legitimacy of different types of knowledge.</p>	
PBoD 23/03/22-01	<p>Welcome and Apologies:</p> <p>The Chair welcomed members of Board to the meeting together with governors or members of the public observing the meeting.</p> <p>Apologies were noted from Anne Dray and Olayinka Fadahunsi-Oluwole.</p> <p>Anne Dray, who was unable to attend the meeting had submitted questions in advance.</p>	
PBoD 23/03/22-02	<p>Declarations of Interest</p> <p>None declared</p>	
PBoD 23/03/22-03	<p>Minutes of the Public Board of Directors meeting held on 26 January 2022</p> <p>The following amendments were requested:</p> <ul style="list-style-type: none"> Page 3 the minutes should reflect that the Chair is continuing to meet with the Lead Governor and is holding separate drop-in session for Governors. Page 5, the Chair requested the removal of the sentence "<i>The Chair agreed that the report was informative</i>". <p>Subject the above changes being made, the minutes of the meeting held on 26 January 2022 were approved as a true and accurate record.</p>	CorpGov
PBoD 23/03/22-04	<p>Matters Arising and Action Log</p> <p>The action log was received and noted with the following additional updates provided:</p> <ul style="list-style-type: none"> It was noted in respect of the action asking for a service user story relating to a specific issue to be brought to the March meeting this had not been possible for this meeting but would be planned for the 	

	<p>next Board.</p> <ul style="list-style-type: none"> • It was noted that historic matters arising had been included in error • It was confirmed the action related to the transformation programme review and provision of a programme of review will be added to the forward plan once it has been agreed • The Chair requested that clarification be included on the actions list for April that it would be the Hygiene PLACE Lite report that is due to be presented to BoD in May note for agenda 	CorpGov
PBoD 23/03/22-05	<p>Chair and Non-Executive Directors Report</p> <p>The Chair formally noted that the thoughts of the Board are with the people of Ukraine at this time. It was noted the Trust's response to the Ukraine situation would need to be reviewed as the situation evolves.</p> <p>The following additional updates were provided:</p> <p><u>Non-Executive Recruitment</u></p> <p>The closing date for applications for the Non-Executive Director (NED) posts has passed, with a good response received and the next stage of the recruitment process is underway. It is anticipated interviews will take place in May.</p> <p><u>Visits by the Chair since the last meeting</u></p> <p>The Chair has visited Endcliffe Ward and the Specialist Community Forensic Team, as well as the proposed new Head Quarters</p> <p><u>Council of Governors</u></p> <ul style="list-style-type: none"> • The election process for vacancies on the Council of Governors is underway with 22 vacancies. • A development session for Governors was held on the 16th March 2022 and there have also been drop-in sessions with the Chair which have been well attended and well received. <p><u>Systems and partnership working</u></p> <ul style="list-style-type: none"> • A number of meetings have been taking place for the system and with partners with many now meeting on a monthly basis. It was noted the Chair and Chief Executive are members of the Shadow Alliance Board and are also members of the Sheffield Health and Care Partnership Board • The Chair has been asked to chair the committee of the Health and Care Partnership which is leading on recruitment of an independent chair 	
PBoD 23/03/22-06	<p>Chief Executive's Briefing</p> <p>Jan Ditheridge drew the Board's attention to the following areas:</p> <p>Recruitment for the roles for the PLACE Director, Alliance Managing Director and Clinical Director and emphasised the importance of these leadership, capacity and capability roles.</p> <p>She asked that, in relation to the 'Back to Good' report that there be more joined up working between operational teams and the corporate business</p>	

	<p>partners. She explained that there are a number of ways that SHSC are already encouraging mutual support and engagement, with some of it being structural, via team development and through development of the arrangements for governance structures. She confirmed there is further development which will take place that will actively encourage corporate and operational teams to work together across the Trust.</p> <p>Dr Mike Hunter emphasised that a key part of levelling up is around research and development, with the levelling up strategy due for discussion later in the meeting.</p> <p><u>Transition to System Operating Framework (SOF) Category 3</u></p> <p>Reference was made to the letter circulated to Board prior to the meeting from Professor Stephen Powis which was received on 16th March 2022. SHSC is formally transitioning out of System Operating Framework (SOF) 4, previously known as Special Measures and SHSC has been congratulated by system colleagues for exiting special measures within a two-year time span. Jan Ditheridge explained that it was acknowledged that SHSC would still need support from system colleagues where areas were outside the Trust's gift to address.</p> <p>The Chair thanked Fleur Blakeman and the team at NHS England & Improvement (NHSE/I) for their help and support.</p> <p>As a long-serving NED, Richard Mills commented that the Trust's transition out of Special Measures in the timespan, particularly during a pandemic, should not be underestimated and thanked the executive team and staff for their work in enabling this to happen. The Chair agreed and said that it is testament to the hard work of all that this has been achieved.</p> <p>The Chair commented on the need continue to build on the cultural work piece which has been part of Board development sessions.</p> <p>Action: Jan Ditheridge to share the letter from Prof Powis with members of BoD.</p>	Jan Ditheridge
PBoD 23/03/22-07	<p>Recovering from Covid</p> <p>Beverley Murphy reminded the Board that recovering from Covid is one of the Trust's strategic priorities and there were three key elements of this which related to the Board Assurance Framework (BAF) and discussions around risk management which were:</p> <ol style="list-style-type: none"> 1. Access and waiting times which remain a challenge in some of the Trust's services 2. Significant disruption caused by Omicron over the winter period from late November 2021 to early January 2022 with learning to be considered for 2023 given the possibility of further waves 3. Demand for services needs to be considered in the context of a fatigued workforce with the Trust sighted on wellbeing, recruitment, and retention of staff. <p>It was noted for assurance that these issues are triangulated with the Integrated Performance Report (IPR) which is received on a monthly basis and presented to the Quality Assurance Committee (QAC), Finance and Performance Committee (FPC) and the Board as required. It was confirmed the People Committee also continues to review the mechanisms in place to support employees.</p> <p>It was recommended the Board could take assurance that the Trust is continuing to recover from Covid and that the People Committee continues</p>	

to review SHSC's plans in place to support its employees.

Heather Smith commented that the phraseology used in relation to discussions at the health and wellbeing committee was really good and will pass on the recommendations to the group's chair. She explained she as Chair of the People Committee and the Executive Director for People have been discussing how to access more data on the subject.

Richard Mills asked if the rise in the number of staff absent due to illness from the last week was a result of Covid-19 and if there had been an update on restrictions? Beverley Murphy explained national data received from Public Health England is discussed at the regional meetings for Nursing Directors and Medical Directors. Trusts have been asked to be cautious around interpretation of the data, as the data is heavily influenced by testing and there is a need to be mindful of the impact of the changes due to the new 'Living with Covid-19' legislation and its impact on social interactions, use of PPE and testing requirements in the community. She confirmed the Trust is not seeing a corresponding rise in cases in inpatient areas where PPE is still in use. It was confirmed updated NHS England guidance on Covid-19 was at that time expected to be received on 31st March 2022.

Dr Mike Hunter explained that the current best estimate was that it was likely there would be a second Omicron wave driven by the BA2 subvariant, with the peak expected to occur week commencing 28th March 2022, but this was not expected to be as high in terms of numbers as the first Omicron wave in January.

Jan Ditheridge explained that if the peak does occur, NHS England would be reviewing guidance for clinical and non-clinical settings during the first two weeks in April. She added it was unlikely the rules would change in clinical areas, but there was a possibility of a review for non-clinical areas if there was sufficient confidence that the wave has peaked.

Richard Mills asked if the consequence of the pandemic have been included in future capacity planning? Pat Keeling explained that this was covered in the draft annual plan due for receipt in the confidential session and that demand on services and impact were issues SHSC were taking into consideration in planning however analysis at that time was still pending. She acknowledged the plan identifies SHSC's services as having returned to pre-pandemic activity levels during the past year and that the anticipated 20% rise has not yet materialised across a lot of the services, although there has been a significant increase in relation to Crisis Resolution and Home Treatment services.

Beverley Murphy reminded the Board that although SHSC does not provide Child and Adolescent Mental Health Services (CAMHs), there has been a significant rise in demand on both a regional and national level for these services. She added that although it is hoped that many of those currently accessing CAMHs will not then graduate to requiring Adult Mental Health (AMH) services, if there is a consequential need, and SHSC will look to plan for an increase in demand for those services in the next six to eighteen months.

Jan Ditheridge explained that in relation Covid-19 recovery, urgent care and waiting times, in particular for SHSC service users who are placed out of county, this is an area which has a high profile at system and national level given the impact this can have on quality of care.

She explained the Board needed to be mindful of and examine SHSC's

	<p>recovery plans around waiting times and this was an area of concern for escalation to Board and is under discussion at board sub committees as was patient flow. It was agreed by the Board it was an area of concern that should come back to the Board.</p> <p>The Chair noted that the extra out of area beds are currently costing the Trust over £9 million per year.</p> <p>Action: Urgent Care (flow) and Waiting Times to be explored at the next Board development session, with a view to presenting the outputs from the session at the next Public Board meeting, depending on the current agenda commitments.</p> <p>Heather Smith commented on the Working Differently section of the report, reporting back from a site visit to one of the service teams at which the team had commented on the significant increase in email traffic which is having an impact on employees in terms of their sense of current pressure and workload. When staff were asked about the cause of pressure, it was suggested the main issues were around staffing levels, with the increase in emails coming second, as staff are returning from annual leave to large volumes of emails as a result of being copied into emails, which is having a negative impact on them in terms of returning from leave relaxed and refreshed.</p>	Beverly Murphy
PBoD 23/03/22-08	<p>Back to Good Board Progress and Exceptions</p> <p>Dr Mike Hunter explained that since the last public Board meeting the CQC have published their reports on their visits to SHSC’s acute wards and psychiatric intensive care unit, which were carried out in December 2021. The outcome of the report is that all of the ratings moved in the right directions with an overall rating of “Requires Improvement”. It was confirmed the requirements of the Section 29A warning notice, which was issued in the mid 2021, have all been met, meaning that that notice has now expired and no longer applies, with the Trust now transitioning out of SOF4/Special Measures.</p> <p>The CQC report contained 20 “must” and “should” recommendations and the Quality Assurance Committee has received these in detail, along with the Action Plan. The Action Plan has been returned to the CQC, and progress will be provided to the Board at each meeting.</p> <p>The Chair acknowledged the contribution of all staff at the Trust in gaining an improved rating overall from the CQC.</p> <p>Jan Ditheridge reflected that two years ago one of the Well Led Report findings was that the Board were not sighted on issues. She stressed the need for Board members to continue to challenge and to ask “How do we know?” and “Where do we look to?” to seek assurance and anticipate any potential issues that may arise as the structured support from national bodies is reduced as the Trust moves forwards on its improvement journey. The Chair suggested, and it was agreed, that it would be helpful to have a more systemic way of challenging assurances to continue to improve.</p> <p>Action: Jan Ditheridge and Sharon Mays to work with Fleur Blakeman to understand how systemic challenge can be embedded into BoD’s processes.</p>	Jan Ditheridge and Sharon Mays
PBoD 23/03/22-09	<p>Transformation Portfolio Report</p> <p>Pat Keeling assured the Board that, in general, good progress is being made with the Trust’s transformation programmes with the reviews taking place at Board helping to set out, and provide assurance, around developments in place to deliver the transformation of services.</p>	

She explained there were three main items that needed to be brought to the Board's attention, which could be described as a risk, and for which mitigations are being put in place:

1. The Community Facilities Programme:

There are a number of services for which SHSC are looking for alternative accommodation. Pat Keeling has written to the Clinical Commissioning Group (CCG) asking them to increase the pace of the work that may provide SHSC with opportunities to relocate services. It was confirmed she is also examining areas where SHSC has tenants in its facilities and how it is using space it has available, as alternative arrangements are also required. As a result of discussions and work underway the relocation of the Community Forensic Team has been added to the corporate risk register.

2. Moving Head Quarters

This is progressing well, with leases due to be signed by 31st March 2022. It was subsequently confirmed in the meeting that they had been signed. There has been slippage in timescales in relation to the digital link and due to increases in the amount of refurbishment works required. It is now anticipated that relocation will be concluded by the end of July / beginning of August rather than the end of June. There should be no negative impact on the Fulwood arrangements, but it is later than planned.

3. Ligature Anchor Point Removal

Phase two has now been completed. Mapping out of a potential risk for phase three is currently being undertaken and this is related to Maple Ward. Mitigation is undertaken by separating out the tenders for Stanage Ward and Maple Ward, which allows the Trust approximately six extra months to be able to plan the works required due to the added complexity of Section 136.

Richard Mills wished to assure colleagues that this criteria is subject to thorough due diligence at Finance and Performance Committee and commented on the importance on the work around the community service facilities commending Pat Keeling for her work on this. He also highlighted the importance of the new build of the adult acute and older persons services in setting SHSC's future direction.

Professor Brendan Stone asked how the Board could be assured that Service Users are happy with the direction of travel of these projects in terms of quality of care and service user experience. Pat Keeling responded that there is an action from a previous meeting to investigate how best to include service users in the programmes and by way of example explained there will be an opportunity to hear about how service user feedback has fed into the CMHT project as part of that separate agenda item discussion. She acknowledged there was work to do around this area with some of the other programmes stressing the importance of stakeholder analysis in the design and implementation of project initiation documents.

Action: The Chair requested that additional references to service user and carer involvement and engagement be included in public facing reports.

Executive team

Beverley Murphy raised the importance of registering buildings with the CQC prior to occupation with particular focus on the HQ registration as this encapsulates many of the community services despite the services not

	<p>operating from that address.</p> <p>Action: Beverley Murphy to work with Pat Keeling and Phillip Easthope on the timeline for inclusion of valuations so that this can be addressed with the inspector.</p> <p>Action: Phillip Easthope commented on the benefits realisation and the triangulation of this with the people, financial and quality aspects and requested this be looked at in more detail in the next report.</p> <p>Jan Ditheridge asked if health roster and e-rostering were different and it was confirmed by Caroline Parry that they are not.</p> <p>Jan Ditheridge commented that SHSC are behind the curve in comparison to other Trusts with regards to health roster and e-rostering and that this will be critical in terms of addressing staffing issues. She suggested this was a higher risk than it would first appear referring to the Trust's ability to monitor and manage staffing levels. She asked how and when the decision was made to delay implementation by six months. Caroline Parry explained that significant additional resource has been put into this area and an expert on the software the Trust uses has recently returned from maternity leave which will support improving the Trusts approach. Pat Keeling confirmed that the new e-rostering system is due to go live in December and Jan Ditheridge stressed the importance for the critical areas to go live quickly which was noted.</p> <p>Action: Caroline Parry to have a discussion with executive colleagues to address the delay in the implementation of e-rostering and to provide an update to the next BoD.</p> <p>Richard Mills commented that Anne Dray raised this issue as a risk at Finance and Performance Committee suggesting this highlights an issue as to how committees are sighted on risk and how they are escalated. It was noted that whilst the issue had been raised in the report from the committee to the Board some further thought may be needed on how alert processes are used.</p> <p>The Chair thanked him for his reflection noting the Board also had a role as the next line of challenge and the Chief Executive stressed it is the responsibility of everyone including herself, who does not attend Board sub committees to raise issues which was noted.</p> <p>Beverley Murphy noted e-rostering will be an enabler for SHSC to monitor and control is expenditure on agency workers which would be a positive step forward.</p> <p>The Chair commented that the work that the health planners are carrying out on the new build may help to inform discussions on the bed base.</p>	<p>Beverley Murphy</p> <p>Pat Keeling</p> <p>Caroline Parry</p>
PBoD 23/03/22-10	<p>Integrated Performance and Quality Report (IPQR)</p> <p>Phillip Easthope presented the IPQR report. He explained that as discussed earlier in the meeting there are known risks around waiting times and patient flow into the acute system, as well as overspend in areas associated with high out of area placement and agency costs but there are also positives to report in terms of reduced lengths of stay on the older adult and rehabilitation wards and continued low use of restrictive practice.</p> <p>The Board was informed the People Committee had noted that the sickness absence rate amongst staff is increasing; the Quality Assurance Committee had noted the issues around flow into the acute system and had requested an update; the Finance and Performance Committee have noted the</p>	

	<p>triangulation with these points and the use of agency staff and out of area placements to plug gaps.</p> <p>Professor Brendan Stone noted that with the increasing number of referrals, that the current model of provision is being reviewed in conjunction with commissioners. He suggested, it would be helpful, at the appropriate time, for Board to receive more detail on historic changes to the service and the development of new models to provide assurance this does not compromise on the care and service provided to Service Users.</p> <p>Professor Stone acknowledged the IPQR had improved but commented on the performance of follow up visits of Service Users under a CPA 72 hours after discharge asking what happened to those people who were not seen within the 72hrs target requesting further detail on how soon after this they are seen. The Chair said this point that had been escalated in the Alert, Advise, Assure report. Beverley Murphy offered reassurance that SHSC understood the circumstances and that information relation to each follow up not completed was now included in the IPQR.</p> <p>Action: Beverley Murphy to ensure the narrative for each person missed (i.e. those not seen within 72 hours after discharge) is provided so that the circumstance are understood, thus providing the Board with further assurance</p> <p>The Chair asked Phillip Easthope to provide an update on work taking place around addressing Equality Diversity and Inclusion concerns in terms of what this was covering and how this would be built into the IPQR in future and when this might be received. It was noted a discussion on EDI was due to take place at the April Board Development Session.</p> <p>Action: Phillip Easthope to give update to BoD on the date when the EDI work will be included in the IPQR.</p>	<p>Beverley Murphy</p> <p>Phillip Easthope</p>
<p>PBoD 23/03/22-11</p>	<p>Financial Performance Report</p> <p>Phillip Easthope presented the Financial Performance Report. He explained that as at month ten, SHSC is forecasting a £2.4million underspend which is a small reduction in underspend of £0.2million from month nine, which is a trend expected to continue as investments are realised. He noted one of the significant factors is an underspend in SHSC's Covid-19 allocation, which is £3.9million at the year-to-date position. Without the Covid-19 funds, SHSC would have been in an overspend position, which is due to out of area provision, agency use and other known factors. He confirmed SHSC continues to forecast an underspend for yearend. It was noted there is a risk around a significant level of expenditure expected in the last two months of the financial year and to mitigate this a number of additional small schemes have been approved to attempt to mitigate against the underspend.</p> <p>The Chair asked if there are any plans to deal with the spend of £5million on agency workers? Beverley Murphy explained that the reduction in expenditure on agency workers is an operational priority and that she expects to be in a position to publish the establishments that week with clear reporting of progress to be provided to Board. Action: The Chair asked if the ways in which agency spend is being addressed could be included in future reports to Board</p> <p>The Chair asked Phillip Easthope how confident SHSC is with the forecast out-turn figure for the CIP programme? He explained that for this year there will be an under achievement as forecast, however, going into the next financial year the CIP programme would be challenging.</p>	<p>Phillip Easthope</p>

	<p>The Chair asked for clarification on the £2.5million increase in the property plant movement and Philip Easthope confirmed that he would provide the Chair with further detail outside of the meeting.</p> <p>Jan Ditheridge noted SHSC's finance strategy is pending and asked for further information on the discussions that have taken place at Finance and Performance Committee in terms of forward planning. Richard Mills explained further discussion on this would take place in the confidential session of the meeting as part of the financial plan. He confirmed that the Director of Finance and the committee have been highlighting the challenges and the financial position in the next financial year is expected to be tighter than previously. It was noted the Trust is taking steps to increase and release efficiencies such as moving offices but there are challenges around how staffing is used and services are structured. Richard Mills stated that the Board needed to have a more detailed discussion on the future financial position of the Trust as the coming years could be significantly challenging. This was confirmed by the Chief Executive who noted that whilst the future financial position was planned for discussion in the confidential session it was appropriate to acknowledge the matter in the public session.</p> <p>The Chair noted her previous discussion with the Director of Finance about ensuring increased focus on future financial planning whilst maintaining focus on Quality Improvement.</p> <p>Action: Beverley Murphy added that if the Trust is going manage its agency spend well, this will need to be driven by good quality data and through greater understanding of spend on clinical staffing, non-clinical staffing and medical staffing and requested more detail on this in the future – in the finance report.</p>	Philip Easthope
PBoD 23/03/22-12	<p>Mortality Review</p> <p>Dr Mike Hunter presented the report to the Board for Quarter 3 post receipt at the Quality Assurance Committee in February. He noted a key focus on the excess mortality rates for users of opiate services and building on the local, regional and national data regarding deaths of patients who access substance misuse services from the last year. A workshop has been arranged for April 2022 with output to be received at the Board. It was acknowledged there was a need for service user involvement to be able to better support and protect service users going forward.</p> <p>Richard Mills asked for clarification on the opiate services related deaths and if this was different to opiate issues experienced for example in the USA. Dr Hunter explained that the prominent reports of deaths in the USA were largely concerned with problems connected with synthetic prescription opioids. This is something that would be examined as part of the review with SHSC substance misuse services.</p> <p>Professor Brendan Stone asked if SHSC should be preparing itself for an increase in demand as a result of the “cost of living crisis” and learning from the effects of the first wave of Covid-19 and lockdown and asked if learning points from reviews are tracked and what assurances could be taken around the impact of learning from reports. Dr Hunter agreed that the Substance Misuse services have learning from the perspective of societal stresses which was similar to Quarter1 2020. He confirmed learnings from reviews are discussed with individual team leaders and the Trust is making good progress with the Better Together programme, however, currently tracking that learning through and bringing it back through to Board in our reporting requires further focus. Heather Smith explained that Quality Assurance Committee has asked for assurance on the impact of learning so this is reflected in actions being taken forward there.</p>	

<p>PBoD 23/03/22-13</p>	<p>Gender Pay Gap Report</p> <p>Caroline Parry presented the Gender Pay Gap data as at March 2021. The report was presented for approval prior to publication. She explained that the Trust's performance against model data and median data was positive with a lower median pay gap in 2020 in comparison with a number of peer organisations who were rated as 'good' ref CQC.</p> <p>She added there is also a downward trend for the mean pay gap and bonus pay gaps are reducing, with the number of females receiving a bonus having reduced but the amount received increasing. It was noted proportionally there are still more males in senior positions than females.</p> <p>It was noted SHSC has been increasing its flexible working options and there is a new agile working policy in place.</p> <p>The Chair and the Chief Executive asked for clarification on clinical excellence awards and if this data would have impacted on the gender pay gap information and whether this is now different and if so if it should not have been included in the report and how SHSC is doing in terms of overall benchmarking. Caroline Parry explained SHSC is performing well against the model data – further review of CEAs is underway.</p> <p>Beverley Murphy asked where the Trust would sit in the gender pay gap if the board of directors were not included in the figures. It was agreed the pay gap information would be provided excluding Director data to the Board.</p> <p>Action: Caroline Parry to provide the pay gap information excluding the Executive Director pay data to the Board outside of the meeting</p> <p>Phillip Easthope asked what specific action SHSC needed to take to reach its target of increasing the number of females in senior roles and what this is and also asked for clarification on the derivation of statistics.</p> <p>Action: Caroline Parry to take forward consideration of inclusion of derivation information in future reports and to clarify this with the Finance Director.</p> <p>The Board approved the report for publication.</p>	<p>Caroline Parry</p> <p>Caroline Parry</p>
<p>PBoD 23/03/22-14</p>	<p>Staff Survey</p> <p>Caroline Parry explained that staff survey reported took place between September and November 2021 and was aligned with the seven NHS England 'People Promise'. SHSC achieved a 51% participation rate in the staff survey. This is an increase of 10.8% on the survey undertaken in 2020. It was noted the staff survey data has been embargoed until the 30th March 2022 and once the results have been released, SHSC will be able to benchmark the data against the wider NHS and also that of other community mental health and social care Trusts. It was confirmed in the interim, Quality Health have provided some benchmarking data and the emerging themes have been discussed across the leadership of the Trust.</p> <p>The aim is to communicate the results with all staff as soon as possible after 30th March 2022 and from 11th April SHSC will start action planning with local teams to look at what the results mean to them and how they can be taken forward. From the end of May SHSC is also looking to embed staff engagement actions within performance reviews to enable ongoing review and monitoring at a local level. Preparations will then take place for the 2022 staff survey.</p> <p>Richard Mills asked when the results will come to Board and it was confirmed they will be formally presented at the May meeting. The Chair asked for CoG to be included in this feedback and it was noted this was planned to take</p>	

	place at the April CoG meeting with reporting also planned for the public Board.	
PBoD 23/03/22-15	<p>Guardian of Safe Working</p> <p>Dr Mike Hunter presented the Q3 Guardian of Safe Working report, which provided assurance that trainee doctors in SHSC are working safe hours and that exception reports are reaching a timely and satisfactory resolution. The report also provided information on reasons for absence and the use of locums to staff the out of hours rota. In the quarter October to December 2021 there were six exceptions reported. All exceptions were due to professional flexibility and there were no causes for concern.</p> <p>Dr Hunter explained that Dr Raihan Talukdar will present the Q4 and annual report to Board – note for forward plan.</p>	
PBoD 23/03/22-16	<p>Board Assurance Framework (BAF)</p> <p>Susan Rudd presented the BAF report to Board noting the continuing work taking place to ensure that all risks have actions recorded against them to demonstrate a move towards mitigation.</p> <p>Anne Dray, in absentia, asked in relation to BAF0027 which relates to working with system partners if there should be reference to the Quality Account as assurance included in this risk as that includes a number of stakeholder comments. It was agreed that this should be included.</p> <p>Action: To include the quality account as an assurance on BAF0027 In addition, the Chair requested that for BAF0021, cyber security be included in the detail of the risk and the assurance provided.</p> <p>The Chair thanked the corporate governance team for their work on the BAF and requested BAF0023 be included in the summary table.</p>	Susan Rudd
PBoD 23/03/22-17	<p>Corporate Risk Register</p> <p>Susan Rudd explained that new items on the risk register had been highlighted in italics and bold. She noted there has been significant progress in ensuring that actions correspond to gaps in control and assurance and risk authors have received support and training together with one to one advice if required.</p> <p>She noted some of the target risks have yet to be completed and there are some new risks that require further development. These will be reported to the appropriate board committee for scrutiny.</p> <p>Anne Dray, in absentia, commented that the first 5 risks on the register have been open for more than three years and asked if SHSC is satisfied that the actions noted will enable the risk to move to the target risk score during 2022. She suggested should this not be the case, the Board should review the risk appetite around these risks.</p> <p>The Chair agreed with the comment and also requested a similar update to be undertaken on risks 4407 and 4409.</p> <p>Action: Corporate Governance to correspond with risk authors to move towards removing the risks from the register if appropriate and if not to facilitate review of the risk appetite for these risks.</p> <p>The Chair added that there is no mention of the progress in respect of establishing a risk committee in the report. Susan Rudd explained that the risk committee is yet to have its first meeting and that this will be added on to the register as a control when the committee is in place.</p>	Susan Rudd

<p>PBoD 23/03/22-18</p>	<p>Board Committee Activity Reports</p> <p>Susan Rudd presented the report as read and invited comments and questions from committee chairs.</p> <p>Richard Mills commented that the Board needed to consider how the points raised are triangulated to support clarification of the assurance process.</p> <p>The Chair suggested consideration may need to be given as to the location of this item on the agenda.</p> <p>Heather Smith provided a verbal report from the Mental Health Legislation Committee (MHLC) in the absence of the Chair of the Committee noting:</p> <ul style="list-style-type: none"> • An alert from the committee had been raised on the process gaps on the acute inpatient wards, particularly Endcliffe Ward, which was predominantly related to staffing. • MHLC were updated on Human Rights training and the development plan. It was noted there is a requirement in the MHA code of practice that this policy must be reviewed, which is underway. • It was suggested that KPIs be introduced into the reports for the MHLC and these are being developed. • Progress is being made on the use of least restrictive practice. The Use of Force Act comes into force on 31st March 2022, for which the Trust needs to review its policy. There is a a deadline for review, and there needs to be memorandum of understanding with the police on the use of body worn cameras and an information leaflet for service users produced • The MHLC was assured that SHSC would meet its obligations under the Use of Force Act. 	
<p>PBoD 23/03/22-19</p>	<p>Research and Innovation Strategy</p> <p>Dr Mike Hunter presented the Research and Innovation Strategy for approval which had previously been presented to Board in draft form. The strategy supports the aims of the Clinical and Social Care Strategy, to enable SHSC to become an organisation which supports and uses research, innovation, and clinical effectiveness to fulfil its vision. Dr Hunter assured Board that the report has gone through the appropriate channels of consultation.</p> <p>Professor Brendan Stone commented that the service user story heard that day very much related to the trajectory of the Research and Innovation strategy and that the work of the head injury and homelessness research group could be used as best practice and guidance for coproduction and service user engagement which was noted.</p> <p>Richard Mills asked about the funding required to implement the strategy and for information about when this would come into fruition. Dr Hunter agreed to bring this information back to Board</p> <p>Action: Dr Mike Hunter to bring back a report to the Board regarding the resource required.</p> <p>As a broader point Jan Ditheridge commented that review of all strategies should be included in the board forward plan and asked that this be reflected</p> <p>Action: Corporate Governance to ensure reviews of the strategies are included in the Board work plan.</p> <p>The Board approved the Research and Innovation Strategy.</p>	<p>Dr Mike Hunter</p> <p>Susan Rudd</p>

<p>PBoD 23/03/22-20</p>	<p>Sustainability Strategy – Strategy on a page Phillip Easthope requested approval of the sustainability ‘strategy on a page’ following the approval of the Trust’s Green Plan and assured members that the plan is agreed and in place.</p> <p>Richard Mills welcomed the strategy but asked what was meant by sustainable care models. He also queried the use of the battery icon graphic. Phillip Easthope responded that sustainable care models related to how the Trust provides care in a sustainable manner. Pat Keeling agreed with Richard Mills’ comments about how the points can be interpreted and requested time to look at the language and icons used. Action: Pat Keeling to take forward and reflect back</p> <p>Anne Dray asked that if sustainability actions should be captured under section 4 of Board and Committee reports and it was agreed this would be changed and reflected on the report template. Action: The Board agreed to this change to include sustainability under section 4 of the reports and reflected in the report template.</p> <p>Heather Smith highlighted a spelling error in section 2 which was noted. Action: Philip Easthope to address</p> <p>The BoD approved the report subject to the changes requested. The Board asked for the strategy to be re-circulated in final form. Action: Philip Easthope</p>	<p>Pat Keeling</p> <p>Susan Rudd</p> <p>Philip Easthope</p>
<p>PBoD 23/03/22-19</p>	<p>Quality Strategy Beverley Murphy presented the final draft of the Quality Strategy which had previously been presented to the Quality Assurance Committee and to Board in draft form. It was noted there has been significant consultation on the strategy and it was emphasised that coproduction had featured highly. It was noted that the front page will be updated from the stock image and this was in hand.</p> <p>Professor Brendan Stone commended the strategy; however, he suggested a need to continue to check and be minded that the implementation is having the desired changes which was noted</p> <p>The Quality Strategy was approved.</p>	
<p>PBoD 23/03/22-19</p>	<p>Service User Engagement and Experience Strategy 2021-2026 Beverley Murphy presented the final draft version of the Service User Engagement and Experience Strategy 2021-2026, which had been presented to Quality Assurance Committee and to the Board in draft form.</p> <p>The Service User Engagement and Experience Strategy 2021-2026 was approved.</p>	
<p>PBoD 23/03/22-20</p>	<p>Board Work Programme Susan Rudd explained that the document is still work in progress and that reviews of strategies and transformation programmes will be added to the work plan as requested.</p>	
<p>PBoD 23/03/22-21</p>	<p>Any Other Urgent Business The Chair asked Phillip Easthope to provide some assurances on cyber security for the Trust. It was explained that nationally there had been an increase in pace for the work on the Data Security Protection Toolkit (DSPT). Initially the work had been scheduled for June 2022 but this has been brought forward.</p> <p>Trusts have been requested to provide updates on progress with improvement plans for data security. SHSC have improvement plans in place with regards to security patching, training and development and there</p>	

	<p>has been a national exercise of checks and balance. Where the Trust has submitted lower levels of assurance, the national bodies have requested that SHSC re-examine its position and this an ongoing exercise. On an ongoing basis the assurance around data security is reported to Data Information Governance Group (DIGG) through to Audit and Risk Committee (ARC) and then to Board.</p> <p>Security patching has been showing improvements in the last few quarters and it was noted there has been a gap in providing this information to Board due to timing. The Caldicott and annual SIRO report goes to the Audit and Risk Committee and can then be reported to Board for further assurance. Note Action: add to forward plan</p> <p>There are some weaknesses where the Trust is reliant on aged system technology such as Insight, but the overall position is satisfactory.</p> <p>Jan Ditheridge asked if the Board has received a more general update on cyber security or if this was planned and Phillip Easthope responded that this was not yet included in the forward plan.</p> <p>Jan Ditheridge asked if there was a risk score for cyber security and the mitigations identified to reduce the risk score. Phillip Easthope confirmed that this was included in the Data Security and Protection Toolkit.</p> <p>Action: Phillip Easthope to keep the Board sighted on the plan for Data Security and Protection Toolkit and to work with the Chair and Susan Rudd on the timings for receiving a report so this can be reflected on the work plan.</p> <p>The Chair asked about Board training on cyber security and it was agreed that this would be scheduled. Richard Mills explained that training would be vital given the move to iBABs for Board and committee papers, and suggested covering cyber security in conjunction with iBABs training.</p> <p>Action: Phillip Easthope to take into consideration how and when Board training on cyber security should take place for reflecting into the work plan</p>	<p>Susan Rudd</p> <p>Phillip Easthope Susan Rudd Sharon Mays</p> <p>Phillip Easthope</p>
PBoD 23/03/22-22	<p>Reflections on the meeting effectiveness</p> <p>Richard Mills commented:</p> <ul style="list-style-type: none"> • Good demonstration of service user input particularly the expert by experience approach. • The Board visits have enabled Non-Executive Directors to triangulate issues raised at Board level and this is testament to the good Board development programme. <p>Heather Smith commented:</p> <ul style="list-style-type: none"> • Further work on the data form Phillip Easthope's team will provide useful insight to support the Equality and Diversity information. <p>Richard Mills recommended reading the Equality and Diversity Report recently published by NHS Providers.</p>	

**Date and time of the next Public Board of Directors meeting:
Wednesday 25 May at 9.30am
Format: MS Teams**

Apologies to: Amber Wild (amber.wild@shsc.nhs.uk)