Board of Directors - Public

UNCONFIRMED Minutes of the 148th Public Board of Directors held from 9:30am on Wednesday 28 September 2022. Members accessed via MS Teams and the meeting was livestreamed for the public.

Present: (voting)	Sharon Mays, Chair (SM) Jan Ditheridge, Chief Executive (JD) Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee Phillip Easthope, Executive Director of Finance (PE) Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee (OFO) Dr Mike Hunter, Executive Medical Director (MH) Caroline Parry, Executive Director of People (CP) Owen McLellan, Non Executive Director (OM) Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee (RM) Beverley Murphy, Executive Director of Nursing, Professions and Operations (BM) Heather Smith, Non-Executive Director, Chair of People Committee and Quality Assurance Committee (HS)
In Attendance: (non-voting)	Prof. Brendan Stone, Associate Non-Executive Director (BS) Pat Keeling, Director of Strategy (PK) Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL)
Other attendees:	Amber Wild, Corporate Assurance Manager- Minutes (AW) Mia Bajin (item 00 Service User story) (MB) Dr. Hassan Mahmood, Clinical Director (item 11) (HM) Melanie Larderlee, LD Service Manager (item 11) (ML)
Apologies:	None received

Min Ref:	Item	Action
PBoD 28/09/22 Item 00	**Experience Story** The Board received an inspiring story from a former long term service user of our substance misuse service - who is now three years sober and now provides support as a volunteer Ambassador for the service. Discussion took place about the importance of avoiding complacency in providing support at an early stage, of always using a person centered approach and of providing appropriate sign posting and information to support groups and therapy services available to provide further help between appointments. The Board heard about the value of her work as a volunteer which had opened up new opportunities to support and mentor others and she is looking forward positively to the future which was wonderful to hear. Thanks were given for having shared her story and for her invaluable support to service users as a volunteer.	
PBoD 28/09/22 Item 01	**Welcome and Apologies:** The Chair welcomed members of the Board to the meeting, together with members of the public observing the meeting. No apologies were received.	
PBoD 28/09/22 Item 01	**Learning and Reflections from the Experience Story** The Chair welcomed learning and reflections from the Board. In its reflections on the service user/volunteer story the Board agreed to continue to strive to make it clearer in our papers where we are working with the third sector to support our understanding around the various opportunities for collaboration.	
PBoD 28/09/22 Item 02	**Declarations of Interest** Prof Brendan Stone declared an interest as a Director of Flourish and Professor at	

	Sheffield University.
PBoD 28/09/22 Item 03	**Minutes of the Public Board of Directors meeting held on 27 July 2022.** The minutes of the Public Board of Directors meeting held 27 July 2022 were approved as a true and accurate record.
PBoD 28/09/22 Item 04	**Matters Arising and Actions Log** The Board received the action log, with updates provided noted and the following further updates provided: • Action1: It was clarified in the meeting that the Patient and Carer Race Equality Framework (PCREF) briefing had been received but the volunteering briefing had not – action to remain open. • Action 3: The LeDer report was scheduled to be received in September but will now be presented in November following the presentation of the Learning Disability Transformation report to Board in September. Action is in progress. • Action 8: original action plan to be recirculated which indicates action mapping after which this action can be closed • Action 11: timelines to be included in the Estates strategy and shared with the Board after which this action can be closed • Action 21: on planner for receipt at November Board action to remain open until received • Action 24: KPI information has gone to People Committee and timeline for selecting KPI's will be included in the report. Action to remain open until receipt confirmed. • Action 26: Final version of the Sustainability strategy is to be circulated to Board after which action can be closed. • Action 27: The safer staffing aspect of this action has been completed. It was advised the Quality dashboard cannot be delivered within this same time period as it is undergoing testing via a pilot with Community Enhancing Recovery Team (CERT) and will be brought back to Board. This section on the action will remain open on the action log.

PBoD 28/09/22 Item 05	**Chairs Report**
	The Chair provided an update on her work since the last Board meeting with the following key issues and activities noted:
	
	• <u>CEO recruitment</u>: The recruitment process is underway and Board members, staff and governors will be provided with opportunities to engage in the process
	• <u>Non-Executive Directors</u>:
	   - Recruitment will go live in the coming weeks and will be discussed further in part 2 of the Board meeting in relation to skills and experience being sought.
	   - NED roles on committees changed from 1 September. As part of succession planning for the departure of Non-Executive Director Richard Mills (RM) Owen McLellan (OMcL) will take over as chair of Finance and Performance committee from October 2022.
	• <u>Council of Governors (COG)</u>:
	   - Governor elections for staff, carer and public NE governors will take place in from October with the process completing in December.
	   - Individual meetings with the lead governor and deputy lead governor continue.
	   - The Governor "drop-in" sessions continue, and these are well attended, providing a useful forum for Governors to feedback from their constituents and share their areas of interest. It also an opportunity for the Chair to link them with the service user and carer experience teams, and staff network groups. The Engagement and Experience leads have joined the service user and carer governor meetings.
	   - All governors have been invited to attend an ICS and provider collaborative session on 3rd October with a number of governors having confirmed their attendance.
	   - A governor development session focusing on quality improvement is planned for October – led by the Chair of the Quality Assurance Committee Heather Smith (HS) with support from Executive leads.
	• <u>Annual Members Meeting</u>: was postponed from the 20 September to 20 October 2022 due to the sad death of Her Majesty the Queen.
	• <u>Site visits</u>: all Board members have continued with site visits and the Chair has recently visited Dovedale 1. This was an opportunity to meet the teams, see and hear about the improvements, achievements and challenges faced.
	• <u>Staff events</u>: A long service celebration event was hosted by the Chair and

	CEO. It was an opportunity to thank staff for who have worked in the NHS for over 30 years and reflect on their contributions as well as on changes to the NHS. • Other Internal meetings: the Chair has met with the Freedom to Speak Up Guardian, the Research and Development team and members of the Service User and Carer Experience team. • External Meetings: The Chair has continued to attend ICS, Mental health and learning Disability Provider collaborative and Sheffield Place meetings. The governance structures are developing at pace and the Board will be kept abreast of-developments, and particularly on alignments of SHSC governance and risk with those of the system.	
PBoD 28/09/22 Item 06	**Chief Executive Briefing** The Chief Executive briefing was provided by Beverley Murphy (BM), who was acting CEO during the Chief Executives' leave. She drew attention to the following key elements of her report: • State Funeral: The sad death of Her Majesty the Queen was marked during this period and service users were supported to mark the occasion in ways they wished to do so • New Prime Minister and Secretary of State for Health: following the appointment of the new Prime Minster, a new Secretary of State for Health had been identified who had outlined her top priorities as focussed around ambulance backlogs, backlogs more generally post-Covid, improving the care offered across the NHS and doctors and dentists. The Board was asked to consider the impact and opportunities that the new prime Minster and Secretary of State presents to SHSC strategic direction. In addition to areas covered in the report the following additional updates were provided: • Urgent and Emergency Care and winter planning the Board received briefings on the recovery of urgent and emergency care and winter planning. • Staff survey: the survey has gone live and communication has been shared with staff encouraging engagement • Patient Safety incident framework: this is discussed in detail in the Quality Assurance Committee, and will replace the serious incident framework to support the identification of learning, promote a just and learning culture and improve patient safety. The Board was asked to remain curious about incidents and to promoting a 'just and learning' culture. • Headquarters relocation: all central functions have moved to Atlas Way into professional, fit for purpose working spaces. Thanks were given to the Director of Strategy for her role leading the programme and to those teams who have contribute to making the success of the transition. The Board acknowledged delivery if this key priority and noted ongoing work required to relocate remaining clinical services from Fulwood into their new fit for purpose premises. • Acknowledgement of the on-going pressure across health and social care which may be compounded by the impact of the mini budgets. The impact of the long-term NHS funding will be considered when discussing the Finance paper. The Chair thanked the Chief Executive Jan Ditheridge (JD) for agreeing to take on the Mental Health Learning Disability Autism Provider Collaborative Chief Executive lead role.	
PBoD 28/09/22 Item 07	**Board Committee Alert, Advise, Assure (AAA) Committee reports and minutes** The Board received the AAA reports and minutes from the sub-committee chairs and noted updates provided. It was confirmed and agreed: • The Executive will be discussing and advising on approach to addressing resistant issues directors including review of recovery plans to determine timelines and approach using improvement methodologies. Status of recovery plans will be reported through board sub committees and referenced in reports to Board. **Action:** Executive Team • A six-month review on quoracy and attendance at board sub committees will be received at the October Audit and Risk Committee **Action:** DL • The Corporate Calendar will be updated and circulated to the Board **Action:** AW • The Finance and Performance Committee AAA report will be included in the public papers going forward. **Action:** PE/AW	**Exec Team** **DL** **AW** **PE/AW**

PBoD 28/09/22 Item 08	**Recovering from Covid**	
	Beverley Murphy (BM) talked through the report drawing attention to the following key points and providing assurance on:	
	• the winter plan has been mobilised with a continued focus on winter planning working with VCSE partners in communities to provide additional capacity funding by national funding for winter planning	
	• activity levels and demand across most services are in line with pre-covid levels.	
	• Crisis pathway services are experiencing increased demand and recent expansion will provide support. There is continued to focus to support Urgent and Emergency care (UEC) recovery	
	It was confirmed challenges remain across a number of services in respect of numbers waiting or length of waits and whilst recovery plans are in place the expected rate of improvement is not being delivered; and there remains an ongoing reliance on inpatient beds and on increased delayed transfers.	
	With regard to workforce challenges it was noted whilst 81% of posts have been recruited to, there have been delays in the recruitment process in some teams and this is impacted by the requirements of the minimum Mental Health Investment standard and the necessary time it takes to co-produce and implement community transformation.	
	It was noted the vaccination programme for staff has commenced.	
	The Board asked for further assurance with regard to winter funding, allocation and feasibility of receiving funding in time to support recruitment.	
	It was agreed:	
	• future reporting should highlight innovation and practice changes resulting from learning from working during the pandemic – **action BM**	**BM**
	• that future reporting should capture the flexible model being utlised in terms of vaccination – **action BM**	**BM**
	• work with the voluntary sector should be mapped and included in a future strategy session – **action PK**	**PK**
PBoD 28/09/22 Item 09	**Back to Good Board Programme - Progress and Exceptions**	
	Dr Mike Hunter (MH) provided an update on the Back to Good programme noting:	
	• progress made with addressing requirements – escalation processes are monitored through Quality Assurance Committee	
	• Requirements identified within the Back to Good improvement plan for Crisis and Health Based Place of Safety and the Older Adults wards have been completed.	
	• Where ongoing monitoring for requirements is not automatically in place, assurance spot checks are planned and outcomes from those within Q2 will be reported at November 2022 Quality Assurance Committee.	
	• A new risk has been opened in relation to ensuring that leaders have oversight of, and act upon issues relating to risk and performance. Capacity is expected to improve through appointment of a new Head of Business and Performance.	
	• Residual risks are unchanged from previous reports.	
	• The governance risk related to effectiveness of Tier 2 groups reporting on their effectiveness to the Board sub-committees has been addressed through planned presentation of relevant reports to Audit and Risk Committee in October.	
	• The related to supervision (Acute and PICU) remains but is mitigated by further work in progress to improve data reporting quality. Detailed monitoring of the action will take place within the IPQR process	
	• It was confirmed three requirements have received ongoing approved extensions following discussion at the Back to Good programme board relating to safeguarding, complaints management and medicine management competencies.	
	The Board agreed that this is an important report for extracting the learning of any single point of failure and triangulation with Board visits.	
PBoD 28/09/22 Item 10	**Transformation Portfolio Report**	
	Pat Keeling (PK) provided an update on key areas of progress and risk to the Transformation Board work programme highlighting the following key areas:	
	• Community Mental Health (PCMH) programme – overall amber. an agreed project initiation document is in place and milestones will be included in the next	

report. Commissioners have requested to see a recommendation for the model before commitment to funding is made.

- Community facilities programme – overall red; options appraisal being progressed to establish a suitable location for Assertive Outreach Team and Community Forensic Team due for completion in September. Work is underway to look at longer term planning which is proceeding well and being aligned to development of the Five-year service plan due for receipt at the November Finance and Performance Committee.
- Learning disabilities programme – overall amber; progress against milestones being re-evaluated. Staffing, affordability and achievability (including public consultation) are being explored as part of service transformation and development of a paper in common is being explored to provide assurance the correct steps have been taken in redesigning the service and to confirm wider support for the new model.
- The cash released benefits have been planned as part of business cases and inform the 3-year CIP plan which includes capital and revenue
- The heath card has been included in the report to highlight the red risk in relation to programmes.

Discussion took place on the positive progress being made with the Transformation programme which will bring real benefits to service users. The Board was asked to note potential benefit of further lobbying on behalf of mental health services.

The Board noted concerns about delays in the move of remaining teams at Fulwood but it was confirmed regular meetings are being held with the teams with input from senior operational managers.

Actions:
- Future reporting to include lessons learned with regard to green elements on the healthcard to support the movement of amber risks and to support sharing of good practice and to clarify understanding of the risks that are being held for programmes

PK

PBoD 28/09/22 Item 11	**Learning Disability Services Transformation – community model**

Mike Hunter (MH) presented the Board with an update on learning disability services transformation supported by Dr. Hassan Mahmood (HM) and Melanie Larderlee (ML).

It was confirmed
- the proposed model aims to provide the right support in the community to address the health-related needs of people who have a Learning Disability and cannot access mainstream mental health services with reasonable adjustments or require joint working with mainstream mental health services. This includes providing support to people presenting with behaviours of concern and/or mental health needs.
- the new community model will be built around national agendas and focus on a significant improvement in the quality of community support and has incorporated learning from Learning Disability services rated highly by CQC.
- An enhanced community model will provide alternatives to admission through responsive and effective multi-disciplinary team working. Our partners in Sheffield Place and South Yorkshire Integrated Care Board (ICB) support the proposed plans.
- The potential risks identified relate to the recruitment of staff, potential funding that may be required to deliver the model, reduced access to inpatient beds, a significant change in working patterns, current waiting times, staff working beyond the core function of the service and gaps in skill mix, however, mitigations have been put in place which are detailed in the risk section.

It was confirmed contracting discussions will be taken forward in the annual integrated planning and business planning and discussed at Mental Health Learning Disability board and at system level.

The Board was asked to consider providing feedback on the proposals and to agree the next steps outlined for development.

Discussion took place on the following areas in which the board asked for further |

	assurances around: • The involvement of voluntary sector and community organisations in co-production and engagement, and to provide checks and balance • Mitigations which are less tangible than the risks identified which exacerbates the funding and people challenge • Clarity of the 24-hr model and how this will impact on working with other services that may need to contribute to crises outside of the core hours proposed in the model. It was agreed • A fully formed project initiation document should be developed • Future reporting should include evidence of partnership working with voluntary sector on engagement and co-production; certainty about support, funding, people, an understanding of the risks of it not being a 24/7 service and what the offer is to people outside of the core hours. • Monthly reporting to be provided via the Transformation Board with a report provided back to the Board on progress with the areas identified in January 2023.	**MH** **MH** **MH**

PBoD 28/09/22 Item 12	**Integrated Performance and Quality Report (IPQR)**
	Phillip Easthope (PE) talked through the IPQR monthly report up to and including July 2022 following discussion at board sub committees. Attention was drawn to:
	
	• Persistent risks in relation to waiting lists, completion of CPA reviews and out of area placements
	    o *Quality Assurance Committee have asked for further assurance around interviews underway with an alert raised to the Board. Improvement with timely reviews of incidents and reduction in assaults on staff during the reporting period were noted as was the fact there had been no A & E breaches in June 2022. The committee has requested that information in the report be presented in a way to show progress against the Long-Term Plan.*
	• The static nature of existing issues and risks discussed at Finance and Performance Committee which received assurance recovery plans are in place however progress is challenging and is linked to key CIP programmes and mitigation of patient safety risks.
	    o *The Finance and Performance committee has asked that further work take place to identify expected impact and to provide assurance regarding contractual governance arrangements through Business Planning Group.*
	• Supervision and mandatory training remain an issue. Performance data is much improved and the TRAC recruitment system is indicating where there are blocks in the process to enable action to be taken to reduce time to hire.
	
	    o *The People Committee noted the overall reduction in long term absence and need to continue focussed action on reduction in short term absence.*
	
	Board agreed there is a need to keep focussed on trajectories for and that it would be timely to review the IPQR report to ensure that the correct items are being reported on, benchmarked against national, system and local contract reporting. **Action: PE**
		
		PE

PBoD 28/09/22 Item 13	**Financial Performance Report** Phillip Easthope (PE) provided an update on the Month 4 report and noted: • Concern with regard to the CIP plan gap to target of £1.7 m and the level of risk and lack of assurance at this stage with regard to delivery • forecasts are still developing, acknowledging non-recurrent delivery of CIP post Q3 and impact of regional forecasting requirements • It has been agreed that the forecast would be developed to include sensitivity and provide a clearer indication of the Trust likely position. • the recognised risk to achieving breakeven in 2022-23 if efficiency schemes are not successfully implemented or other mitigations found • Finance and Performance Committee discussed the overall financial position for the system and highlighted a realistic assumption at this stage, given the CIP position and current cost drivers of a minimal £2m overspend.	

	Discussion took place in which it was confirmed there are some tolerance limits around the uncertainty about CIP delivery and at month 4 44% of savings have been identified for recurrent delivery. The Board asked for further assurance to be provided in future reporting including explicitly outlining percentage terms on recurrent and non-recurrent savings; clarity on discussion with the ICS regarding recovery of financial position and further clarity provided on the action plan to deliver the CIP. **Action: PE and PK**	**PE and PK**
PBoD 28/09/22 Item 14	**Safeguarding Annual Report 2021-2022** Beverley Murphy (BM) presented the report for Board for assurance via discussion and approval at the Safeguarding Committee and the Quality Assurance Committee that the SHSC Safeguarding approach is well led and statutory requirements have been delivered in 2021/22. It was confirmed feedback from partnership and executive safeguarding meetings confirms a more assured approach for safeguarding and the approach supports the organisation in delivering its strategic objectives for 'getting back to good'. It was noted there is a risk around delegated responsibility for safeguarding returning to the local authority which is being monitored closely against an action plan The Chair of the Quality Assurance Committee noted that this report had been received with significant assurance and that the ongoing risk around delegated responsibility will continue to be monitored via the AAA reports.	
PBoD 28/09/22 Item 15	**Safe staffing mid-year review and declaration (December 2021 – July 2022)** Beverley Murphy (BM) presented the six month report which provided assurance against the requirement to monitor and publish minimum staffing levels in line with CQC and national Quality Board requirements. It was confirmed monthly report on safe staffing is taking place and planned establishments are regularly reviewed. Discussion took place on the following: • significant vacancies in the non-registered workforce and some vacancies in the registered workforce • a workstream is in place as part of the CIP programme to support having good controls in place to support Matrons and general managers to bring about meaningful challenge • financial agreement relating to revised staffing models on acute wards has been confirmed and this will go live from October 2022 so that budgets are representative of changes that have bene made • A phased approach of implementation will take place, following engagement with HR and staff with an increase of Band 3 staff, from Band 2 to be implemented by January 2023.	
PBoD 28/09/22 Item 16	**Use of Force Annual Report** Beverley Murphy (BM) presented the use of Force Annual report and asked Board to note the key highlights and be assured of the implementation of the Use of Force Act noting: • The report provided was for Quarter 1 and follows presentation at the Mental Health Legislation committee • Implementation of the use of force statutory guidance is being progressed • There has been good progress made in the reduction of restrictive use of practice • Training for inpatient teams supports the understanding of the racialised experience of care for people in our communities • Areas of risk to note were lack of full compliance with V5 dataset and Use of Force statutory guidance – it was explained whilst this was launched and the new fields of recording and reporting introduced, extracts from the data run show that there are gaps for both post incident reviews and the recording and length of time of restraint. The dementia unit (G1) continues to under report restraint for personal care however work is ongoing to review how this can be delivered without significant administration burden. Board took assurance from the update provided noted risks outlined and commended the amount of work and good progress made over the last year.	
PBoD 28/09/22 Item 17	**Risk of delay in accessing community services** Beverley Murphy (BM) presented key items from the report with Neil Robertson (NR), Director of Operations and Transformation and Greg Hackney (GH) Senior Head of Service in attendance. The Board was advised on :	

- critical delays in accessing care and treatment across our core community mental health services and specialist community services which have been discussed in full at the Quality Assurance Committee and the Finance and Performance Committee.
- assurance on understanding of different risks that our delays in accessing community service care present to the people who use our services and the delivery of our strategic aims and priorities, and it describes the targeted treatment required to mitigate those risks and to improve or transform services to have sustainable impact. The key risks identified are associated with waiting lists within Single Point of Access (SPA) / Emotional Wellbeing Service (EWS), Recovery Service, and Sheffield Adult Autism and Neurodevelopmental Service (SAANS), and recovery plans mobilised by these services have had limited impact
- detail on how we are assessing the impact of that treatment through the experience of our service users, carers and families.

The Board was asked to consider and support the steps needed to take to deliver the necessary programmes of improvement or transformation, including an understanding of the necessary time this will take and to support a request for continued commitment to system and partnership working to organise care and treatment in a way which improves the mental, physical, social wellbeing of the people in our communities.

Discussion took place on
- the use of IPQR reports to support closing the loop and triangulation for recovery plans;
- trajectory and timelines need to be more explicit to highlight the short, medium and long-term transformation;
- to provide further assurance around the risk being carried by the organisation and the transformation programme will be utilised to highlight interconnections and interdependencies.
- the need to ensure risks and staff concerns are reflected in the Corporate Risk Register and Board Assurance Framework

In response to the points raised the following were agreed:
- Further consideration will be given on engagement with our workforce on the waiting list challenges
- Further assurance will be provided in future reports on how people are being managed to keep them safe
- Clarity will be given in future reporting on representing the action plans in place to support discussion and to provide assurance that the risk is well understood and to highlight co-production with service users and the workforce
- Engagement activity with Voluntary Care Sector colleagues which supports engagement with a diverse range of the population will be included in future reporting for further assurance.
- Use of the transformation reporting to be able to set out the steps that will be happening in the primary mental healthcare transformation, which links directly to SPA and EWS.
- Discussion will continue with commissioning partners at a regional and national level on Gender service.
- Work is ongoing with Commissioners to look at alternative models for Neurodiversity services and the trajectory will be clarified in future reporting

Action:
• Areas identified by the Board for inclusion in future reporting to be reflected; SPA and EWS waiting time trajectories to be incorporated in the Transformation programme for Primary and Mental Health Care	**BM**
• Continued monitoring of the risks and mitigations related to waiting lists to be highlighted through the AAA reports from Quality Assurance Committee	**BM/HS**

PBoD 28/09/22 Item 18	**Guardian of safe working Quarterly report – April – June 2022 (Q1)** Mike Hunter (MH) presented the quarterly report from the Guardian of Safe Working, which provided assurance that trainee doctors are working safe hours and exception reports are reaching a timely and satisfactory resolution; and information on reasons for absence and the use of locums to staff the out of hours rota. It was confirmed exceptions to trainee doctors working their contracted hours in quarter 1 were resolved using time in lieu and there were no specific patterns suggesting that a review of the work schedule was required, and trainees sought support from seniors and colleagues appropriately.	
PBoD 28/09/22 Item 19	**Infection Prevention Control Annual Report** Beverley Murphy (BM) presented the report providing information and assurance around the progress made against the annual programme for 2021/2022 in the 8 categories of the programme, including training and education, audit, surveillance and cleanliness. The paper which was received at Quality Assurance Committee in advance of Board also provided progress reporting against the 2021/22 annual plan and a copy of the 2022/23 IPC workplan. BM advised the Board: - The report detailed an accurate reflection of the work undertaken against the 2021/2022 IPC programme - There is a new programme in place for 2022/2023 to build upon this progress for agreement - The Infection Prevention and Control leadership has changed which has brought a crystallised view to reporting - The main risks highlighted within the report relate to poor sharps and waste management practices and staff understanding the foundation standards of infection prevention control activity - Risks are mitigated by recruitment to a full team which will be in place from Q1 of the next reporting year The Board welcomed the focus and sustained work demonstrated and asked for focus on sharps and waste management to be maintained. It was confirmed the infection prevention Control committee receive a quarterly report and Quality Assurance Committee receive a 6 monthly report. It was agreed a six monthly report should be provided to Board following receipt at Quality Assurance Committee due to statutory obligations. **Action: to be reflected on board forward plan** Board approved the report subject to receiving a progress report in 6 months' time.	**BM/AW**
PBoD 28/09/22 Item 20	**Workforce Standards** Caroline Parry presented an update on a) Disability Equality Standard (WDES) Annual report 2022 and b) Workforce Race Equality Standard (WRES) Annual report 2022: - It was noted that both reports respond to the requirements of the NHS Standard Contract to Workforce Disability, and Workforce Race equality. - Following a successful bid for funding, digital stories based on disabled staff experience have been developed - The priority areas highlighted in the report will be underpinned by action plans co-produced with the Disability Staff Network group - Two key areas of focus will be on improved data of staff disability unknown and staff experience of accessing reasonable adjustments - The WRES draws attention to key areas of concern relating to the lack of diverse staff in senior roles and work is ongoing in reducing the disparity ratio - Zero tolerance of racism to staff from service users remains an area of focus both in the organisation and nationally. - It was noted that there is a reduction on overall casework but not yet a significant change in the proportion of ethnically diverse staff in formal proceedings Discussion took place in relation to the WRES report noting: - A disparity ratio will be included in the EDI dashboard - a Workforce, Race Equality Engagement lead is in post and has been involved in interventions using the 'Just and Learning' culture approach which have had positive outcomes - It was confirmed that here is a national pan to introduce a separate WRES report for Bank staff.	

	Discussion took place in relation to the WRED report noting:	
	• The establishment of a Reasonable Adjustment Task and Finish group which will be focusing on the challenges and barriers to reasonable adjustments being put in place and this will be reported into People Committee	
	• It was agreed that the task and finish group will adopt a more proactive approach and review more broadly the staff experience to include the first day in the organisation as well as changing needs	
	• The organisation has an active ethnically diverse staff network group, and this also supports the mentoring system already in place.	
	• It was acknowledged that the impact of changes from both reports is not as expected and further challenge in People Committee is required.	
	Actions:	
	• Include benchmarking and demonstrate links with the ICS in future WRES reports	**CP**
	• Include update of disparity ratio targets in EDI report to Board in November.	**CP**
	The Board was assured the organisation is responding to the statutory duties of the Equality Act 2010 and the requirements of the NHS Standard Contract relevant to the Workforce Disability Equality Standard. The Board agreed to publication of the 2022 Workforce Disability Equality Standard Report.	
PBoD 28/09/22 Item 21	**Freedom to Speak up Guardian Annual report 2021 – 2022** The Freedom to Speak up Guardian Wendy Fowler (WF) presented key items from the report noting:	
	• there is continued focus on local resolution, responsiveness and organisational learning from FTSU concerns	
	• there is a continued commitment to raise the profile of the FTSU Guardian and promote a culture that actively encourages raising concerns	
	• thematic analysis and learning from 2021/22 from FTSU concerns raised has taken place	
	• Freedom to Speak Up training is now mandatory to ensure that staff know how to raise a concern	
	• FTSU champions have been in place since August 2022	
	• Next steps include development of a new Vision and Strategy, a policy refresh once new guidance has been released by NHS England and a self-effectiveness review by the Board	
	• clinical concerns will be tracked and signed off through the Integrated Performance Quarterly Report	
	The board acknowledged the work which had taken place and discussed the following:	
	• tangible examples of being a listening organisation and further work being considered regarding cascading this to the organisation	
	• further discussion is required outside of the Board meeting to understand how language has an affect and to look at different ways of presenting the information to ensure staff are receiving the information sensitively	
	• Speak up month taking place in October with communication and engagement with staff planned	
	Actions:	
	• Include case study examples of positive FTSU scenarios.	**WF**
	• Amend the use of the word "perceived" in the report in section 1.4 and 1.7, prior to publication	**WF**
PBoD 28/09/22 Item 22	**Finance Strategy 2022 – 2026** Phillip Easthope (PE) presented the Finance strategy for endorsement post approval at the Finance and Performance Committee noting its role as a key enabling strategy. It was confirmed it had been shaped by national, regional and local context and views of service users, staff and partners has been considered and it was noted that learning will take place on further engagement with Service users. It was noted a high-level plan diagram had been incorporated as an appendix to the Strategy. The Board approved the strategy.	
PBoD 28/09/22 Item 23	**Procurement Strategy 2022 – 2025** Phillip Easthope (PE) presented the procurement strategy for approval noting its role as a key enabling strategy. The development of the strategy aims to support the Trust to improve its purchasing activity, reduce risks and meet both local and national priorities.	

	It was confirmed the ICS have had sight of the Strategy and provided feedback during its development. Agreement has been reached to adopt this at local level (subject to their internal governance approval) within their Trusts, to align priorities and assist with collaborative working.

Board noted the sustainability, innovation and social value accords well with trust values but noted further challenge is required about how delivery takes place within the national frameworks and further assurance needed around whether or not there is sufficient skilled resource in place to enable the organisation to move agilely with improvement programmes.

Actions:
- Consideration to be given to feedback received around areas of further assurances required in ongoing monitoring and delivery
- Review photographs used in the strategy document prior to publication to ensure there is no duplication with other key external documents.
- Review benchmarking on non-pay spend

Board approved the strategy and noted that the strategy will continue to be monitored by Finance and performance committee. |

PE

PE

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| PBoD 28/09/22 Item 24 | **Data and Information Governance Annual Report (incorporating SIRO and Caldicott) 2021 – 2022**

The Board received the annual report from the Data & Information Governance Group (DIGG) presented by Andrew Male (AM) Chief Digital Information officer. It incorporated assurance from the Senior Information Risk Owner (SIRO) to the Trust in relation to the effectiveness of controls for Information Governance (IG), data protection and confidentiality. The SIRO has executive responsibility for information risk and information assets and is supported in this work by DIGG which meets every two months. In addition, this report provided an overview of the range of requests directed to, and advice sought from, our Caldicott Guardian.

The following key points were noted:

- Audit & Risk Committee have been assured by the position regarding Information Governance requirements, specifically in relation to the Data Security & Protection Toolkit (DSPT) risk governance and noted the plans to address where current standards are not yet met.
- It was noted that there is negative assurance in relation to Freedom of Information (FOI) and Subject Access to Records (SARs) and it has been agreed to monitor the position to determine if planned actions have the desired impact.
- Plans were noted to address areas where we do not meet the NDG standards through implementation of the criteria defined by the Data Protection Security Toolkit (DSPT)
- Actions required to adopt a more strategic approach to information governance and cyber security in the future were highlighted
- The self-assessment shows compliance with three of the ten standards and clarifies a realistic plan is in place to achieve full compliance by June. The current status shows sustained improvement

Discussion took place on the following areas:
- The EPR programme is on schedule and will go live in March 2023
- Recent phishing exercises are being run using the central NHS service which allows repeated exercises with less effort
- Follow up has taken place with staff who have responded to the phishing exercises to evaluate more susceptible areas.
- Board have had discussions previously on separating the BAF risk into 2 separate risks with differing risk appetites for cybersecurity and digital solutions. This will be reviewed by DIGG in advance of discussion at Risk Oversight Group and the Finance and Performance Committee.
- Expansion of IMST resourcing will be reviewed again with the Information Governance Manager and teams in IMST
- It was noted that frequency of turnover of staffing has impacted on process compliance in FOI and SAR, rather than lack of resource and that any additional staffing resource will be maintained until permanent structures are in place
- It was noted that there are consequences to contract for DSPT non-compliance, | |

	but wider consequences are less clear and the focus is to positively encourage staff to engage with their mandatory training Board approved the strategy pending amendment to the reporting of resource requirements. **Action: PE**	**PE**
PBoD 28/09/22 Item 25	**Annual appraisal and revalidation report 2021 – 2022** Sobhi Girgis (SG), Responsible Officer presented key items from the report: • The Responsible Officer is a statutory, independent role related to the appraisal and revalidation of doctors and reporting is required to NHS England. • It was noted that there have been incremental improvements to the appraisal and revalidation system every year which remains in good health. • Board was asked to accept the assurance provided and to sign off the statement of compliance Board agreed to the Chief Executive signing the statement of compliance.	
PBoD 28/09/22 Item 26	**Annual board declaration EPPR (Emergency Preparedness, Resilience and Response) self-assessment and work plan 2022-23** Beverley Murphy (BM) presented key items from the report confirming: • The annual self-assessment process will be submitted to NHSE as a requirement to comply with Emergency Preparedness, Resilience and Response (EPPR) standards that apply to their organisation • Compliance is reported against 47 of 55 standards and partial compliance is reported on 8 standards and a workplan to achieve compliance has been approved by Finance and Performance Committee in September 2022 • Board was asked to approve the workplan, accept the self-assessment included in the report and approve the submission of the statement of compliance. Discussion took place on the following areas in which: • It was clarified that the reporting arrangements have changed, and this is now presented to Audit and Risk Committee • A South Yorkshire peer review exercise was undertaken and the standards which are partially met are well understood and being mitigated • It was acknowledged that certain risks such as incident command and on call are well practised and understood. • It was confirmed greater challenge is taking place related to the risks of evacuation • NHS partnerships work well and there is confidence that this would be managed well. **Action:** • Review workplan to ensure timing of report for receipt at ARC and onward reporting to Board are reflected. **Note for forward plans.** Board approved the submission of the statement of compliance.	**BM/ AW**
PBoD 28/09/22 Item 27	**Mental Health Act – statutory manager functions scheme of delegation** Mike Hunter (MH) presented the report and noted the following: • The report recommends that the current Scheme of Delegation is refreshed and updated to reflect extending the authority that is currently devolved to registered nurses to appropriately trained and qualified nursing associates • It is proposed that the scheme of delegation will be brought back to Board on an annual basis with the Tier 2 operational group and the Mental Health Legislation Committee overseeing in year changes to the scheme of delegation as things evolve with the Mental Health Act • Board was asked to approve of the ongoing process to work the new scheme of delegation through the operational group and the committee back to board annually Discussion took place in the following areas: • The Power to discharge is a regulated role and this is consistent with other organisations • The new process will be aligned with the Trust review of the scheme of delegation **Action:** DL • Changes to the Scheme of Delegation will be agreed by Board in receipt of	**DL**

	recommendations from the committee. Board approved the scheme of delegation.	
PBoD 28/09/22 Item 28	**Governance report** Deborah Lawrenson (DL) presented key highlights supported by Executive leads in terms of presentation of the annual reports from Board Sub-Committees: AAA reports have been presented to all board subcommittees as appropriate to be approved • It was noted that the most recent committee work plans, appended to the report will require further work post discussion on the board forward plans. • The latest terms of reference are appended to each one of the annual reports and those have been taken through the committees with full track changes for consistency business that was agreed at Board • NHSE identified roles to be held by either individuals or committees have been reflected into the terms of reference **Actions:** • Amend NED attendance record to Quality Assurance Committee for Richard Mills to show correct attendance • Amend objectives for People Committee to include the objective relating to data quality to be circulated to Board members – CP • Amend attendance record for MHLC to show the number of meetings attended against the number of meetings held – AW • Amend organogram for FPC to include the CIP programme Board – AW • Share the cleansed committee terms of reference with Board – AW Board approved the Committee Terms of Reference and noted the Annual Report, terms of reference and review of effectiveness for the Remuneration Committee will be received at the next meeting of the Board	**AW** **CP** **AW** **AW** **AW**
PBoD 28/09/22 Item 29	**Board Assurance Framework** Deborah Lawrenson (DL) presented updates to the Board Assurance framework noting the Board had reviewed risk appetite for BAF risks in August and these had received further discussion at the Board sub committees in September. Further work is planned to review target scores to fit with any amended appetite scores post committee discussion. The Board approved the risk description for BAF risk 0023.	
PBoD 28/09/22 Item 30	**Corporate Risk Register (CRR)** Deborah Lawrenson (DL) presented the updated Corporate Risk Register (CRR) which was noted. She informed the Board that the new Risk Oversight Group (ROG), had now met twice to review its Terms of Reference and to provide confirm and challenge to risks on the Corporate Risk register.	
PBoD 28/09/22 Item 31	**Board Work Programme** Deborah Lawrenson (DL) noted the updated board forward plan following input from the Executive team, Chair and Chief Executive. It was noted new items raised in the meeting would be reflected. Board members were asked to provide any further comments and amendments to the workplan to be submitted by 5th October to support presentation of an updated plan to the next meeting. **Action: All**	**All**
PBoD 28/09/22 Item 32	**Any Other Urgent Business** There were no items of any other business raised.	
PBoD 28/09/22 Item 33	**Reflections on the meeting effectiveness** The Board were invited to reflect and consider any preferences or bias that could have influenced decisions/discussions with the following observations made: • Chairs of committees would benefit from viewing the agendas and work plan through a health inequalities and EDI strategic lens • The importance of ensuring people are treated with the right values respect and compassion and supporting those conversations with partners where necessary • Quality of reports being presented to Board has continued to improve including	

	development of the AAA reports which are providing appropriate focus. • Challenging questions raised had reflected the improved ambitions of the Board • Feedback from the Board review of effectiveness will be reviewed by the Chair and Director of Corporate Governance to reflect in ongoing forward planning. **Action:** SM/DL	**SM/DL**
	It was agreed the following key issues would be reflected in the report to the Council of Governors (October 2022): **Action: DL to take forward** • Covid Update and Winter Planning • Update on the Learning Disability Transformation • Freedom to Speak Up update • Service user story learning • Committee reporting key risks and responses from each Committee • Equality, Diversity and Inclusion	**DL**
	The Chair thanked Board members and attendees for the contributions and closed the public meeting.	

Date and time of the Public Board of Directors meeting:
Wednesday 23 November 2022 at 9.30am
Format of meeting: MS Teams

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