

Board of Directors - Open

UNCONFIRMED Minutes of the 135th Open Board of Directors held on Wednesday 11 November 2020 at 10 am.

In accordance with national directives relating to Covid-19, Standing Order 3.1 of the Trust's Standing Orders would be suspended for the duration of the meeting, resulting in members of the public and press being excluded from the meeting. Members accessed via MS Teams.

Present:

(voting)

Mr. Mike Potts, Chair
Ms. Jan Ditheridge, Chief Executive
Mrs. Anne Dray, Non-Executive Director, Chair of Audit & Risk Committee
Mr. Phillip Easthope, Executive Director of Finance
Dr. Mike Hunter, Executive Medical Director
Mr. Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee
Ms. Beverley Murphy, Executive Director of Nursing, Professions and Operations
Ms. Heather Smith, Non- Executive Director, Chair of People Committee

(non voting)

Ms. Caroline Parry, Director of Human Resources
Prof. Brendan Stone, Associate Non-Executive Director.
Mr. David Walsh, Director of Corporate Governance (Board Secretary)

Apologies: Mrs Sandie Keene, Non Executive Director, Chair of Quality Assurance Committee

In Attendance: Ms. Fleur Blakeman, Director of Improvement, NHS England/Improvement (from Item 10)
Ms. Michelle Fearon, Director of Operations (System Improvement) Item 7
Mrs Sharon Sims, PA to the Chair & Director of Corporate Governance (Minutes)

**Governors
and Staff**

Mr Tony Clayton, Public Governor
Ms Holly Cubitt, Head of Communications
Ms Rita Evans, Head of Organisation Development (from 11:15am)

Welcome & Apologies

The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. He formally welcomed Mrs Anne Dray, as a Non Executive Director and Chair of Audit and Risk Committee, who was attending her first Board meeting having commenced in post on 1 November 2020. The Chair also wished to formally record the Board's thanks to Mrs Ann Stanley, who had left the Trust on 31 October 2020 having served six years as a Non Executive Director. The Board wished Mrs Stanley well for the future.

Apologies were received from Mrs Keene, Non Executive Director

1/11/20 Carer Experience Story

Thomas and Steven, members of Sheffield Young Carers Action Group, shared their experiences of being young carers in Sheffield. Sara Gowen, Chief Executive and Laura Selby, Deputy Director from Sheffield Young Carers were also in attendance. Ms Gowen asked the Board to consider the actions/points they raised.

Steven (Pre recorded)

Steven, now 19, had been a carer for his Mum since the age of 11. She suffers from Fibromyalgia and Arthritis; and her health had deteriorated over this period, she now required support with day to day functions and activities. They had not received any information about her condition or what to expect as her

health declined and had resorted to their own research. Steven had not been able to fully focus on his school work or have a social life, which had impacted on his own physical and mental health. He added that he is also now caring for his younger brother who had autism and ADHD. Steven had found it frustrating, that as a carer he is not listened to and overlooked when care planning decisions were made.

Steven has built life skills and matured quickly, he had been supported at College and received counselling, which had helped. His support network now includes Sheffield Young Carers and Chilypet, a charity supporting Young People. He recently passed his A levels and studying Architecture at Sheffield Hallam University. Steven was aware he was one of many young carers in Sheffield and asked that consideration is given to the mental health of young carers, to prevent them becoming service users in adulthood.

Thomas

Thomas, now 16, had been a carer for his parents since the age of 8. His Dad had Multiple Sclerosis (MS) and uses a wheelchair and his Mum suffers from Chronic Fatigue Syndrome (ME), Fibromyalgia and Autism and they both suffer with their mental health. Thomas also has his own mental health difficulties and autism and has found it difficult seeing their health deteriorate. His parents are separated, and he must split his time between them. Thomas lives with his mum and helps her with day to day functions/activities and escorts her to appointments. He supports his dad who lives an hour away with shopping and being the first point of call.

The carer support network for his dad collapsed during Covid Lockdown, on one occasion he fell and was not discovered for five hours. Thomas believed that he would have benefited from understanding their conditions particularly the pain his mum suffered. He believed that his own mental health may not have suffered if he had been recognised as a young carer. He is currently under CAMHS and would expect to transition into adult services. He had faced many challenges as a young carer and felt he had not been taken seriously or listened to, and sometimes he would have liked someone to ask how he was. His advice would be to identify any young carer on patient records and include them in care planning. He added that some people may also be scared that their children would be removed from the home if they identified them as a carer.

Thomas' support network includes Sheffield Young Carers and he is studying for his A Levels at Sixth Form.

The Chair thanked Thomas and asked that thanks were passed to Steven for sharing such empowering stories. He believed it was important to look at the whole person and their circumstances to understand what would make a difference.

Thomas and Steven were both activists and campaigning for young carers, to improve the quality of services which was commended. The Chair asked Ms Gowen if the voice of young carers was heard in the system. Sara believed they were now being heard, the Trust had engaged with the centre, and they had been involved in the Quality Improvement event and are represented on the Back to Good Programme Board. They also share their training programme with professionals. A simple, but powerful message was to recognise and value a young carer and engage with them as an expert.

Ms Ditheridge noted that their stories were powerful and that Steven and Thomas had shown compassion in how they cared for their families. She believed there was more work to do within the health and care system in relation to early intervention, smooth transitions between CAMHS and adult services and ensuring people live well, but access to services should they need them.

In relation to training, Ms Murphy would ensure that clinical professionals especially those at the beginning of their careers hear stories from young carers to influence practice, and would liaise with Ms Gowen on how best this could be achieved. Dr Hunter supported this proposal. He added that the Trust supports young people through early intervention and neuro development and worked closely with the CAMHS team at Sheffield Children's NHS FT. The Commissioners were being challenged to provide a seamless service. Dr Hunter added that there was a lot of discussion at national level in relation to the definition of social care and also the health, social and economic impact of this pandemic on young people.

The Chair asked how carers are identified in the system. He was mindful that GPs in the past had held a list of the young carers in their locality. Ms Murphy advised that a carer should be flagged on the Electronic Patient Record (EPR). Thomas advised that from a primary care perspective he was not recognised as a young carer and had not been asked by this GP how he was coping. The Chair agreed to feed this back into the Accountable Care Partnership (ACP)

Board agreed to reflect on these stories and take learning forward.

Min Ref	Item	Action
2/11/20	<p>Declarations of Interest: Prof Stone is a Lecturer in the University and a Director on the board of Sheffield Flourish, a mental health charity. It was determined the items on the agenda were non-pecuniary and did not cause a conflict of interest.</p> <p>No further declarations were made</p>	
Minutes of the Open Board of Directors meeting held on 9 September 2020		
<p>The minutes of the Open Board of Directors meeting held on 9 September 2020 were agreed as an accurate record with the following amendments.</p>		
<u>Ref: 6/9/20 Chief Executive's Report</u>		
<p>Minute to read: Ms Ditheridge reported that Mr Clive Clarke, Deputy Chief Executive/Chief Operating Officer had commenced his secondment as Director of Inclusion with NHS England, North East and Yorkshire Region. The Board formally recorded their thanks to Mr Clarke for this contribution to the Trust over the last twenty years and wished him well.</p>		
<u>Ref 6/9/20 Chief Executive's Report</u>		
<p>Ms Ditheridge reported that following the CQC report and having had time to evaluate, she believed there had been good reasons to defer the Acute Care Modernisation Phase 2 (ACM2) and the sale of Fulwood site and that Board may not have been fully sighted on the quality impact on service users.</p>		
4/11/20	<p>Matters Arising & Action Log Members reviewed and amended the action log accordingly. Updates on outstanding actions were noted.</p>	
5/11/20	<p>Chair and Non Executive Directors (NEDs) Report Members received the report for assurance and information.</p> <p>The report detailed the activity of the Chair and the NEDs. Items to note:</p> <ul style="list-style-type: none"> • Two Council of Governor Development Workshops in November 2020 to be facilitated by Charis Consulting. • The Trust is supporting the Sheffield Health and Wellbeing Festival; Ms Smith and The Chair will host a session on 24 November 2020 between 1pm and 2pm for staff to share how they had managed their own health and wellbeing and feedback on whether the Trust had been supportive. 	
<p>Board welcomed the report and noted that the content was helpful and provided assurance.</p>		
6/11/20	<p>Chief Executive's Report Members received the report for assurance and information.</p> <p>Ms Ditheridge presented her report which included summaries of national, regional and local (system) policy and current issues. The full reports were available as a reference and/or link to the Trust's strategic objectives and risks.</p> <p>Key national and regional areas to note:</p> <p>The Care Quality Commission (CQC) Publication "Out of Sight – Who Cares?" and the Joint Committee on Human Rights (JCHR) Report on the Detention of Young People with Learning Disabilities or Autism both focus on detention, seclusion and restricted practice. These were the areas the CQC identified gaps in practice on the adult in-patient areas and link to the actions from the 29A Warning Notice, to improve the estate and care provision and feed into the Back to Good Programme Board. The Board should be sighted on any patient requiring long term seclusion/restricted practice and assured that timely reviews are undertaken.</p>	

The CQC “State of Care” report will be discussed in Quality Assurance Committee (QAC).

Increased reporting from the Integrated Care System (ICS) and Accountable Care Partnership (ACP) focused on system and place, with a primary agenda over the Summer on the management of Covid-19. The Phase 3 letter had also been cascaded and the Trust had developed and shared a plan. The ICS, ACP and Mental Health Alliance are all reviewing their governance arrangements which would align with new legislation on the operation of the system. The Board would be updated in due course.

The ICS had published a number of reports to be shared in the public domain, which included an update from Sir Andrew Cash, Chief Executive, South Yorkshire & Bassetlaw.

Key local issues to note:

The CQC had published their final reports following the inspection of three sites (Open BoD 11/11/20 Item 11) and development of an action plan had commenced. Ms Murphy reported that Salli Midgely, had been appointed as the Director of Quality, she comes to the Trust from NHS Improvement (NHSI) and had contributed to the “Out of Sight – Who Cares?” report and therefore would be able to advise and support the relaunch of the Trust’s Restricted Practice Plan.

Ms Smith asked how the Board and Committees would be assured that they were sighted on the progress against any new recommendations. Ms Ditheridge reported that she had shared information and also considered alignment to the strategic objectives, an Executive Director would be identified to lead and progress actions. She would also expect Board to be sighted on some areas and used mandatory training as an example of an area which could be explored during a Board visit. The Board Committees should also be receiving updates from the Back to Good Programme,

The Chair noted a number of recommendations from other areas. Ms Ditheridge advised they had been included to stimulate conversation. She referenced the “CoVid – Getting Though Safely” and advised that this remained a top priority, and assured members that the learning is reviewed and acted on.

Board received the report, noted the content and were assurance on a number of areas.

The Board observed a two-minute silence at 11am to mark Armistice Day

Strategic Objective 1: Covid : Getting through safely

7/11/20 Covid-19 Report

Members received the report for assurance.

Ms Murphy updated on the steps that had been taken in responding to the pandemic and assured Board that there were robust business continuity plans in place. The learning from Wave 1 had been taken forward into the second lockdown. Staff had worked relentlessly, and she was mindful the impact Covid had, had on both staff and patients. There had also been challenges and she used the example of care providers having to shield and the impact of reduced resources for services.

Ms Murphy in her update answered a number of questions that had been raised.

The current provision for In-house testing was small and results were processed by Sheffield Children’s NHS FT. The National guidelines for the testing of asymptomatic staff was imminent.

The decision to reduce bed stock during the pandemic had been necessary to comply with social distancing, this had resulted in an increase of Out of Area referrals. In hindsight, she believed there may have been alternatives not considered at the time. The bed stock had now increased, and the team had worked on bringing patients back.

There had been an increased demand on crisis services and patients entering the system detained under Section 136 of the Mental Health Act. These increases were in line with the national trend. There would be a data review to ascertain if the increase had been as a direct result of the stepping down of a number of services through Wave 1. She was also mindful that lockdown had had an impact on health, wellbeing and the economy.

To support crisis services the Decisions Unit would be stood back up, staffing the wards had been a priority during wave 1 and staff had been reassigned, they were now able to return to their substantive posts.

The Chair reported that in conversation with Terry Proudfoot, Lead Governor, questions had been raised in relation to the accessibility options for service users using community services. Ms Murphy reported that there were a number of alternatives available, the IAPT Team under the leadership of Toni Wilkinson, Clinical Director, had developed a number of innovative ideas and were engaging with more people, they had seen an increase in younger people and believed this was as a result of offering flexibility and virtual appointments. Where service users had requested a face to face contact, they had been risk assessed and conducted in a Covid secure environment.

Dr Hunter reported that adults with Downs Syndrome had now been identified as vulnerable. Sheffield holds a case register of people with a learning disability and they had cascaded guidance on how to stay safe. The Trust's Learning Disabilities team had reviewed their case loads and were signposting service users to resources. They were also working in collaboration with the citywide Physical Health Co-ordination Group.

Ms Ditheridge reported that some areas in South Yorkshire were under significant pressure; Doncaster and Barnsley were experiencing high staff absence and there had been discussion in relation to support for the system. She added that reported cases in Sheffield had flattened, but the impact of both "normal" Winter and the pandemic were now being seen in the Acute and Primary Care setting.

Board received the report and noted the content. A number of questions had been answered and Board was assured the Trust had managed the pandemic. The Chair asked that a message is communicated to staff, thanking them for their efforts during the pandemic.

DW

Strategic Objective 2 CQC: Getting Back to Good

8/11/20 Back to Good Report

Members received the report for assurance.

Dr Hunter updated on the progress against the Back to Good Programme and focused Board's attention to the slippage against compliance requirements. Progress was 45% against a 60% target and this can be attributed in two areas, firstly the delay in the server upgrade, which had now been completed and key to improving digital capability. Secondly the delays in works to improve the environment, which were due for completion between March and August 2021. The workstream leads would be sharing their outcome measures and evidence at the next Programme Board.

Ms Ditheridge believed there was a level of risk in delivery of the actions which linked to quality of care and asked what the concerns were and if Quality Assurance Committee (QAC) were sighted and discussing them. Dr Hunter assured Board that these discussions were taking place, and that QAC were being assured of the mitigation against delivery of services. Ms Murphy added that delivery of national standards relating to the environment were an area of concern. She used ligature anchor points as an example and advised there was more work to do to reach an "acceptable" standard.

The CQC under the Safety domain had also highlighted several environmental risks and Ms Ditheridge asked that these areas were prioritised. The NEDs also need to understand the level of risk, how it is assessed and mitigated against to seek assurance. There is also the overlap into other committees to consider eg: Transformation - Finance and Performance Committee (FPC).

Board received the report, noted the content and was updated on slippage against compliance requirements. Board Committees need to be assured that mitigation plans are in place to address the risks.

9/11/20 Board Visit Report

Members received the report for information.

Ms Murphy reported that a number of virtual visits had taken place between June and September 2020 and that staff had welcomed the opportunity to talk about their team or service. The report required further development to ensure it was focused on quality improvement, a framework would be added to record any points and monitor follow up.

Highlights from the visits.

- Perinatal services had moved to more appropriate accommodation.
- Improvements to recruitment process and reduction in timescales
- Bed Management had changed to a daily review, focused on clinical need and pathways. A system called “Red to Green Bed Days” tracking a patient journey.

The Chair in supporting the Health and Wellbeing Festival had agreed with the Listening into Action (LIA) team that the Board would ask staff how the Trust could support their wellbeing. Ms Ditheridge believed the visits had been a success and lots of information was being gathered, there should not be a list of things that were wrong and promises made to act on them, as this could be seen as disempowering managers. They were assurance visits, to triangulate what is reported at Board and Committees.

The visits had also highlighted that a number of teams had used their own initiative and implemented change. There was learning for members too, in being able to summarise and reflect on the visit. Ms Murphy advised that a new visit template would be developed which would include a number of structured questions framed to help triangulation.

Board received the report for information and noted its development.

Ms Blakeman joined the meeting

10/11/20 Well Led Development Plan (Governance)

Members received the report for information

Mr Walsh presented the report, a progress update against the plan, and in preparation of the Well Led Self-Assessment Review in 2021. The target for completion of actions was 31 March 2021 and to date 25% had been completed. It was noted that the Board Development Programme would be delivered over an 18 month period. Each of the 12 areas had an executive lead and the progress RAG rated.

A number of areas were recorded as “underway” and had not been broken down by detail, the snapshot was included in Appendix 1 and the detail in Appendix 2. Mr Walsh explained that this plan, whilst part of the CQC work, was separate to the Back to Good programme being supported by the Project Management Office (PMO). He would ensure more detail is contained in the next iteration and would review how best to share it to ensure the Board are fully sighted and have ownership.

The Confidential Business & Strategy Board meeting scheduled for 9 December 2020 would include a session focused on strategy.

The Chair requested a timeline to track progress and ensure there was no slippage.

Board received the report and noted the progress. Further detail on each action and DW a timeline would be included on the next iteration.

11/11/20 Care Quality Commission (CQC) Inspection Reports August 2020

Members received three CQC reports for information

Ms Murphy presented the CQC Inspection Reports from the inspections in August 2020 against the Section 29A Warning Notice. The reports were published on 22 October 2020 and the Executive Team had reviewed and shared the content with staff. NHS partners and key stakeholders had also been notified of their publication.

The reports showed that improvements had been made in all areas, and a review of the improvement plan would be undertaken to reflect the CQC's comments and returned to CQC by 3 December 2020. Ms Murphy added the CQC had identified an unregistered restricted practice technique used by a patient transfer company, which had previously been reported to the Board.

Board received the reports for information and noted that a revised plan would be submitted to the CQC in December 2020.

BM

12/11/20 Integrated Quality and Performance Report

Members received the report for assurance

Mr Easthope presented the report and asked members to consider the content and whether it impacted on Board Assurance Framework (BAF) Risks 0002 Well led and 0003 Patient Safety. The Performance Framework (*Item 17ii*) included the mitigation plans and the process to dovetail into expectations and exceptions from floor to Board via Board Committees. To note, flu vaccination narrative had been included, there had been no significant change and the campaign continues.

Ms Murphy in her update answered a number of questions that had been raised.

A question had been raised in relation to Out of Area and Length of Stay (LOS) and the expectation over the Winter period. Dr Hunter and Ms Murphy had received a presentation from Drs Rob Verity and Jonathan Mitchell, Clinical Directors and Richard Bulmer, Head of Service focused on how the current position had been reached, they had been tasked with reducing LOS on three In-Patient wards, to free up beds and return people from out of area. This plan would feed into the Performance Framework and presented to FPC (oversight and monitoring) and QAC (quality). Dr Hunter advised that the LOS varied and was referred to as unwarranted variation and unexplainable by patient characteristics or clinical situation and related to consistency of working across the whole service.

A question had been raised in relation to delays in CPA reviews. Ms Murphy advised that Covid-19, the Collective Dispute and further lockdown had impacted. Paul Nicholson, General Manager (Planned & Scheduled Care) would lead on the improvement plan and update Board.

Ms Ditheridge mindful there was a lot of detail in the report, asked if this had masked the key areas and risks that Board needed to pay attention to.

Ms Murphy responded, that from a quality perspective Out of Area remained high on the performance agenda, patients were away from home and potentially more vulnerable. There is also a need to reduce Out of Area expenditure as investment is required to fund the Transformation Programme. The Chair believed it was important to ensure the connectivity across quality and safety and also the financial impact of improving the environment. Dr Hunter added that Out of Area was an underlying issue linked to the management of the system and pathway and that LOS needed to be managed through person centred care. Reduction in LOS should lead to reduction in Out of Area.

Ms Ditheridge reported that the Flu Programme had made progress and currently at 52%.

Mr Mills would like to understand how the Board Committees would work across, he used Out of Area as an example and aware that a recovery plan would be presented to FPC. It may be opportune to work through processes and connectivity with the Performance

Framework, and something that Charis Consulting could advise on.

Mr Easthope advised that the orange and purple icons on the SCP Chart related to special cause variation and would filter into the exception reporting and be triangulated with the Performance Framework. A different style of report may need to be developed for Board.

The Chair reported that there was a need for Board to clearly see the key areas of concern and risks, and acknowledged the report was very detailed and provided a good resource and welcomed the inclusion of the benchmarking data.

Board received the report noted the content and agreed there were no changes to the two risks on the BAF.

a) Mortality Review (Quarters 1 & 2)

Members received the report for assurance

Dr Hunter reported that the impact of the recent period from April 2020 was evident on the graphs. The death of a service user with an open episode of care within six months would be investigated to establish three things; cause, certification of the death and feedback on care. The data on Spine, the national register was reviewed monthly as a cross check exercise and a sub sample of all deaths are reviewed. Structured Judgement Reviews were undertaken on cases where it is believed there is learning.

The process had been subject to scrutiny and given significant assurance by 360 Assure, Internal Auditors. The CQC had also observed the Mortality Review meetings and had not raised any concerns. Fleur Blakeman, Improvement Director, NHSI would be advising how the process could be improved utilising the national desk top review

Information is shared across the Trust in a number of ways. Structured Judgement Reviews include participation from the team involved who are then able to share the learning with the team. Reports are also presented to the Service User Safety Group and Clinical Operations Governance Meetings.

Ms Ditheridge asked what the data showed. Dr Hunter reported that it gave a thematic picture and generally there were underlying situations, eg: younger people with a learning disability and older adults in dementia services are dying of natural causes; unexpected deaths of working age adults in substance misuse services; community suicides and premature deaths of people with long term neuro conditions. The learning should be used to highlight the risk and improve services.

Mrs Dray asked if the learning was embedding and making a difference. Dr Hunter believed it was, understanding the developing narrative was a better indicator than the trajectory of numbers.

Mr Easthope noted there were some areas that were recoiled away from, in relation to reviewing benchmarking and targets and believed that deaths was one of them. Reviewing and applying targets would identify trends and could be built into the Performance Framework.

Board received the report and were assured of the process, the inclusion of targets to monitor trends was suggested.

13/11/20 Safeguarding Adults/Children Annual Report

Members received the annual report 2019/20 for assurance and were asked

Ms Murphy reported that the progress during 2019/20 was detailed in the report and provided the Board with assurance that statutory obligations were being met. "Making Safeguarding Personal (MSP)", capturing the service user voice had been a challenge and remained an outstanding action.

The Chair noted the non-compliance against delivery of the Prevent Programme, Ms Murphy advised that progress had been made in this area. The Chair also asked if there were resources to deliver the priorities for 2020/21. Ms Murphy believed the plan, to be presented to QAC would be delivered and that there had been investment in the team.

Board received the report, noted the content and were assured of the progress.

Prof Stone left the meeting

Strategic Objective 3 Transformation: Changing things that will make a difference

14/11/20 Transformation Portfolio Report

Members received the report for assurance and were asked to assess the risk in relation to achieving the Trust's strategic objectives.

Mr Easthope presented the report and noted that Finance and Performance Committee (FPC) had received and discussed it. The four key areas to note:

Acute Care Modernisation

No changes to note

Electronic Patient Record (EPR)

Decisions in relation to procurement were being addressed through the governance processes and would be discussed in FPC on 30 November 2020 and considered as appropriate by Board thereafter.

Leaving Fulwood and relocation of Headquarters

For discussion at FPC on 30 November 2020. In response to a question that had been raised in relation to the impact of the pandemic and ways of working. Mr Easthope advised that a review of working practices and further space optimisation would be necessary. There may be a requirement for staff to have more space in order to socially distance, he was however mindful that staff at Fulwood had been working more flexibly.

Adult Secure Forensic -New Care Models Programme

Mr Mills mindful of the changes in Board membership suggested an update on the programme. Mr Easthope reported this was a national programme to support delivery of mental health services in the Five Year Forward View (NHS). The Trust were involved from a Lead Provider and Provider Collaborative perspective. The due diligence had continued albeit slowly through the pandemic and the revised date for submission of the full business case was January 2021. The service would aim to "go live" in October 2021. Further clarity would need to be sought in relation to the impact on the Trust being in Special Measures.

A question had been asked in relation to whether the National Community Mental Health Framework for Adults and Older Adults (Sept 2019) would be utilised for the Community Mental Health Review. Mr Easthope advised that he would ensure the Project Board were sighted on this.

Mr Mills reported that FPC would receive a number of significant papers at its meeting on 30 November 2020 which required discussion and assurance of the interconnectivity with other projects. The Chair suggested utilising time at the next Confidential Business/Strategy Session. It was agreed that time would be allocated at the meeting on 9 December 2020 to receive feedback from FPC and if required make decisions on projects.

Ms Ditheridge had welcomed the report and acknowledged it had been a challenge, the next steps were to allocate leads, progress timelines and identify any risks. She asked that the ACM Programme is referenced as a clinical programme and noted it as a significant change in care provision.

Ms Parry referenced the People Plan, and noted that whilst the HR Directorate would guide and support delivery of the People Strategy, the plan needed to be owned Trustwide and aligned to the Clinical Strategy. It was agreed that Board required a discussion

focused on these strategies.

A request was also made for Board to receive an update on the Clover Group.

Board received the report and acknowledged it was in development. It was agreed that discussion at the Board meeting on 9 December 2020 would focus on the transformation projects and supporting strategies. It was also agreed that Board should receive an update on Clover Group on 9 December 2020.

PE

People

15/11/20 NHS Staff Experience Survey 2019 – Progress against actions and plans

Members received the report for information

Ms Parry updated Board on the progress against the actions, she reported that a number of local reports had been in development this year and had received positive feedback. The “Team” report had enabled managers to engage with staff and develop their own action plans and that the Organisational Development and Listening Into Action Teams were supporting this work and the findings would be reported to People Committee. The “Staff Group” reports could identify any common themes across a group or profession.

The results from 2019 had highlighted a number of areas that required further focus and 11 themes had been identified including; culture & behaviours, racism, team development, supervision and Covid health and wellbeing. The virtual visits had been positive and a way the Board could engage with staff and hear their experiences.

Mrs Dray had attended a session during the Quality Improvement week and had offered to engage with the LGBTQ Staff Network to progress their actions.

Mr Walsh acknowledged the local reports were owned by the team, he was mindful there may be competing priorities affecting engagement and asked if the new process supported full engagement.

Board received the report, noted the content and were assured of the progress. The progress against actions would report to People Committee.

16/11/20 Annual Equality and Human Rights Report

Members received the report for discussion and were asked to approval it for publication.

Ms Parry presented the report and assured the Board that the Trust were meeting its statutory duties. A number of reports were referenced including the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap. To note the Equality Objectives (2020-24) had been revised. The report also focused on delivery against two NHS policy areas; the NHS People Plan for 2020/21 and Responding to Covid-19 (Phase 3).

A question had been raised in relation to access to services, and whether this was less for BAME communities. Ms Parry reported that it varied, the data suggests high usage in acute in-patient and low in IAPT services.

A question had been raised in relation to the differentials for bank staff (ethnicity and staff experience). Ms Parry reported that the Trust have its own bank, offering temporary contracts, a large proportion were Band 2/3, whilst they may work regularly with a team, they are not assigned to a team. Bank staff are not included in the national staff survey, the reason being they may work in more than one area and therefore their answers to questions relating to the workplace would not be consistent. The Trust were considering a bank staff survey as a way of engaging and obtaining feedback.

In response to the question of BAME communities accessing services and the high usage at the acute end, a significant number of patient are detained under the Mental Health Act, which suggested inequality and non-engagement at primary care level. The data would support discussion with Commissioners to focus on the areas with low engagement. The team at IAPT had developed guidance for access for BAME communities which had been

recognised nationally. In addition, the early indicators from the Primary Care Mental Health Team (Transformation Programme) suggest an increase from the North of the city. The Chair referenced the actions and noted the aspirations, targets and benchmarking and asked for clarity on their delivery and the measures and the cross referencing of the reports. Ms Parry advised there was overlap with the People Plan and individuals had been identified and would progress their actions. Ms Ditheridge reminded Board that she was the executive lead for this area, and advised Board that equality, diversity and inequality would be a topic for Board Development. She added that a number of elements are “must be dones”.

A question had been asked in relation to the monitoring and reporting of performance against the accessible information standard. Ms Parry reported this had been through the regulation dashboard in the Quality Report to QAC, she would need to seek clarity on whether this had been included in the Integrated Quality and Performance Report (IQPR).

Board received the report and was assured the statutory requirements had been met and agreed to it being published.

Performance

17/11/20 i. Finance Report

Members received the report for the period ending 30 September 2020 for information.

Mr Easthope reported the new financial regime commenced on 1 October 2020, and presented the final report of the old regime, with the high level performance at a breakeven position, he noted that the Trust had received “Covid-19 top up” of £2.4m. The report also triangulated with the IQPR and Transformation reports to identify the high cost pressures of Out of Area and Bank/Agency expenditure.

The forecast outturn is circa £4m overspend moving into the revised regime. The financial position would be impacted by the safety and quality mitigation plans. The Chair asked if there were any actions the Board needed to endorse. Mr Easthope confirmed there were no actions this month.

Mr Mills in his capacity as Chair of FPC reported that FPC had discussed the report in detail, he reminded Board that the deficit was not as a result of poor financial control and attributed to Covid-19 and cost pressures. He indicated that there would be an underlying deficit taken forward to 2020/21, which is a significant change for the Trust. Any deficit position could impact on capital projects.

Ms Ditheridge asked if a recovery plan for the cost pressures had been presented to FPC. Ms Murphy advised that Out of Area was in draft, and she was awaiting the data for Bank/Agency expenditure. She added that budget control was across all areas. Dr Hunter advised Board that Out of Area expenditure had started to escalate prior to Covid-19.

A question had been raised in relation to the care of service users who are placed Out of Area. Dr Hunter advised that the Home Treatment Team liaise with the providers to ensure care plans are followed.

Mrs Dray whilst mindful of the impact of Covid-19 asked if additional support had been offered to Budget Managers. Mr Easthope reported that historically the assurance on all levels of financial control had been strong, however he was mindful there had been significant changes due to restructuring as well as the impact of Covid-19. He was also aware that culturally, responsibility had been removed for the six month period of “top-up”, the conversations had restarted in relation to achieving a balanced position, CIPs and accountability of budgets. He added that the Performance Framework would also support change within the function. Ms Murphy noted that she had budget meetings scheduled for Operations early in December 2020 and will be holding them to account.

Board received the report for information and noted there were no actions to endorse. FPC would receive the recovery plans for the cost pressures.

BM

ii. Performance Framework

Members received the framework for approval.

Mr Easthope presented the Performance Framework and subject to Board Approval advised it was ready to launch in its current form and would continue to be developed and reviewed over the next three months. A further iteration would be available in April 2021. In respect of governance, the framework had been discussed in all Board Committees and their feedback referenced in the report.

Ms Smith believed the NEDs would benefit from a session with Mr Easthope on the framework. The Chair offered Mr Easthope time at the monthly Chair/NED meeting.

Ms Ditheridge reported that she had asked Ms Blakeman to undertake the final edit, and would ensure the inclusion of flow charts to increase visibility and cascade through the Trust. The revised governance structure would then overlay to show where data, information and decision making takes place along with the escalation triggers.

A reference to SMT on Page 19 required amendment. Mr Mills noted there were references to monitoring by FPC of some service areas not provided by the Trust, which required a review.

PE

Board received and approved the Performance Framework, a further review would be undertaken by Ms Blakeman, and it would then be developed over the next quarter with a further iteration available for April 2021.

FB

Board Committees - Significant Issues & Approved Minutes

18/11/20 a) Audit & Risk Committee (ARC)

Members received the Significant Issues report from the meeting held on the 26 October 2020 and the approved minutes from the meeting held on 21 July 2020 to provide assurance to Board that ARC had discharged its duties.

b) Quality Assurance Committee (QAC)

Members received the Significant Issues report from the meeting held on the 20 October 2020 and the approved minutes from the meeting held on 28 September 2020 to provide assurance to Board that QAC had discharged its duties.

c) Finance & Performance Committee (FPC)

Members received the Significant Issues report from the meeting held on the 26 October 2020 to provide assurance to Board that FPC had discharged its duties.

d) People Committee (PC)

Members received the Significant Issues report from the meeting held on the 15 October 2020 and the approved minutes from the meetings held on 14 July 2020 and 23 September 2020 to provide assurance to Board that PC had discharged its duties.

Ms Smith reported that the agenda continued to be busy, committee had discussed measures and whether the progressed actions were having an impact, she noted that Ms Blakeman had been supporting this area of work. Case work remained high and would continue to be monitored, committee were concerned with the length of time to complete investigations. Nursing recruitment also continued to receive focus.

e) Remuneration and Nomination Committee (RNC)

Members received the Significant Issues report from the meeting held on the 17 September 2020 to provide assurance to Board that RNC had discharged its duties.

Governance

19/11/20 Board Assurance Framework

Members received for Board Assurance Framework (BAF) for assurance.

Mr Walsh reported the BAF had been presented to ARC, QAC and FPC and scheduled for PC in January 2021. A revised version had been presented to Board today.

A number of gaps relating to content had been identified. Ms Murphy supported by Ms Blakeman would review the risks assigned to QAC. Mr Walsh noted that PC was finding it a challenge to associate reports to single BAF risk, further work may be required to broaden them.

Ms Blakeman, Claire Lea and Mr Walsh had met and discussed governance and areas of the Well Led report. The focus would be to ensure the accuracy of the content by 31 March 2021. Further work on standardising the templates would follow.

The Chair asked if there were any changes to the BAF as a result of the items received at that meeting Board today. Board confirmed that there were no changes required

Board received the BAF and was assured that actions had progressed, and that further work was required to expand the risks and ensure accuracy of the content. DW

20/11/20 Corporate Risk Register

Members received the Corporate Risk Register (CRR) for assurance.

Mr Walsh reported this had been presented to ARC, QAC and FPC and scheduled for PC in January 2021. A number of risk scores had remained static during this period and required review. Mr Walsh reported that a further risk would be presented in the Confidential section of this meeting.

Board received the CRR and was assured. Board noted the need to review risk scores as some had remained static for a period DW

21/11/20 Board Programme

Members received the programme for information.

Mr Walsh presented the programme and noted the items for the next Open Board meeting in January 2021. He noted that the agenda had been refreshed to ensure focus on priorities. Meetings had also been scheduled with the Chair for agenda sign off.

An appendix would be added to show the topics covered in Board development sessions. DW/SS

22/11/20 Governor & Membership Matters

The Chair reported that he continued to meet regularly with Terry Proudfoot, Lead Governor. Work had focussed on the Council of Governors (CoG) development, led by Claire Lea and workshops had been scheduled for 13 and 23 November 2020. Ms Proudfoot and Mr Mills had observed the CoG meeting of South West Partnership NHS FT as a learning exercise. There would be more opportunity to observe other meetings and develop CoG engagement.

Sam Stoddart, Deputy Board Secretary had left the Trust, she had provided a lot of support to the Governors over the years and was thanked for this work. Mr Walsh advised he would be recruiting to the vacancy.

The membership is circa 11,500 and had remained static for a period, further work is required to understand the membership, its purpose and how it is used.

23/11/20 Any Other Urgent Business

No other urgent business discussed.

Date and time on next scheduled meeting:

Wednesday 13 January 2021 at 10am *Format of meeting to be confirmed*

*Apologies to: Sharon Sims, PA to the Chair and Director of Corporate Governance
Tel: 0114 2716370 email: Sharon.sims@shsc.nhs.uk*