



Board of Directors - Public

UNCONFIRMED Minutes of the 137th Open Board of Directors held at 10am on Wednesday 10 March 2021. Members accessed via MS Teams.

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. Papers available on the Trust website.

Present:

- (voting) Mike Potts, Chair
 Jan Ditheridge, Chief Executive
 Anne Dray, Non Executive Director, Chair of Audit & Risk Committee
 Phillip Easthope, Executive Director of Finance
 Dr Mike Hunter, Executive Medical Director
 Sandie Keene, Non Executive Director, Chair of Quality Assurance Committee
 Richard Mills, Non Executive Director, Chair of Finance & Performance Committee
 Beverley Murphy, Executive Director of Nursing, Professions and Operations
 Caroline Parry, Executive Director of People
 Heather Smith, Non Executive Director, Chair of People Committee
- (non voting) Prof. Brendan Stone, Associate Non-Executive Director.
 David Walsh, Director of Corporate Governance (Board Secretary)

- In Attendance:** Fleur Blakeman, Director of Improvement, NHS England/Improvement (NHSE/I)
 Hannah Godfrey, Art Therapist (Item: Service User Experience Story)
 Pat Keeling, Director of Special Projects (Strategy)
 Andrew West, Art Therapist (Item: Service User Experience Story)
 Sharon Sims, PA to The Chair & Director of Corporate Governance (Minutes)

- Governors:** Adam Butcher, Service User Governor
 Ben Duke, Service User Governor

Time	Item	Action
PBoD 21/01/020	The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. No apologies were received.	
PBoD 21/01/021	<p>Service User Experience Story <i>The use of Art Therapy in our services</i></p> <p>Beverley Murphy introduced Hannah Godfrey, the Trust's lead Art Therapist. Hannah would be sharing a presentation on the impact of art therapy in a mental health setting, as a service user experience story. Hannah was supported by Andrew West, Art Therapist.</p> <p>Hannah has a joint role, she is the Art Therapy Lead and the Lead for Arts in Health, whilst connected they were very different.</p> <p>Art therapies is a psychological therapy to help those with mental health difficulties express and explore their thoughts and feelings through art and music. It is a registered profession, and the Trust has a small team working across the services. Traditionally they work either 1:1 or in groups, but during the pandemic have diversified and run more sessions online, which had proved successful.</p>	

The NICE Guidelines recommend Art Therapy for those with Schizophrenia or from someone who had been detained. Two pilots were taking place across the adult acute in-patient wards, the first for art therapy across all four wards concluding in March 2021 and the second for music therapy on Endcliffe Ward concluding in June 202, both had proved very successful in relation to the level of activity and engagement. Hannah added that the uptake had far exceeded expectation. She added that funding had been identified to continue with art therapy for a further 12 months, which would allow time to embed and secure permanent funding.

Hannah gave credit to Dr Chris Wood, an Art Therapist in the Trust, who until recently had led the Northern Art Therapy course, she is also well published author of books and articles and involved in the Hearing Voices movement.

On conclusion of the pilot, Hannah had tried to identify outcomes, but people were reluctant to complete any kind of questionnaire but were happy to give narrative feedback. Hannah shared "Jade's" story, a stroke victim with a long history of mental illness, trauma and neglect who had enjoyed art sessions whilst on one of the in-patient wards. Jade had donated her pencil drawing to the Trust.

The Arts in Health Team use their skills to support the creation of healing environments. They are involved in the estate's projects including; Acute Care Modernisation, Dovedale 2 redesign and eradication of dormitories and create mood boards to help staff and service users visual how spaces could look and feel using different textures and colour palettes. A new project will be working with the Dietetics at Forest Lodge. The team also organise the Art Festival. Hannah shared examples of artwork made by Service Users that had been digitally printed and displayed on materials safe for display on the wards. They are also using local artists and photographers work.

The next steps include expanding art therapy across the wards, which is also included in the longer term PLACE workforce plans in creating multi disciplinary teams. Having Art Therapy trainees on the wards has also proved successful and led to permanent appointments. Whilst not written Hannah hoped that Art Therapy would be included on the Covid Pathway. Having a page on the website is also important to share work. She would also be seeking help from Research & Development in relation to outcome measures.

The Chair on behalf of the Board thanked Hannah for her presentation and sharing the work of the team. He advised Hannah that the Board reflect on this session in the confidential session and would share any actions.

Dr Mike Hunter advised that movement and dance a form of Art Therapy had been included in NICE Guidelines for Schizophrenia because they had identified outcome measures, he was mindful it was more difficult in art form and offered to work with Hannah and connect her with the Effectiveness and Continuous Improvement Team.

Richard Mills having an interest in environments was pleased to see how the team were supporting projects.

Caroline Parry advised that Amanda Jones, Lead for Allied Health Professions would be joining the Workforce Planning Group to look at workforce in the Trust and across Place.

Anne Dray asked if social prescribing was an option in the Community. Hannah believed this was a gap and signposted people to alternatives. She hoped that future workforce planning would address this, she would like to see something offered through GP Surgeries.

Prof Brendan Stone noted the Trust had a long history or working in the area of art therapy and was pleased to see its profile had been raised, he noted that investment

in the past had not been reliable. He had worked closely with Dr Chris Wood and the Northern Art Therapy Programme and supervises a number of researchers in the University who are looking at the impact of art, he was aware it was very difficult to measure the impact on someone's health and wellbeing.

Dr Hunter agreed to connect Hanna and connect her with the Effectiveness and Continuous Improvement Team

A number of members enquired about purchasing pieces.

MH

PBoD 21/01/022 **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. No further declarations were made.

PBoD 21/01/023 **Minutes of the Board of Directors meeting held on 13 January 2021.**

The minutes of the meeting held on 13 January 2021 were agreed as an accurate record.

PBoD 21/01/024 **Matters Arising, Action Log and Bring Forward**

Members reviewed and amended the action log accordingly. Updates on outstanding actions were noted.

PBoD 21/01/025 **Chair and Non Executive Directors' Report**

Members received the report for information.

The Chair reported that the Non Executive Director (NED) recruitment had commenced, and interviews are scheduled for early April 2021, recommendations would be presented to the Council of Governors (COG) on 19 April 2021. The post of Associate Non Executive Director had also been progressed and discussions continue with Cllr Johnson, Leader of the Council.

Part of the Board Development included a review of the role of NED Champions, to ensure all areas were covered, this had been undertaken and a briefing produced for each role.

The proposal by Charis Consulting for development work with COG was well received and accepted. The Chair believed the Governors felt more engaged and were developing relationships. Prof Brendan Stone, in his capacity as an Associate NED will be the lead for user engagement and work with Terry Proudfoot, Lead Governor and Salli Midgley, Director of Quality.

Phillip Easthope advised that Board needed to consider a NED Champion for sustainability. The Chair agreed to discuss with the NEDs.

Board received the report and noted the content.

The Chair to liaise with NEDs to identify a Sustainability Champion.

Chair

PBoD 21/01/026 **Chief Executive's Report**

Members received the report for information.

Jan Ditheridge reported there were a number of national areas that required consideration in relation to the Trust's strategy.

The final recommendations have been shared in relation to Transformation of Urgent and Emergency Care, whilst the pathways focus on acute care, the Trust will have a part to play through the commissioning intentions in the Long Term Plan to support a number of crisis services. The consultation document did not specifically reference mental health, which was fed back.

The Reforming the Mental Health Act – a white paper was published in January 2021. Jan had highlighted the key proposals and reported that Dr Mike Hunter would lead on consultation and the development to support service users.

Prof Brendan Stone encouraged Board to read the white paper, he noted there was a focus on inequalities and black people's mental health and in particular young black men. All areas for consideration in development, transformation and strategy.

Jan referenced the key principles as person centred, restricted practice and therapeutic activity noting they were all at the heart of how the Trust is trying to build, develop and improve. She also believed there was a need to increase visibility of anyone detained under the Mental Health Act and the impact this has on an individual.

Mike advised that the law would take a stronger interest in purpose and experience, currently the focus has been on whether the criteria for detention is satisfied. The MH Tribunal's proposal will take an active interest in legally prescribed care and treatment plans and subject them to rigorous scrutiny. Jan added that the changes to the detention for a person with a learning disability was welcomed. Phillip added that he had been alarmed to read of some of the current restrictions for people with a learning disability/autism and used the example of "do not resuscitate orders" and asked if there were other areas that needed highlighting and how the changes would be promoted. Jan advised there were lots of rules in relation to resuscitation which should not allow this to happen, she was also mindful of this in end of life care.

The Chair noted that this reinforced the work of the Mental Health Legislation Committee in understanding and interpreting and embedding the Act.

The Performance Reviews had progressing and form part of the performance framework, ensuring assurance on data and information, to confirm and challenge. The outcomes of the reviews would be presented through Finance and Performance Committee. Jan gave an open invitation to NEDs to attend.

The Chair reported that Anne Cook and the Associate Mental Health Act Managers (AMHAMs) and had raised the question of how to feed into the consultation. Mike advised that Anne Cook and Dr Sobhi Girgis would lead the consultation and report back to the next Public Board meeting.

Board received the report and noted the content.

Board would receive a report on the consultation of Reforming the Mental Health Act at its meeting in May 2021.

- i) South Yorkshire and Bassetlaw Mental Health Learning Disabilities & Autism (MHLDA) Alliance - Memorandum of Understanding (MOU)
Board received and were asked to support the MOU.

Jan Ditheridge reported that Board were aware of the MHLDA Alliance and that the Trust had supported it in principle and had an understanding of what it is now and would develop into in the future, to also align with the White Paper (February 2021). She added that the term Alliance had been retained as opposed to a Collaborative.

She noted the three collaborative projects which all were involved in and would nest within the Alliance, mindful this was not formal at present as they were currently specially commissioned and would be a "test bed":

- Forensic - the Trust
- Child and Adolescent Mental Health Services (CAMHS) – Sheffield Children's NHS FT

MH

- Eating Disorders - Rotherham, Doncaster and South Humber NHS FT.

All trusts had been asked to formally agree to the establishment of the Alliance under the MOU.

The Chair asked if Board were in agreement of the MOU.

Sandie Keene noted that the financial arrangements were for future discussion and asked if there was a caveat in relation to financial implications. Jan advised that the MOU was not legally binding and did not replace statutory duties, she noted that Finance was one of those areas.

The Chair noted the question in relation to ensuring the Alliances objectives were built into the Trust's strategic direction and to understand and implement the timelines.

Board agreed to support the MOU, the establishment of the Alliance.

PBoD 21/01/027

Management of Covid-19 Pandemic

Board received the report for assurance.

Beverley Murphy presented the report to assure the Board of the management of the pandemic. She referenced the table in the report detailing the implementation of the guidance. The report focused on the impact on staff and provision of services. Staff are continually risk assessed, Beverley added that there had been high rates of absence and that staff have committed to ensuring service continue. The impact of the pandemic is unknown, and staff would need to be supported longer term.

The collation of the vaccination data had been problematic, and a report would be presented to People Committee. Beverley reported that 77% of those deemed clinically vulnerable and/or patient facing had been vaccinated. She added that there are a number of areas where staff had not come forward and this would be explored further to understand why, and those areas would continue to be risk assessed.

The report included a summary of service change, Beverley added that those accessing crisis services needed to be assessed quickly, more people are being detained on a Section 136 which indicated unmet need in the community which needs to be addressed across the city. The pandemic had also meant that teams had delivered their services differently and there was opportunity to take the learning from this to redesign. A number of services had been forced to close over the Winter period which led to an increase of out of town placements, these were reported through the Integrated Performance and Quality Report (IPQR).

Beverley referenced the appended report, the evaluation of the impact of Covid-19 undertaken by the Quality Improvement (QI) Team, she added that a number of teams had engaged with the QI team and the data would be evaluated. The Workplace Well Being Service would also be reviewed and results reported through People Committee. Beverley advised that the pandemic and social distancing had deferred the initiative to establish rest hubs.

Prof Brendan Stone referenced the recent white paper noting the proposal that trusts would be required to monitor equality data, and with the emerging picture particularly for young black men asked if the data was collected for Mental Health Act assessments under Section 136. Beverley advised that dataset requests had been submitted and would be reported into the Mental Health Legislation Committee (MHLC).

Richard Mills referenced the QI presentation and noted that whilst services appeared to be safe, there would be a number of service users whose care had been impacted

and a need to understand this and to think about service provision going forward and take learning from other trusts. He believed Board needed to remain focused on this and was also concerned about the teams who had not engaged and would like to see this link into the strategic work.

Heather Smith agreed with Brendan that equality should be referenced in all reports, she was not assured in relation to the response relating to health and wellbeing of the workforce and felt that Caroline Parry could have contributed to this section.

Sandie Keene would not like to lose sight of the SPA issues and would take that into Quality Assurance Committee (QAC).

Jan Ditheridge from strategic perspective reported that Pat Keeling and Phillip Easthope were meeting with a national mental health team to look in depth at surge predictions, capacity and capability, which would link to workforce planning.

Beverley assured Richard that the QI team will be engaging with the teams who had not responded. In relation to equality data the performance team are working to develop the right data set to ensure the correct information is captured about the people accessing services to identify any gaps. In response to Heather's concerns in relation to health and wellbeing of the workforce, Beverley suggested a report to People Committee. In relation to SPA, she was mindful that there had been some improvement over the last year and would like to report this to QAC.

The Chair asked how successful the vaccination campaign had been. Beverley responded that 33% of staff had been vaccinated, 33% were considering it and the remaining 33% of staff had declined for a number of reasons, including religious belief and fertility concerns. Beverly added that conversations were taking place with faith leaders. Dr Hunter added that he had not appreciated that the information and media coverage could appear frightening to someone from a non medical background.

Jan advised that staff were being supported and the trust were making the process easy and accessible. She was concerned that data suggested that over 60% had not been vaccinated, she believed the rate of vaccinations was higher and was aware there had been difficulties in obtaining accurate data as staff had accessed through a number of routes. She assured Board that there was a focus on both staff and patients in high risk areas including in-patient wards, Learning Disability Services and Forest Lodge.

Caroline Parry advised that the trusts within the Integrated Care System were experiencing similar issues.

Board received the report and had limited assurance on a number of areas, to report into People Committee and Quality Assurance Committee.

BM

PBoD 21/01/028

Back to Good Report

Board received the report for assurance.

Dr Mike Hunter reported the key risks to the delivery of the programme are IMST, Estates and staffing. Progress had been made in a number of areas including telephony and the early patient warning system. The Physical Health Policy and its Standing Operating Procedure (SOP) are in final draft for scrutiny by Policy Governance Group. This policy will support those with diabetes and detoxification from street drugs. The Estates work had progressed on the eradication of dormitories and changes to seclusion rooms to meet compliance with the Mental Health guidance. The anchor ligature points audit had been completed and mitigations in place for risk reduction.

Successful nurse recruitment to Bands 6 and 7 at leadership level, a number of vacancies remain at Band 5. Mike noted that where necessary an action could be reopened when gaps appear.

In relation to the impact of better physical health care, Mike noted that progress had been made in most areas to create a smoke free environment, any patient that moved from tobacco to vaping was considered a positive step forward. There had also been a reduction in the number of falls and the eradication of dormitories had been positive in relation privacy and dignity.

The Chair asked whether the actions would all be delivered by 31 March 2021. Mike advised that the Back to Good Board were focused on delivering the majority of actions. Some elements of the Estates work would not be completed, and the Care Quality Commission (CQC) had been appraised of this.

Jan Ditheridge reminded Board that the core purpose of the Back to Good Board was to address the must and should dos and regulatory issues identified by the CQC to meet compliance. There is a need to assure the Board of the evidence. Aside from this there are the quality issues and enabling works which would filter through the quality improvement process and systems. Dr Hunter advised that once an action had been completed the Care Standards Team would review the evidence and work with the action owner to ensure it had been embedded.

Jan advised that there needed to be other factors to provide assurance and not just Mike's feedback. She asked if the NEDs or Fleur Blakeman had any thoughts. Beverley Murphy believed there would be some triangulation by cross referencing the actions with data points in the Integrated Performance and Quality or reports to committees and this would be undertaken in Quality Assurance Committee (QAC).

Heather Smith noted that Mike had started to articulate the "so what" in his summary and saw this a positive step forward and would be happy to support this.

Phillip Easthope believed a key issue would be to understand how things are embedded particularly from a primary, secondary and tertiary level to benchmark them as "business as usual".

Prof Brendan Stone referenced Fig 2 and asked for examples of mitigating risks for patients in community services and timescales. Mike advised the target for community recovery teams was 95% one of the three teams had achieved target and the other two were being challenged with staffing issues.

Jan noted the estates work to address the safety and compliance would result in the need for further cosmetic work, whilst they are safer and more therapeutic, they were not wards the Trust could be proud of.

Sandie Keene noted the target date for completion of actions was fast approaching and asked if the IMST actions would be completed. Mike responded that the requirement is to complete the "should and must dos" he used the example of the early warning signs, noting that if the electronic system did not work for any reason, the use of the paper system would be the mitigation.

Pat Keeling reported that the Estates Team had a detailed action plan for the ligature anchor points to cause minimal disruption to wards. Some of the longer term projects are to replace ceiling tiles and a number of doors and windows.

Board received the report and were assured that progress had been made. Areas of focus included the questions relating to "so what" and ensuring triangulation.

a) Well Led Development Plan

Members received a progress update for information.

Mr Walsh reported that twelve actions would not be completed by 31 March 2021 and that Board were sighted on them. They were programmed into the strategy work led by Pat Keeling. The actions were referenced in Section 3.5 and the appendix updated on all actions. The current position is that 80% is complete with 94% on target for 31 May 2021.

David reported that the well led plan had not received the same level of programme management as the Back to Good work, and that there needed to be piece of work on evidence basing for audit purpose. The next report would also include narrative on the “so what” question against the twelve work streams.

Heather Smith believed it would be good to start writing what well led would look like and give Board assurance of the progress that had been made after one year. Jan Ditheridge added that there needed to be a piece for work to revisit what well led looked like and this would be opportunity to include other areas that the Trust had considered to be important and those areas to maintain standards. The Chair asked if this could be audited prior to the next inspection.

Prof Brendan Stone referenced the Patient Experience Strategy and noted the completion date was not until November 2021, He was mindful that there was a lot of work but believed the Board needed to be sighted on user engagement and experience at every meeting. Beverley agreed that Board needed to be sighted and reported the completion date allowed time for full engagement and co-production.

Sandie Keene asked how staff were being informed of progress against the Well Led Plan and the Back To Good work. Dr Mike Hunter responded that Connect was a weekly bulletin sent from the Communications team to all staff. Jan Ditheridge was also sharing updates for cascade in her regular leadership calls, and changes were also being discussed in conversations relating to the clinical and social care strategy. There was also evidence from the Board visit conversations informing lines of inquiry. Jan believed that there would never be enough done for some staff, she was also mindful that the pandemic had restricted visual team based displays. She added that the services were now starting to have their pre inspection visits, a time to rehearse and reflect on their achievements. Sandie whilst mindful of Connect asked if there had been any promotion of improvements as there had been with hero of the week. Beverley reported that there was more communication, the Heads of Service were now meeting regularly with their teams and cascading information.

David Walsh in testing the effectiveness of communication channels he had asked about well led on recent Board visits and felt that staff had been aware and informed of progress. He noted the difference in that Back to Good was owned and delivered by services and that Well Led was owned by the Board.

Board received the report and were assured that progress had been made. Further work to include narrative on the “so what” against each workstreams and an audit of what Well Led looks like.

DW

PBoD 21/01/029

Board Member Visits to Services

Board received the report for assurance.

Beverley Murphy reported that the visibility of Board was an important feature of a well led organisation. The report focused on the visits that had commenced in June 2020 using an initial approach of a Plan-Do-Study-Act cycle against a framework. Following evaluation, a new framework had developed and approved by the Quality Assurance Committee (QAC).

During the pandemic the visits had been via zoom, Beverley believed that with careful consideration and risk assessment the visits could now be face to face.

A question had been raised in relation to "You Said, we did". Beverley reported that Board had visited all services and the second round would be opportunity to explore those original questions to be assured that progress had been made.

Prof Brendan Stone believed it would be good to explore what teams had said and whether they felt actions taken had been good enough. He used an example of the concerns raised by the Recovery South Team's in relation to capacity and access. He believed there had been the implementation of Attend Anywhere system and asked if this had improved waiting times. Beverley believed that most things being raised during Board Visits were known and business as usual. She added that recovery plans on waiting times had been presented to QAC. Heather Smith would also support a review of the questions raised during the first visit, and to acknowledge where something had been difficult.

Sandie Keene asked if there had been a decision on whether the same Board members revisited, as she would be keen to revisit two areas. She also believed it would be beneficial to widen communication on the visits.

The Chair asked how the programme of visits was managed and whether a Board member could make a specific request. Jan Ditheridge advised that there had not been visits in the past and the framework for the first round was to ensure that all areas were visited, she was aware that requests had been accommodated. She added that the Executive Team, Dr Mike Hunter and Beverley Murphy in their executive clinical roles and herself had all visited teams during the pandemic and had tried not to visit the same areas. Jan believed the next round of visits should move away from the "You Said, We did" to a more empowering experience and to focus initially on the areas that required support. The Chair noted that the Non Executive Directors were all committed and keen to return to face to face visits. Jan reminded Board that the country was still in lockdown and needed to remain cautious. She would also discuss with David Walsh the options for face to face meetings.

Board received the report and noted the progress.

PBoD 21/01/030 **Integrated Performance and Quality Report (IPQR)**

Board received the report for assurance.

Phillip Easthope reported that the IPQR had been scrutinised by committees. Board are asked to note the risks identified and level of mitigation for assurance. He reported that Quality Assurance Committee (QAC) and Finance and Performance Committee (FPC) had both reviewed risks in the Board Assurance Framework (BAF). He also noted that QAC had looked in detail at the waiting lists which would inform the annual planning and discussion with Commissioners.

Phillip noted a number of questions had been raised in relation to the development of the IPQR, which he would work through. He added that he had picked up the issues on Key Performance Indicators (KPIs), service user engagement and quality. A review of the KPIs would be undertaken.

Beverley Murphy reported that the IPQR covered the period to 31 December 2020, she reported that the plan to move to single gender wards had been achieved for two of three adult acute wards and for Board to monitor the sexual safety incidents.

Prof Brendan Stone in support of a question that had been raised asked if waiting lists could be included in the summary.

Heather Smith in preparation for the next CQC inspection would like to see a list of the key issues and its correlation with the Board Assurance Framework (BAF)

Anne Dray asked if it was timely to formally ask committees to review the KPIs, she believed this would pick up key issues including waiting lists, improvement and EDI. There also needed to be a balanced summarisation, although mindful that quality had a large agenda.

The Chair asked if Board needed to consider the revised risks Beverley advised that the three QAC BAF risks were included in the new report to Board. They would be reviewed by QAC on 29 March 2021 and approved on 14 April 2021.

Board received and noted the report.

A request for the inclusion of waiting lists in the summary and list of the key risks linked with the BAF.

PE/BM

Continued development of the IPQR in relation to KPIs and summarisation.

PE/BM

a) Mortality Review (Q3)

Board received the Quarter 3 Mortality report for assurance.

Dr Mike Hunter reported further development with the reviews, he noted that there were four examples of narratives relating to deaths and how they had been reviewed and the learning shared. The new approach will be proactive learning taking a developmental and coaching approach and the Trust were engaged with the national "Better Tomorrow" Programme which Fleur Blakeman had suggested. Mike referenced Appendix 1 and noted there had been a low rate of deaths in December 2020, he believed this may have been as a result of higher rates of Covid related deaths earlier in the year.

The Chair asked how the learning was shared and change embedded. Mike advised that there was direct engagement with teams and recognised that this needed to be strengthened.

Jan Ditheridge noted the media had recently reported on increased deaths during the pandemic attributed to substance misuse, and mindful of business continuity asked if practice had changed and risk assessments increased. Mike reported there were high numbers which often lead to Coroner inquests. The Mortality Group review deaths on a weekly basis and are able to track themes and trends and feedback to services. Jan believed this could feed into Silver Command.

Jan reported that Mike and herself had met with Mr B, whose son had died by suicide a few years ago, the case had been through Coroners and Court, but he had some unanswered questions. Jan added that this was the first meeting and there may have been good reason not to have met during the investigations but believed in the principles of the Duty of Candour. The outcome for Mr B had been positive with resolution. Sandie Keene added that she had spoken with a Governor whose son was a service user in Substance Misuse services and had experience a difficult time through the pandemic and would like to share his story. Prof Brendan Stone agreed to liaise with Sandie to progress this.

Board received the report for information.

Further work on Governor Carer/service user engagement to progress

SK/BS

PBoD 21/01/031

Transformation Report

Board received the report for assurance and information.

Pat Keeling presented the report and noted the key highlights, she added that mitigation of risks and feedback from Finance and Performance Committee (FPC) including milestones and decision points would be included in future reporting.

- Improved resource and support for the Electronic Patient Record (EPR) and Acute Care Modernisation (ACM) programmes.
- Appointment of Programme Director for Acute Secure Provider Collaborative (Forensic)
- Leaving Fulwood – staff engagement to Wardsend Road and future HQ on space utilisation alignment to the Agile Working Policy
- Review of governance arrangements for the transformation programmes.

The Chair noting the size of the programme and challenge asked if there was sufficient resource to deliver. Pat advised that she would be looking for individuals with expertise and successful implementation of large scale projects. Andrew Male, Chief Digital Information Office and Beverley Murphy are focus on EPR and ACM.

Richard Mills asked for clarity on Procure 21 and the costings for a feasibility study for ACM. Pat advised that Procure 21/22 was being considered as an alternative to the traditional model of Architect and Builder. It is a risk sharing arrangement with a contractor on delivery of a project within a guaranteed maximum price. Beverley reported funding for the Feasibility Study had been agreed at Business Planning Group (BPG), with an approved supplier from the framework.

Sandie Keene asked for assurance on the mitigations and that delivery of services is not impacted whilst works are completed. Pat advised that the recent estates work had been scheduled and planned to ensure staff and service user safety and use of decant spaces. Staff consultation and engagement are key to success of any project.

Phillip Easthope added that Andrew Male would be exploring “free” funding to support EPR, he was also mindful that staff needed to engage, support and shape the programme.

The Chair whilst mindful that the sale of Fulwood site was progressing and 722 Prince of Wales Road was no longer the preferred option asked if other sites had been identified. Pat advised a revised space utilisation project was required to inform the search and consider how the pandemic had impacted on the use of space and agile working and the likelihood for a reduction in the accommodation size. Phillip reported that there had been a robust discussion at Transformation Board on the timescales and he had noted his concerns specifically on operating assumptions and space utilisation. The outline Business Case is scheduled for Finance and Performance Committee May/June 2021.

Jan Ditheridge suggested that all projects are priority weighted to evaluate the capacity, capability and interdependency of them all.

**Board received and noted progress on the projects.
A weighting exercise to be undertaken on all projects.**

PK

PBoD 21/01/032

Gender Pay Gap

Board received the report for assurance.

Caroline Parry reported that the data is used to understand the size and cause of pay gaps and assurance to the Board that the Trust is meeting its legal duty under the Equality Act and the NHS Standard Contract in publishing the report.

The data identified a decrease in mean and increase in medium pay gaps. There had been focus on Clinical Excellence Awards since 2017. The largest pay gaps related to managerial and medical workforce. The People Plan is focused on recruitment, career progress and succession planning and included a section focused on medical workforce pay to be led by Drs Mike Hunter and Helen Crimlisk

The publication of national benchmarking data has been delayed to September 2021 due to the pandemic, this data would be reviewed regionally and there is also a focus at Integrated Care System (ICS) level. Caroline added that there may also be opportunity to learn from non NHS organisations.

The Chair noted the action plan had a clear focus in relation to Medical workforce and would support learning from organisations who are performing well.

Jan Ditheridge, mindful the report is detailed and presented to Board annually for assurance, would like to explore the leadership role from a strategic and cultural point of view, and feed into the inclusion work to Board.

Beverley Murphy would be interested in plans for non medical leadership.

**Board received the report and approved it for publication.
Further strategic work from a leadership perspective.**

PBoD 21/01/033 **Finance Report**

Board received the report for assurance.

Phillip Easthope reported the forecast outturn as of 31 December 2020 was a surplus of £382k, he attributed this to additional income and mindful of the pandemic and reduction in normal levels of activity. Mobilisation of services and recruitment are also impacting.

Finance and Performance Committee (FPC) had discussed impairment from Electronic Patient Record (EPR) and Acute Care Modernisation (ACM) projects. Internal Audit have been advised of this action.

Phillip advised that he had reviewed the risk score based on the Risk Management Strategy and would recommend a reduction to 9, as the forecast showed no significant overspend. The Chair welcomed the news on the financial position but was mindful of gaps in the recurrent baseline for 2021/22 and further discussions with Treasury. Phillip added that capital remained a challenge and all funding options were being explored. The Directors of Finance in the system had also discussed the changes and recommendations in the new financial regime. He would expect robust capital planning going forward and noted that there had been variances this year with EPR and ACM and good decisions to stop and refocus. He was aware of underlying optimism and underspend in some business cases.

Anne Dray referenced the Cost Improvement Programme (CIP) and believed there was significant challenge as a result of the change projects and asked how a CIP would be identified and supported. Phillip advised that all the workstreams would align to CIPs, there would also be separate pieces of work which including a review of overhead costs. To achieve this, the focus needed to be on quality improvement and transformation.

Pat asked for clarity on the risk aversion forecast for impairments. Phillip advised there was potentially a further risk of £400k and this was related to design costs.

Board received the report, noted the current position and further work to support the CIPs.

PBoD 21/01/034 **Committee Activity**

Board received the report for information.

The Chair reported that a new approach to reporting from committees had been developed, to ensure a collective report and a way of identifying themes. The recent meetings had been summarised and the approved minutes attached. The Chair welcomed comments on the new format.

Jan Ditheridge as Chief Executive could not attend the Audit and Risk Committee and found the report a useful resource, being a collective report, it gave an insight into the activity and work across all the committees. She believed the section on significant issues needed to be more focussed. The Chair added that this section had been discussed with David Walsh and the Non Executive Directors and they had agreed to review this reporting line, he also noted that the report could be shared across the Trust to inform teams/services prior to the Board visits.

Pat Keeling reported that from a health and safety perspective the Board would receive a new mandatory annual report on the premises assurance model.

Anne Dray reported that she had shared a model used in another Trust which reported significant issues by way of a RAG rated alerts and would work with David to develop it and trial it at committees over a two month period.

**Board received and noted the development of the report.
Trial of alert reporting with committee chairs, to report to Board in May 2021**

DW

PBoD 21/01/035

Board Assurance Framework (BAF)

Board received the report for assurance.

David Walsh reported that committees had reviewed the BAF, People Committee (PC) and Quality Assurance Committee (QAC) had drafted and agreed their risks for Board's consideration. The other committees would review their risks through March 2021.

David referenced the BAF snapshot (Section 2.1) an overview of all risks, controls and effectiveness. He noted one significant change to BAF 0006 relating to financial stability had reduced from 25 to 20. He noted the next iteration of the BAF would include a new risk appetite statement following discussion at the Board Development session. David reported that the well led risks were owned by the Board and sought approval on change the rating from red to amber on the risk relating to corporate governance staffing, he assured Board the next tier of leadership was in place.

David reported that People Committee were more advanced and Amber Wild, Corporate Assurance Manager would be leading this process and populating the risks on the system. He was mindful that strategic discussions had not concluded in relation to connectivity of BAF risks to objectives and aims and would base them on the drafts to allow for future amendment.

Richard Mills reported that FPC had received the Finance report and accepted the year end financial position. The committee would be required to review and endorse the recommendation to reduce the risk to 20.

**Board received the report and were assured of progress.
The recommendation to reduce BAF006 from 25 to 20 to be endorsed by FPC
The recommendation to reduce the RAG rating of the risk relating to leadership in corporate governance team from red to amber was agreed.
Board received and supported the BAF risks from PC and QAC**

RM/PE
DW

PBoD 21/01/036

Corporate Risk Register (CRR)

Board received the report for assurance.

David Walsh reported that the upward escalation of risks were detailed in the report, also included were discussions on the future risk appetite statement following the Board Development session in February 2021 and included reference to the establishment of the Risk Oversight Group in the new governance structure.

David referenced the CRR snapshot (Section 3.1) and overview of all risks and reported on key highlights.

Risk 4264 - Management of complaints under contract with NHS Sheffield Clinical Commissioning Group (NHSSCCG) QAC approved the removal of this risk from the CRR and threshold rating reduced to a score 6.

The closed, reduced/escalated and new risks were referenced under sections 3.3 and 3.4 and Board asked to support the recommendations.

Pat Keeling referenced the environmental risks (Section 4.7) noting the rating had increased from zero to low. She reported that environmental statutory compliance risks would have zero tolerance and others would be low.

Board received the report, were assured and supported recommendations.

PBoD 21/01/037

Governance Structure Review

Board received the report for assurance.

David Walsh reported that the structure had been presented in draft to all the committees, he noted that further work was required to ensure alignment and agreement of the terms of reference for the tier 2 groups. A significant change had been the establishment of the Mental Health Legislation Committee (MHLC) as a Board committee from April 2021, further discussion is required in relation to the reporting structure for Associate Mental Health Act Managers (AMHAMs). The corporate calendar had also been included as assurance to the alignment of reporting from committees to Board.

The Chair welcomed this work and noted that the Non Executive Directors and committee chairs were assured of the alignment of groups into the committees.

Jan Ditheridge suggested overlaying the service directorates/operational structure as a data assurance process to demonstrate floor to Board reporting. She would also like the membership of committees and groups reviewed to ensure there was service user, carer or staff representation and to implement colour coding for the groups within the membership. The Chair also asked for assurance of connectivity to medical advisory committee. Beverley advised that there was clinical representation at all levels.

Anne Dray referenced the terms of reference and sought clarity on the decision making of non significant matters to the parent body. She would have expected to see references to responsibilities under the scheme of delegation. She would also be seeking assurance that all groups reporting into a committee were connected and aligned to the KPIs.

Prof Brendan Stone noted that the Director of Quality was focused on lived experience and the establishment a Lived Experience and Co-production Assurance Group. He had feedback comments to Salli Midgley on membership, remit, reporting and visibility at Board level and asked if Quality Assurance Committee (QAC) were sighted. He also asked if the structure supported the voice of service users and carers. Sandie Keene as chair of QAC was supportive of the service user/carers voice. Jan believed a strong robust supported group could report to the Board and asked whether Freedom To Speak Up would be included, she was mindful this required further work to ensure it was embedded across the Trust.

**Board received the reported noted the development and were assured.
Board supported the establishment of MHLC and approved the corporate calendar.**

PBoD 21/01/038 **Guardian of Safe Working Report (Q3)**

Board received the report for assurance.

Dr Mike Hunter reported that Dr Rahian Talukdar's report provided assurance to the Board that the junior doctors in the Trust were working safely and there had been no significant expectations during the period October to December 2020.

Board received report, noted the content and were assured.

PBoD 21/01/039 **Local Clinical Excellence Awards (LCEAs) Annual Report 2020**

Board received the report assurance and approval.

Dr Mike Hunter reported that LCEAs were a financial reward to consultants and linked to performance, historically they had been permanent and pensionable, but become non consolidated three years ago. The 2020 CEAs had not been awarded during the pandemic. The details of the 2019 CEAs were included in the report. Board were asked to approve the publication of the report.

Board were also asked to consider the CEA process for 2021. Mike explained that the national guidance included lay representation on a panel and the local policy did not. He believed there was opportunity to review and align the policy to national guidance and to clarify the decision making process of the Board.

The Chair noted his concern that the local policy did not have lay representation. Mike advised this had not been a mandatory requirement, Jan Ditheridge advised that she had reviewed the CEA panels, and noted they had chaired by an Executive, the Medical Director had been in attendance in an advisory capacity.

Board received the 2019 CEA report and approved its publication.
Board supported a policy review to align with national guidance in relation to inclusion of lay representation and clarity on decision making process.

MH

MH

Jan advised that there had been a national brief and assured Board that the process had taken place. Mike added that there had been an agreement with NHS Employers, Department of Health and Social Care (DoHSC), British Medical Association (BMA) and NHS Improvement/England (NHSIE) not to have competitive CEAs during the pandemic and to distribute equally amongst eligible consultants. The panel had been chaired by Phillip Easthope, Executive Director

PBoD 21/01/040 **Board Programme**

Board received the work programme for information.

PBoD 21/01/041 **Any Other Urgent Business**

No other business was discussed.

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

Wednesday 26 May 2021 at 10am

Format of meeting to be confirmed.

David Walsh, Director of Corporate Governance (Board Secretary) david.walsh@shsc.nhs.uk

Apologies to: Sharon Sims, PA to Chair and Director of Corporate Governance
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