



## Board of Directors - Public

**UNCONFIRMED** Minutes of the 138<sup>th</sup> Public Board of Directors meeting held at 10am on Wednesday 26 May 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 are available on the Trust website and a recording of the meeting is available on request.*

**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  
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)

**Apologies:** Caroline Parry, Executive Director of People

**In Attendance:**

Fleur Blakeman, Intensive Support Director, NHS England/Improvement (NHSE/I)  
Ceri Morris-Williams, Hospital Manager, Care Quality Commission (CQC)  
Pat Keeling, Director of Special Projects (Strategy)  
Dr Linda Wilkinson, Head of Psychological Services (Item 13)  
Sharon Sims, PA to The Chair & Director of Corporate Governance (Minutes)

**Governors:**

Ben Duke, Deputy Lead Governor

| Min Ref:       | Item   | Action |
|----------------|--|--------|
| PBoD 21/05/042 | The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. He introduced Ceri Morris-Williams from Care Quality Commission (CQC) who would be observing the meeting. Apologies were received from Caroline Parry   |        |
| PBoD 21/05/043 | <b>Experience Story (Carer)</b><br><br>Beverley Murphy introduced Sharon Griffiths, Sharon is a Trainer in the Trust and carer to her two children, she is also a member of the Staff Carer Network Group.<br><br>Sharon shared her experience of being a working carer, her daily challenges and the impact the pandemic had, had on her family.<br><br>Sharon's alarm goes off at 5:45am and starts her day with a 30 minute run, which helps her prepare for the day as well as keeping her fit, this is followed by dog walking and waking her children and getting them ready for school. They are teenagers and both have special needs. Her daughter has severe dyslexia and short term memory loss and requires step by step instructions. Her son is autistic |        |

and follows a strict daily routine, his alarm must be set for 7:40am, he also has to check all windows and doors before leaving the house at 8:25am, he can be distressed for the day if his routine is not followed.

Sharon's typical working day is 8:30am to 4:30pm, where she can be herself.

The children return home at 2:30pm, and if her son has had a bad day he would have stored up emotion and had on occasions had been destructive. After work Sharon moves back into a carer role, preparing meals, evening routines and bed. She had also cared for her terminally ill parents since 2018 and when they died she supported her children through the trauma of losing their grandparents, her husband had also struggled with his mental health.

Challenges through the pandemic included managing her parents legal affairs and home schooling, her son had struggled to differentiate between home and school. She was also the only in the one household visiting the supermarket.

Sharon shared statics from a carers webinar and noted that 1:20 NHS staff were carers and that a large majority do not share their circumstances and welcomed the development of the National Carers Passport. After having taken time out, Sharon returned to work, and said that her colleagues, who are aware of her situation had been kind and considerate and allowed her a period of adjustment. She is also supported to work flexibly, giving her opportunity to attend appointments or deal with emergencies.

The Chair thanked Sharon for sharing her story and acknowledged her role, he asked where she got her support from. Sharon advised that whilst she had a good family network and caring siblings and friends, she was in a mode of putting others first, and had neglecting herself, which she was aware of.

Board shared their condolences for the loss of Sharon's parents. A number of the Board also had caring responsibilities and had, had to deal with legal affairs during the pandemic and could empathise.

Being a dog owner, Richard Mills asked if there had been added pressure from having a dog. Sharon advised that her dog was still a puppy and had caused her stress, but had been great therapy for her son and had quickly picked up on his emotions, and would go to him when he was distressed, having a calming effect.

Having watched her husband support his father and the challenges she had, had with their son's mental illness Beverley Murphy acknowledged how difficult it could be. She had found the sharing had helped and asked Sharon how the staff network had helped. Sharon advised that the network had only recently formed, and was gaining momentum and supporting the development of the Carer Passport. They try to meet monthly, share their experiences and offer support, she added that it was good talking to someone in a similar situation.

Sandie Keene asked if there was anything else the Trust could do. Sharon whilst mindful of the flexible working policy, added that it was a necessity to allow her to continue to work and she was supported. She was however aware of other carers, who because of their role, had felt guilty and a sense of letting others down. She used an example of someone working shifts. She was aware that the chairs of the Staff Network Groups were meeting in June 2021, giving them opportunity to feedback to the Chair and Chief Executive.

The Chair advised that the Board reflect on the experience stories in Part 2, the confidential session of the meeting and would feedback to her.

*PBoD 21/05/044* **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 21/05/045* **Minutes of the Board of Directors meeting held on 10 March 2021.**

The minutes of the meeting held on 10 March 2021 were agreed as an accurate record with the following amendment.

Ref: PBod21/01/21 Service User Experience Story refers

Pg2 Deletion of sentence The Nice Guidelines..... Dr Hunter advised this is referenced later in the minute.

Action Log

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

Ref: Action 21/01/07 Chief Executive's Report refers

Prof Brendan Stone noted the action linked to the complaints process and asked if the NHS Complaints Standards Framework referenced in the Chief Executive's Report (6) would align with the Trust's process. David Walsh advised that the Standards were being trialled in a number of trusts and rolled out during 2022. The changes the Trust made in October 2020 had aligned, further work would be undertaken on learning lessons and closing loops. The Annual report is scheduled for Quality Assurance Committee in July 2021, and could also be shared with Board.

*PBoD 21/05/046* **Chair and Non Executive Directors Report**

Board received the report for information, key highlights to note:

Non Executive Director Recruitment : The Well Led review on the diversity of the Board had identified a clinical gap, and following open recruitment, Dr Olayinka Oluwole (Yinka) was appointed. Yinka is a Specialty Doctor in Community Paediatrics at Sheffield Children's NHS FT and subject to employment checks would join the Trust in June 2021.

Board Visits : The virtual visits had been an opportunity for the NEDs to meet frontline staff and triangulate what is heard at Board. Further visits would be scheduled for the year and the NEDs have selected areas of special interest.

System Working : The South Yorkshire and Bassetlaw (SY&B) Integrated Care System (ICS) are recruiting a new Chair and an announcement was imminent. The Chair noted that Jan Ditheridge and himself were members of the system working group and a report focused on the development was scheduled for discussion in Part 2 Confidential section.

Council of Governors Development : Prof Brendan Stone and Salli Midgley, Director of Quality would lead an engagement workshop on 2 June 2021 and Council would receive an update on the Integrated Care System and system working on 29 June 2021.

Governor Elections : The Governors voted Ben Duke as Deputy Lead Governor. Cllr Adam Hurst had been unsuccessful in the Local Bye Elections and had to step down as the Appointed Governor for Sheffield City Council. They had been asked to identify a replacement.

Governor Engagement : in holding the NEDs to account, it had been agreed that a Governor could attend a Board committee as an observer.

**Board received the report and noted the content.**

*PBoD 21/05/047* **Chief Executive's Report**

Board received the report for information.

A number of publications had been released during April and May 2021, the ones most relevant to the Trust had been noted and summarised in the report. Jan Ditheridge referenced the report "Preventing Suicide in England" as a key document and had appended the full report.

Jan was pleased that the Trust's complaints process mapped against the new standards and the team's ambitions. A longer term aim would be to include all feedback in a combined report to the Board

The key focus at Place and System level is assuring the governance and trusts will be engaged in this process.

Prof Brendan Stone, referenced the suicide report and noted the change in demographics and vulnerability of middle aged males and asked if this had been considered in future service planning. Dr Mike Hunter reported that the Clinical and Social Care Strategy is focused on ensuring services are person centred, evidenced led, trauma informed and strength based and those core values would identify any at risk groups and inform development of care models. Sandie Keene asked how Board could be more sighted on the suicide prevention work across the system. Jan suggested the Board use some development time to review the SY&B Suicide Strategy.

Sandie Keene asked if the changes to the Health and Social Care Bill would impact on Capital. Jan believed there would be different risks and opportunities due to circumstances, the flow would be different and enable more engagement and discussion at SY&B level, she added that there had been an element of this already. Sandie also asked how the Oversight Framework would impact. Jan believed there would still be extra support for trusts in "special measures". She also believed the framework would identify struggling trusts earlier.

Beverley Murphy reported that Quality Assurance Committee (QAC) had reflected on the learning from the regions Care Quality Commission (CQC) inspections and focused on staff competency in relation to risk assessments. The Trust has appointed Julie Sheldon to the new role of Clinical Risk Assessor, her role would include ensuring staff are sighted on vulnerable groups. She will also focus on suicide prevention.

**Board received the report and noted the content.**

**Bring Forward: Board Development – SY&B Suicide Strategy**

*PBoD 21/05/048* **Covid-19 Surge Plan – demand and capacity plan**

Board received the report for assurance.

The report provided assurance on progress of the delivery of the strategic priority Covid: Getting through safely and included an overview of work to date against a nationally recognised model. Forecasting suggests there would be increased demand through phases in a number of services. (anxiety, depression, stress and Post Traumatic Stress Disorder). The results had been shared with the General Managers to understand future impact and recovery. They are also appended to the Operational Plan and included in Finance and People plans. A further forecasting exercise would be undertaken using the Lancashire and Cumbria model, which would align all mental health trusts in the ICS to ensure comparable benchmarking.

Prof Brendan Stone noted his concern on the pressure increased demand would have on the system and asked if there had been triangulation with the work QAC had focused on in relation to reducing waiting times. Pat advised that the forecast aligned with the Mental Health Investment Standards and had calculated staffing

levels needed to manage the surge and align with the long term plan.

A number of questions had been asked related to staffing. Beverley Murphy advised that recruitment into the areas of expected growth had not been problematic in the past. She added that the Mental Health Investment Standard was both a challenge and opportunity and she expected the outcome of the Clinical Establishment Review to rebalance the resource across acute and community. She added that Commissioners had already invested in the Assertive Outreach Service. Progress on recruitment would report to Finance & Performance Committee (FPC) and People Committee (PC). She was also mindful of the risks in rebalancing and the effect this could have across in-patient services.

To support management of waiting lists, a weekly report is also produced indicating the points where service users are accessing.

A question had been raised on whether implementation of 24/7 Crisis Resolution & Home Treatment (CRHT) services would alleviate pressures on the 136 Suite, Beverley advised that she would expect it to make a difference and that presentations to S136 are being monitored to identify if the people presenting are current service users with access to CRHT, or they present regularly to crisis services and could be offered advanced care planning.

Fleur Blakeman believed the impact of productivity and efficiency gains as a result of the pandemic was missing from the report. She was mindful that the review of skill mix would be important and acknowledged the sensitivity analysis and the need to move forward with the investment programme.

Phillip Easthope reported that he had discussed efficiencies and targets with NHS Sheffield Clinical Commissioning Group (NHSSCCG). The baseline and prevalence are key to support the focus on core mental health services, however he was mindful of gaps on waiting times for specialist services and the need to work with Commissioners.

There was a request for the inclusion of risks and opportunities as added assurance. Pat Keeling advised that the model is focused on adults and children and young people and one risk to be explored would be transition from Child and Adolescent Mental Health Services (CAMHS) into adult services, and further work required with Sheffield Children's NHS FT.

**Board received the report and were assured of progression  
Further work and engagement with CAMHS on transition into adult services  
Inclusion of risk and opportunities analysis.**

*PBoD 21/05/049* **Back to Good Programme Board**

- a) Our learning one year on  
Board received the report for assurance.

Dr Mike Hunter advised that the risks to carry forward related to Estates and Staffing and were triangulated with the Board Assurance Framework (BAF), Corporate Risk Register (CRR), Integrated Performance and Quality Report (IPQR) and the Estates Strategy.

A survey was sent to those involved in the Back to Good Programme Board and the feedback was discussed in a workshop facilitated by the Quality Improvement Team. Five key lessons were identified;

- Better engagement for future success, the programme had been more inclusive and engaging, a change in culture.
- Improved co-production for better effectiveness
- Improvement is continuous and becomes daily work

- Clarity of evidence of delivery of improvement for better assurance
- Sustainable improvement and scaling away from task orientated approaches, more effective communication across quality improvement and transformation.

Jan Ditheridge was pleased people had engaged with the process and mindful that it started at the same time as the Covid-19 Command structures, she added that the leadership framework had also changed and individuals had changed roles and new staff had come into post. In regards to the learning she believed some of the solutions were very task orientated and whilst she acknowledged the input from Organisational Development Team, the challenges around culture would be address by leaders through the Trust engaging with their teams and supported by the framework and new structures.

One of the lessons learned referenced effective co-production, Anne Dray asked how it would be different and what would it look like. Mike advised that good co-production would ensure a focus on what mattered, he also believed it supported the regulatory and compliance elements towards better interventions.

The Quality Assurance Committee (QAC) had been sighted on the risks and had monitored the Physical Health Strategy and its internal audit, Sandie Keene asked for assurance of signed off and that improvements could be sustained. Mike advised the audit findings were gaps in assurance and clarity of evidence. The strategy focused on prevention. monitoring and intervention. The policy governed a number of Standing Operating Procedures (SOPs) across a wide range of services, and implementation of the policy would be monitored by the Physical Health Group, reporting into QAC.

Heather Smith asked if appreciative inquiry was used as a technique to explore what and how the programme had worked well. She asked what tools would be used to measure sustained improvement. Mike reported that the Quality Improvement Team used appreciative inquiry and noted that the Board Development session would allow for further discission on sustainability.

Beverley Murphy advised that there had been signification change, with the introduction of Matrons on the in-patient wards, they were focused on culture and care, and would follow a comprehensive development programme. The National Early Warning Score (NEWS2) had also been introduced, a tool to monitor and alert on physical health issues, it is accessible and drives performance.

Phillip Easthope asked for assurance on feasibility of delivering the final solutions, eg: short, medium and long term, and in particular IMST. Mike believed that there would be a more developed approach moving into year two.

**Board received the report and were assured of the development work into year two.**

b) Well Led Development Plan

Board received the report for information.

The report updated on the outstanding actions. Three were behind target and had been detailed in the report, with new target dates of June /July 2021.

David Walsh reported that the action relating to Freedom To Speak Up (FTSU) had been reviewed to align with the self assessment, the first draft of the FTSU strategy had been received for comment. The two remaining actions were connected and led by Charis Consulting, David noted that they had been engaged in supporting the CQC work and therefore required an extension. A review of the Well Led Development Programme would be undertaken following the peer inspection, consideration would also be given to ensuring

Board retain ownership.

Jan Ditheridge advised that consideration needed to be given to where this work was placed, moving into year two, and the separation between the Board and committee and compliance elements. She suggested liaison between the Governance and Back to Good teams.

**Board received the report and noted the progress  
Discussion and clarity on the work programme for Year 2**

DW/MH  
& BM

*PBoD 21/05/050* **Firshill Rise, Assessment and Treatment Service (ATS) Inspection: Outcome and Improvement Plan**

Board received the report for assurance.

Board and Quality Assurance Committee (QAC) were sighted on the concerns that had been raised in March 2021 in relation to the quality of care at the ATS, Firshill Rise. The report focused on the outcome of the Care Quality Commission (CQC) inspection and assurance to Board of an action plan to ensure patient safety. QAC had received the full CQC report and the improvement plan. Beverley Murphy reported that there were daily oversight meetings and that Dr Mike Hunter and herself were kept informed.

The Trust had been open and transparent with CQC, Commissioners, partners and the service users and their families in relation to the gaps in the quality of care and the risk to harm was being managed. A question had been raised in relation to the timeliness of raising concerns and whether there had been a need for earlier intervention. Beverley reported that the Board would reflect on this in Part 2 Confidential Session. She advised that action was taken without delay and a number of investigations commissioned, including serious incident, safe guarding and staff conduct which required time to conduct and evaluation of findings. The professional lines of accountability had been restructured and Heads of Nursing were now working more closely with services.

The Care and Treatment Reviews (CTR) for people with learning disabilities would be undertaken by Commissioners, the Trust had supported this process to ensure external oversight.

The CQC had identified training as a concern. Sandie Keene asked for assurance that the shifts were operating safely. Beverley reported that the improvement plan received at QAC aligned to the concerns raised by the CQC and the Trust was meeting the requirements and gaps in training were addressed. She advised that the Quality and Performance Reviews had now been introduced and that the data would have triggered closer inspection.

Jan Ditheridge reported that they did not find uncaring staff, it was skillset and expertise in working with people with a learning disability that was found to be lacking. Staff are receiving additional supervision and coaching, and working as a multi disciplinary team on care planning.

The Chair acknowledged the position and that there had been openness and transparency. Sandie Keene in her capacity as Chair of QAC had visited the unit and spoken with staff. From an assurance perspective the Chair and the Non Executive Directors would ensure that actions are followed and that services are safe and of a high quality. Jan added that support from partners is also required to ensure that people are placed in the right place with a care model to meet needs.

**Board received the report and were assured that an action plan had been implemented.**

*PBoD 21/05/051* **Integrated Performance and Quality Report (IPQR)**  
Board received the report for assurance and information

The IPQR had been received at Finance & Performance Committee (FPC) and Quality Assurance Committee (QAC) and the report summarised the key risks and mitigations. The key issues continue to relate to out of area placements, length of stay, IAPT recovery rates. Phillip Easthope reported that there had been a change in assurance and attributed this to a drop in Personal Development Reviews (PDR) compliance. He added that for triangulation the IPQR would also be received at People Committee (PC).

Beverley Murphy referenced the IPQR data and the Eliminating Mixed Sex Accommodation (EMSA) Compliance Report (item 11) and noted the disparity in reporting. She had reviewed and concluded that the EMSA report had included 15 reported incidents not confirmed breaches. She agreed to amend and present the report to QAC for assurance prior to publication.

A question had been asked in relation to the procurement of additional beds. Beverley advised that the additional beds would support essential quality improvement work. The specification had been co-produced with NHSSCCG and the contract was out to tender. An interim arrangement had been identified and an Equality, Quality Impact Assessment (EQIA) undertaken to ensure quality.

A question on had been asked in relation to mandatory training compliance. Beverley advised that the face to face training had ceased during the early stages of the pandemic and extensions had been applied. Mandatory training is now delivered on-line and the position had improved, there is also weekly monitoring to identify teams with low uptake that required action. Beverley noted the low PDR compliance and advised that June was the start of the cycle.

Prof Brendan Stone, in his capacity as Service User Champion reported he had been approached by a number of service users whose mental health had deteriorated as a result of services not being commissioned for their physical condition (Lipoedema). There are circa 70 women living with this condition in Sheffield and they discuss and share serious mental health issues on their forum. He had approached NHSSCCG but had not had a reply. The Chair suggested this is raised at the Contract Management Board, and aligned to suicide prevention work.

Prof Brendan Stone noted his concern relating to high waiting lists, and instances of up to two years. He was aware that a deep dive and recovery plan had been presented to QAC and asked Sandie Keene if she was assured by the reports. Sandie responded that QAC were focused on this, they had also looked and pace and there were concerns in relation to the increase in referrals for commissioned services. Reports would be available for all services by September 2021.

Richard Mills noted the reference to the Electronic Patient Record (EPR) and the impact on IMST resource. He suggested that FPC could focus on this at the next meeting to gain assurance of the risks. Beverley advised that Dr Mike Hunter and herself would be meeting with IMST to review priorities.

**Board received the report, noted continued development and were assured.  
Bring Forward : QAC to receive the revised EMSA Report prior to publication.  
Bring Forward : FPC discussion on risks and IMST resource**

#### Mortality Review (Q4) Report

Board received the report for information.

The report detailed the learning and actions to improve learning from deaths. Structured Judgment Reviews are carried out when there is a curiosity to understand the care someone received. Dr Mike Hunter reported that there had been four reviews during the quarter. The outcome of one review which detailed clinical risk and decision making was shared with the team and raised the question

of shared learning. The Trust are engaged with the Better Tomorrows programme and had concluded a desk top review. Their feedback had been positive and a workplan developed to focus on improving and sharing learning and better reporting, changes to the Learning from Deaths Policy would also support the work.

Learning from deaths would be connected to the Lessons Learned report to QAC and links into a broader approach to organisational learning.

**Board received the report and noted the development for learning lessons.**

*PBoD 21/05/052*

**Eliminating Mixed Sex Accommodation (EMSA) Declaration of Compliance**  
Board received the report for assurance and approval

The Trust are required to make an annual declaration of compliance to eliminating mixed sex accommodation. This is to ensure people in mental health services are safe and that their privacy and dignity is protected. Beverley Murphy reported that she was not assured by the reported incidents and on investigation confirmed they were not reportable breaches. She therefore wished to redact the report and present a revised report to QAC and suggested that QAC sign off the report.

**Board received the report and agreed a revised would be presented to QAC. Board agreed to delegate responsibility to QAC to sign off the report prior to publication by 30 June 2021.**

*PBoD 21/05/053*

**Transformation Report**

a. Strategic Direction 2021 – 2025

Board received the report for assurance and approval

The strategic direction had been developed through work with the Board in development sessions, Joint Consultative Forum (JCF), Council of Governors (COG), with engagement with the Leadership Forum, Quality Improvement Board, Clinical and Social Care Strategy group and discussions with partners in the wider system. Pat Keeling reported that a further strategic aim had been identified in relation to ensuring services were inclusive and a strategic priority for partnership working. An appreciative approach had been taken and inclusion of the reflection from others, including the staff survey.

A question had been raised in relation to staff turnover exceeding new starters. Richard Mills asked how this would be monitored and visible to Board. Pat Keeling advised that the people plan would be monitored through People Committee.

A question had been raised in relation to Acute Care Reconfiguration. Richard Mills noted the timeline and asked if they were realistic timeframes. Pat Keeling believed the scheme was ambitious, but also achievable using modern procurement methods. A meeting with Procure 2020 had taken place and timelines mapped out to achieve completion in 2025.

A question had been raised in relation to training and workforce development. Prof Brendan Stone asked if training aligned to compliance or whether it was education to understand trauma informed care. He added that he had spoken to Caroline Parry and Beverley Murphy in relation to where the decision making was taking place in relation to the ranges of educational activity. He was mindful that one team, who had, had their national funding withdrawn. They had worked with skilling up leaders and teachers with lived experience, and had helped organisations build on productivity. He would welcome further discussion at a development session on educational opportunities.

Heather Smith in response to Richard's questions advised that People Committee (PC) receive high level data on retention through the IPQR. The

committee were also looking in detail at nurse recruitment and would escalate any concerns. She also noted that she had spoken to Caroline Parry in relation to leadership, training, education and aspiration and was mindful that mandatory training had been the priority.

Jan Ditheridge assured Board that the training programme delivered was wider than mandatory training. In response to Brendan's query on the team supporting those with lived experience, Jan advised that a quality impact assessment had been undertaken and there was no evidence that it made a difference to service users. She believed the People Strategy would be opportunity to bring together education, training and development to support the strategic priorities.

The Chair believed the report could be strengthened with the connectivity to the Joint Strategic Needs Assessment (JNSA) and clarity on membership of the University Hospitals Association. He also asked how the Trust would be influencing partners in the system.

**Board received the report and welcomed its development.  
Inclusion of areas noted to strengthen the report.  
Bring Forward : Board session on education and development**

b. Annual Operational Plan 2021-22

Board received the report for assurance and approval.

The Operational Plan had been developed through discussion at Board, FPC, QAC and PC and presented to Board as the final version, with a caveat related to the workforce plan. Pat Keeling reported that a draft workforce plan had been submitted on 6 May 2021, and work had continued following submission. Following a meeting attended by the Integrated Care System (ICS) the Clinical Commissioning Groups and Mental Health Trusts a further iteration had been submitted to include details of sub contracted workforce. Further refinement is also required on medical workforce before resubmission. Beverley Murphy added that she was assured there had clinical and operational engagement.

Richard Mills reminded Board of the importance of the performance reviews and work on the Key Performance Indicators, which FPC are focused on.

**Board received the revised Operational Plan, noted the amendments and approved it for submission on 26 May 2021.  
Board agreed to share the Operational Plan with Council of Governors.**

*PBoD 21/05/054* **Clinical and Care Strategy – Final Draft**

Board received the report for approval.

The aims of the strategy are to improve quality of care and reduce inequalities of healthcare. Dr Mike Hunter reported that the demographics of Sheffield's Council wards indicate an eight year gap in life expectancy. The Strategy had been developed in consultation and would be focussed around being person centred, evidence led, trauma informed and strengths based. Simple concepts applied across different areas eg: primary care, city-wide and the system would inform models of care to support development of services.

Dr Linda Wilkinson reported that consultation had been inclusive and engagement with service users, carers, staff and partners. A number of co-produced workshops enabled people to share their thoughts on services, improvement and priorities. Themes from the feedback; included accessibility, consistency, wrap around services and engagement, locality and cultural understanding. Sheffield Flourish and Healthwatch were engaged in the consultation and offered support and advice.

Key policy documents had also supported the consultation including the NHS Long Term Plan and the recent White Paper to ensure services are modernised and aligned. Linda added that trauma informed care is an area that the ICS were promoting and the Trust had ensured it alignment with the Sheffield City Council's Care Strategy.

The next step was to look at how the strategy could be delivered over a timeline and link to the themes.

Person centered - understanding what matters.

Evidence led - making a difference, collecting evidence of impact and outcomes, including digital data

Environments - both physical and teams, cultural and networks

Transformation - part of the wider system and lead on quality to drive improvement in mental health services.

The Board were asked to approve the final draft of the strategy, which would be shared with stakeholders. The next step would be final approval of the Strategy and implementation plan at Board in July 2021.

Prof Brendan Stone whilst supporting the strategy, reported that he had spoken to Dr Mike Hunter in relation to the controversy nationally of the high intensity network and serenity integrated mentoring and what would happen if the system chose to adopt this and the Trust did not. He also asked if there was a risk to having strengths based theme and an alliance to that approach when dealing with people in acute distress. Mike believed that strength based was important particularly when correctly used in social care to see people with assets and not to allow a caricature of strengths based eg: "pull yourself together " to take hold. The challenge will be to ensure that strengths based is humane, to see a person as a whole.

Anne Dray referenced the outcomes frameworks and asked how the baselines and trajectories would be monitored. Mike advised that the implementation plan would also depend on the enabling strategies, and underpinned by the Quality Strategy. The framework would bring together a combination rated by individuals and clinical outcomes and would be different for each person. The monitoring would be through the directorate IPQR to committee and Board and performance reviews.

Richard Mills believed the community element had not been as strong as he had expected. He would also welcome further information on the strengths based approach.

Sandie Keene noted that the strategy had five key steps and asked for assurance that the resource had been identified to embed.

The Chair would like assurance that all clinicians and professions were sighted on and supportive of the Strategy prior to sign off in July 2021.

**Board received the strategy and acknowledged the amount of work to date. Board approved the Strategy in principle, for it be shared with stakeholders and for the Strategy and Implementation plan to be formally approved by Board in July 2021.**

PBoD 21/05/055

#### **Our Values – Refresh**

Board received the report for a decision.

A consultation of the Trust's values had been undertaken and the feedback had been included in the report. Jan Ditheridge asked Board to consider the preferred values and for them to be shared for further comment and reach all staff groups to ensure there was ownership.

The Trust currently has six key words as its values, the feedback suggests that there was a preference to expand on this, and the preferred options listed below. Consideration needs to be given to creating four or five values.

- Working together for service users
- Respect, empathy and kindness
- Commitment to Quality of Care and Improving Lives
- Everyone counts.

Jan personally would challenge the word empathy for a person with a serious mental illness and asked Prof Brendan Stone if he had a view. He agreed that this was not a value, and that compassion and kindness were simpler terms and actions when caring.

Jan added that there had also been discussion on a value linked to racism, she believed that there was inclusion in a value of Everyone Counts.

Heather Smith asked if alternatives would be added prior to re-circulating. Jan agreed that this would be helpful to make people think.

**Board received the report and noted the work to date.  
Board agreed to build on the suggestions and for them to be re-circulated ensuring all staff groups had opportunity to comment.**

*PBoD 21/05/056* **Guardian of Safe Working Report (Q4)**

Board received the report for assurance

The report covered the period January to March 2021 and there had been two reported incidents to the Guardian of Safe Working. Two doctors worked beyond their contracted hours, one by 45 minutes and one by 1 hour. The exception reports were resolved by the doctors taking time off in lieu. The Junior Doctors are remunerated for 70% of their available hours on call, previously 50% and this had reduced the number of exceptions.

**Board received the report and were assured.**

*PBoD 21/05/057* **Finance Report**

Board received the report for assurance.

The report covered the period ending 31 March 2021. Phillip Easthope reported the key highlights: Surplus of £2.483m as a result of non recurrent income which Board were sighted on. Ongoing underspends on investments which continue and includes Mental Health Investment Standards which needed to be monitored as a potential risk into 2021/22. There was also a non delivery and carry forward of CIPs of £1.6m which Finance and Performance Committee had discussed and would receive a plan at its meeting in June.

Anne Dray was mindful the Programme Management Office (PMO) tracked the projects and asked if they would be linked into the CIP Working Group and whether there were concerns with capacity. Phillip advised that he would expect them to support the delivery of significant projects, and for the Working Group to oversee the remainder of the programme. Pat Keeling added that there are periodic reviews of the projects and capacity in PMO.

Richard Mills wanted to acknowledge the work of the Finance Team over the last year and was mindful that they had responded to multi requests from NHSEI during the pandemic and the new financial regime.

**Board received the report, noted the content and the continued work on CIPs and were assured.**

a. Directorate Performance Reviews

Board received the report for assurance.

The Performance Framework sets out how performance is measured and the directorate reviews had taken place during February and March 2021. Phillip Easthope reported that the key themes on assurance, learning and the positives on what worked well were summarised in the report. Two key points to escalate: The Directorate Risk Registers were considered not fit for purpose as they contained the organisational risks and were not focused on directorate risks and each directorate had been asked to improve them.

There was positive alignment and triangulation with other pieces of work eg: transformation programme and governance improvements and the bigger picture. Phillip added that there had been no surprises.

Anne Dray referenced a gap in HR business support at the reviews and asked if there was capacity to support the directorates. Phillip was mindful there had been changes in the directorate and would work with Caroline Parry to ensure there was support and that the reviews are scheduled in diaries. Jan Ditheridge added that the "wraparound" business partner model in the People Directorate had been used for a long time and was strong and believed the gaps were related to scheduling.

Sandie Keene asked if there was connectivity with the quality issues discussed in the groups reporting to Quality Assurance Committee and the performance reviews. Phillip advised that the directorates had discussed improvements eg out of area, this was triangulated and timescales were consistent. He agreed to add a section to the report on what went well and actions.

**Board received the report and were assured of the process and its development.**

*PBoD 21/05/058* **Committee Activity**

Board received the report for assurance

The Board committees' activity report included sections for escalation to the Board under alert, advise and assure assurance and the minutes from each committee were also appended to the report. Anne Dray reported the template is a way of assuring the Board are up to date on key issues and in other trusts the chair of the committee and executive lead jointly complete the template after the meeting, this could be explored further with the chairs and the executive leads.

**Board received the report and supported the template and its development further and the supporting governance structures to be aligned.**

*PBoD 21/05/059* a. Board Assurance Framework - Closure of 2020/21 and agreement for 2021/22

Board received the report for assurance and approval

The Annual report to sign off the 2020/21 Board Assurance Framework (BAF) and approve the 2021/22 BAF. David Walsh reported that the Board committees had engaged and developed their risks and they were detailed in the report. Para 2.2 related to alignment to ensure everything had been captured and/or carried forward.

A question had been raised in relation to non delivery of the well led development plan. David advised that he had included this under Para 2.2.

The Snapshot was included at Para 2.3 with risks rated high to low. The risk appetite had also been captured. A question had been raised in relation to was why "cause by" section had been omitted from the People Committee risks.

David explained that the PC had developed their risks at an earlier stage in the process, he suggested that Heather Smith and Caroline Parry review and update them.

Pat Keeling reported that there been alignment of the strategic direction and the operational plan with the BAF and the Corporate Risk Register (CRR).

**Board received and agreed to sign off the 20/21 BAF and approved the 2021/22 BAF.**

**Action: review People Committee risks to update the “cause by” section**

HS/CP

b. Corporate Risk Register

Board received the report for assurance and approval

David Walsh reported that a thorough review of the risks had been undertaken and Fleur Blakeman had supported this process. The risk owners were asked to update and approve them. To note; a target date of one month had been applied for review of a corporate risk.

The wording had been amended on a number of risks and detailed in para 3.1. The snapshot had the inclusion of the position arrows “up/down” based on previous report. There were a number of risks that had scored below 12 for de-escalation and were subject to Quality Assurance Committee approval in June 2021. The de-escalation of risks below 12 was also a recommendation from the internal audit review.

**Board received the report, noted the content and approved the CRR.**

c. Risk Management Strategy

Board received the report for approval

David Walsh reported that Audit and Risk Committee (ARC) had approved the first draft of the Strategy and the outcome of the internal audit made a number of recommendations. An action plan would be shared with ARC.

The key changes to the Strategy were detailed in para 2.1 and the changes that were not made, but had been considered at the Board Development session in February 2021 were detailed in para 2.2. The changes as a result of the internal audit were detailed in para 2.3.

The actions from the internal audit had been captured in the next steps and would be reviewed in 31 March 2022. One area of focus would be training and the application of the strategy.

Sandie Keene asked for clarity on whether the strategy was replacing the Risk Management Policy. David advised it was a policy by another name, and consistently referred to as a Risk Management Strategy across the NHS. It is approved by the Board and therefore had not been through Policy Governance Group. David agreed to apply the five policy tests and feedback to ARC.

**Board received and approved the Risk Management Strategy**

**The target for completion of actions and review is 31 March 2022.**

**Action: review training and application of the strategy.**

## Annual Reporting

a) Annual Governance Statement

Board received the report for approval.

David Walsh reported that Audit and Risk Committee (ARC) had received the Annual Governance Statement (AGS) at its meetings in April and May 2021.

The Head of Internal Audit Opinion had been included in the latter iteration and is a requirement to enable sign off by the Chief Executive. The headline was that the Trust is unable to give an opinion, that hadn't been avoided due to significant control gaps in 2020/21 as at 1 April 2021. He would except a change in opinion for 2021/22. The AGS would also be incorporated into the Trust's Annual Report. David advised that the statement related to Governor engagement with Board committees (pg 6) would be omitted as it had not been actioned by 31 March 2021.

**Board received and approved the AGS, with the caveat that the reference to Governor engagement is omitted.**

b) Compliance against Provider Licence Conditions

Board received the report for approval.

David Walsh reported that Audit and Risk Committee (ARC) had received the report at its meeting in April 2021. The Trust is unable to confirm compliance and attributed this to not meeting two of the conditions related to governance (FT4 and CoS7). He would except a position of full compliance for 2021/2.

**Board received and approved the report.**

c) Register of Interests and Register of Hospitality, Sponsorship & Gifts, 2020/21

Board received the report for report for assurance.

David Walsh reported that Audit and Risk Committee (ARC) had received the report at its meeting in May 2021. He noted that the register contained the names of people who had left the Trust but had declared during the reporting period. Internal Audit identified what may be a gap in Registering Hospitality, Sponsorship and Gifts. Following discussion Anne Dray, Chair of ARC it was agreed to set a threshold and trial a similar process to the Register of Interests, whereby staff receive email reminders to submit returns.

A question had been raised in relation to register of gifts during the pandemic period, David advised that he had considered this and believed that the majority of gifts of chocolate/biscuits would be below the £25 reportable threshold, and to strengthen the assurance a limit of £30 would be applied

**Board received the report and were assurance.**

PBoD 21/05/060 **Board Programme**

Board received the report for information

PBoD 21/05/061 **Any Other Urgent Business**

*No other business was discussed*

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

**Wednesday 23 July 2021 from 9:30am**

**Format of meeting to be confirmed.**

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