

Board of Directors – Public

UNCONFIRMED Minutes of the 140th Public Board of Directors held from 9:30am on Wednesday 28 July 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: Mike Potts, Chair
(voting) 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
Dr Yinka Oluwole, Non Executive Director
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)
Pat Keeling, Director of Special Projects (Strategy)
Robert Storr, Assistant Client Manager, 360 Assurance (Observer)
Abiola Allinson, Chief Pharmacist (Item 20)
Wendy Fowler, Freedom To Speak Up Guardian (Item 22)
Sharon Sims, PA to The Chair & Director of Corporate Governance (Minutes)

Governors Adam Butcher, Service User Governor
Ben Duke, Deputy Lead Governor

Min Ref:	Item	Action
PBoD 21/07/065	Welcome and Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. He introduced Dr Yinka Oluwole, Non Executive Director to her first public meeting. Robert Storr, from 360 Assurance was observing the meeting.	
PBoD 21/07/066	Service User Experience Story The Chair waived this item on the agenda.	
PBoD 21/07/067	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 21/07/068	Minutes of the Public Board of Directors meeting held on 26 May 2021 The minutes of the meeting held on 26 May 2021, with the following amendment were agreed as an accurate record.	

PBoD21/05/053 Transformation Report – Strategic Direction refers

To read: An appreciative enquiry.....

PBoD 21/07/069 **Matters Arising and Action Log**

Action Log:

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

21.01/007 Chief Executive's Report – Ockenden Report refers

Jan Ditheridge suggested integrating the Ockenden report into a Board development session with the Care Quality Commission (CQC) reports from Well Led inspection and Firshill Rise to explore what explore leadership and the learning.

21.01/007 Chief Executive's Report – Ockenden Report refers

Caroline Parry reported that a report on the development of the Wellbeing Hub will be received at People Committee in November 2021.

PBoD21/05/047 Chief Executive's Report – Suicide Prevention

The SY&B Suicide Strategy would be integrated into the Clinical & Social Care Strategy. Board would continue to receive the annual National Suicide Report.

PBoD21/05/048 Covid-19 Report

The work on engagement with Child and Adolescent Mental Health Services (CAMHS) will be integrated into Transformation

Matters Arising:

Prof Brendan Stone reported that he had previously raised service user concerns regarding the lack of services for Lipoedema, which was impacting on their mental health. Prof Stone noted that he had now received a respond from NHS Sheffield Clinical Commissioning Group (NHSSCCG) and was pursuing this.

PBoD 21/07/070 **Chair and Non Executive Directors' Report**

Board received the report for information, the Chair noted the key highlights.

The Chair and Non Executive Director Appraisals:

All appraisals would be completed by 29 July 2021 and presented to Nominations and Remuneration Committee prior to Council of Governors on 18 August 2021.

Board Visits

The visit to Early Intervention Service did not take place. Beverley Murphy advised Board that there were some operational issues with the arrangements which were being addressed.

SHSC Issues - Appointment of Chair

The Chair reported that he had been appointed by NHS England (NHSE), in consultation with Council of Governors as a result of the Trust being in special measures and that his tenure as interim Chair finishes on 31 July 2021. NHSE are in the process of appointing a successor and will discuss this with the Nominations and Remuneration Committee.

System Issues

South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) has appointed Pearse Butler, as the Chair designate for the newly formed South Yorkshire Integrated Care Board (SYICB) from April 2022.

Council of Governors

A number of Governors had expressed an interest in observing the Board committees and visits, The Chair had met with them to explain how the role linked

to holding the Non Executive Directors to account. The aim would be to mobilise from September 2021.

Date for Diary : Annual Members Meeting 23 September 2021

Board received the report and noted the content.

PBoD 21/07/071 **Chief Executive's Briefing**

Board received the report for information, Jan Ditheridge noted the key highlights.

The Health and Care Bill

Risk and impact related to the focus of restructuring and assurance needed of robust planning and smooth transition. The need to understand the differences and empowerment as providers and Place, and system design.

Reforming the Mental Health Act White Paper

The Trust had responded to the consultation. The Mental Health Legislation Committee (MHLC) will oversee any changes that arise from the new Bill.

Care Quality Commission (CQC) Strategy

The Strategy can support the Trust's thinking in relation to evaluation, lessons learned and quality improvement and from a compliance perspective guidance on the future and supports working with the CQC.

Level 4:

The Trust remains in level 4 and will continue to receive recovery support, in areas of finance, people and expertise, which has been appreciated. Whilst the Board had been sighted on the support given, Fleur Blakeman had agreed to collate the data and present at a Board Development session.

CQC Reports

The Trust are in receipt of the CQC's Draft report for Core Services & Well Led and under review (factual accuracy). Board were asked to review the Well Led section and report any areas of inaccuracy, prior to submission to CQC on 4 August 2021. Jan Ditheridge reported that the Chair and herself were also meeting with the CQC team on 10 August 2021 and there would be opportunity for feedback and reflection.

The CQC report for Firshill Rise had been scheduled for discussion (Item 9). The key focus would be continuous improvement both immediate and longer term, and the learning from events. The areas to note include; the strategic approach, assurance processes and culture.

Information Commissioner's Office (ICO)

ICO letter appended to the report. Jan Ditheridge noted the risk in relation to the digital platforms and the need to accelerate the procurement of the Electronic Patient Record (EPR) System.

Sandie Keene referenced the CQC Strategy and was pleased to see their focus on outcomes. She noted the development of outcomes framework was scheduled for year two in the Trust's Health and Social Care Strategy and asked whether the timing needed to be reviewed. Jan Ditheridge responded, that this was a significant change for the CQC and she would be interested to see how they approach it. She was also mindful of the link with the Quality Improvement Framework and the need to identify outcomes to support implementation, and would expect a staggered approach.

Dr Mike Hunter confirmed that work would be progressed against the five year plan to achieve the strategic priorities.

Heather Smith reported that in her experience of regulatory frameworks, it had been iterative progress rather than final outcomes that regulators had focused on and would support a developmental approach.

FB/DW

Board received the report and noted the content

Bring Forward: Board Development Session led by Fleur Blakeman focused on the support the Trust had received.

All

Review and comment on any inaccuracies in the Well Led CQC report.

PBoD 21/07/072 **Management of Covid-19 Report**

Board received the report for assurance and information, Beverley Murphy reported the key highlights.

The report included the risk and the “road map”, which reflected the past and future. The current risks related to any increase in infection rates and the impact on service users and staff, the need to ensure services are safe and also be mindful of communities isolating. Further risks related to overseas travel and challenges implementing frequent changes in national guidance.

The challenges which are being addressed include; low reporting of compliance with lateral flow testing, variance across the in-patient wards on testing of patients on admission. Beverley Murphy reported that the case of the staff member who had died of covid related illness had been heard by the Coroner, and that it had been reported that the Trust had taken all necessary steps to protect staff.

A question had been asked relating to actions when a patient tested positive. Beverley Murphy reported that clinical care was a priority and to ensure infection control guidance was followed and the patient was supported during the isolation period, which had been more challenging in older adult services. Beverley Murphy added that a positive test would also be reported as an incident.

A question had been asked relating to staff with long-covid. Beverley Murphy reported that long term sickness absence is monitored and Caroline Parry and herself would be analysing this. She added that team managers would know the reasons for absences and be managing in line with the policy.

A question had been asked relating to risk assessment and sustainability of staff working from home. Beverley Murphy reported that this was becoming “business as usual” and had necessitated in the development of an Agile Working Policy. She noted that the Home Working Policy would also be reviewed and that the Working Safety Group continue to consider risk assessments. eg: back care advice and that staff are equipped to undertake their roles.

A question had been asked relating to the impact on service users as a result of changes to the ways of working. Beverley Murphy reported that the Board had previously received a presentation focused on Quality Improvement and suggested it was timely to re-audit.

A question had been asked relating to non vaccinated staff working with clinically vulnerable groups. Beverley Murphy reported that 10% of staff had not received a vaccine and they are risk assessed to work in a care setting. She noted that there is no national mandate to redeploy staff who had not been vaccinated.

A question had been asked relating to the impact of the Covid App alerts. Beverley Murphy reported that this had impacted on a number of teams, she noted that one acute ward had 14 staff who needed to isolate following an alert. She welcomed the new guidance to support the mitigation of risks.

Jan Ditheridge reminded Board that all guidance is reviewed and necessary actions taken through the Gold, Silver and Bronze Commands. She noted that long term absence was low in comparison with local partners and the key risk remained vacancies. In relation to staff being vaccinated, she was mindful that they do visit

care homes and that the statutory guidance is entry only for anyone double vaccinated. This is being monitored.

Caroline Parry reported that there were eight known cases on long covid and that staff were being supported and monitored through Occupational Health.

Richard Mills believed there was an impact on alerts from the Covid App. He used an example of limited access to his GP, due to staff shortages. He was also mindful that the changes in ways of working impacted on policies and the space requirements, in particular the long term plans for new headquarters.

Dr Yinka Oluwole suggested Section 4.2 - Equalities, diversity and inclusion is more aspirational.

Heather Smith mindful of the transformational period as a Trust, believed it was an opportunity to define the new normal and to thread the strategies, plans and learning together.

Dr Mike Hunter advised that a number of core principles would emerge from the adoption of the Clinical and Social Care Strategy and would help define the new normal; trauma informed care, evidence led, person centred and strengths based.

Beverley Murphy assured the Board that patient safety was a priority and that she had written to all staff during Winter 2020 asking those unvaccinated to reflect on their decision and to consider the risks, also advising they could be moved to work in other areas.

The Chair asked what the timeline was for addressing the issues relating to lateral flow for staff and patient testing. Beverley Murphy advised that oversight of patient testing had already increased and the need for a consistent approach across all wards. The lateral flow testing for staff was more challenging as reliant on self testing and reporting.

Board received the report and noted the progress that had been made, and had limited assurance on a number of targets, to be monitored in QAC. Further work on recovery : learning, conduct and transformation.

PBoD 21/07/073 **Back to Good Report**

Board received the report for assurance

Dr Mike Hunter presented the report and noted that it had evolved in response to the changes in regulatory circumstances and included the programme of work and outstanding actions from the 2020 inspection, the 2021 unannounced inspection at Firshill Rise, the 2021 inspections of core services, older adults in-patient wards, crisis pathway and well led. A governance structure which included monitoring and reporting had been appended to the report.

He reported that completed actions are continually monitored and can be reopened. The action related to implementation of the Physical Health Policy had been reopened, as there was not the assurance it had been fully embedded across the wards and a more robust process had been applied. The action related to sign off of reportable incidents had also been reopened as the targets were not being met. He added that both areas would be subject to audits.

The Integrated Performance and Quality Report (IPQR) is also being monitored by the Back to Good Board to identify any areas of exception that require further attention, three key areas to note are staffing, supervision and restricted practice.

Anne Dray asked if there were financial constraints to delivering the programme. Dr Mike Hunter reported that the programme was supported in relation to the capacity and capability of project management team. The delivery of the projects is

linked to transformation and strategy, he used the example of the actions related to the environment which are detailed in the Estates Strategy.

Heather Smith asked where the issues relating to racism were being collated. Dr Mike Hunter advised that equality, diversity and inclusion (EDI) was not a regulatory action under the Back to Good Board. Beverley Murphy reported that the Equality and Inclusion assurance group chaired by Caroline Parry had been established and would be focused on staff and service user issues and would report into People Committee.

Phillip Easthope noted that the improvement actions in exception linked to appropriate admission, risk mitigation, right staff etc and asked if there was more that could be done in relation to specification and partnership working. Dr Hunter believed that the Trust needed to focus on ensuring people were in the right place, which may impact on wider system changes.

Sandie Keene asked for assurance that programme reporting and governance had been simplified. She used the example of the number of actions relating to Firshill Rise and asked if they were contained within one group. Beverley Murphy reported that Dr Mike Hunter and herself had been tasked with reviewing the governance and would feedback to Quality Assurance Committee.

Jan Ditheridge in response to the question on EDI she did not believe there was trust wide comprehensive view. Beverley Murphy and Caroline Parry were the executive leads for service users and staff. She would not expect service user element to feed into People Committee and recognised there was more work on leadership, capacity and capability in this area.

Jan Ditheridge referenced the number of workstreams and asked if the leads had been identified, and to ensure this was mapped with the transformation priorities. She would also like assurance of progress eg: the aims of the Physical Health Group and delivery of actions. She was also mindful that the focus needed to be on all areas not just those with compliance actions.

Board received the report and were assured of progress.

- a) Section 29a Warning Notice (acute services) – Progress and Actions
Beverley Murphy reported that the areas of focus related to delivery of safe and dignified care on the acute care wards. The Care Quality Commission (CQC) look for evidence that the risks are assessed and clinically managed, they include the environment, incidents and safeguarding. They also look at delivery of care to ensure it is person centred. The action plan will report into, and be monitored by Quality Assurance Committee (QAC). Beverley added that the leadership structure was good, but capacity to deliver the action plan was a concern and therefore additional support has been identified for the Clinical Director and Head of Nursing. For added assurance a Plan, Do, Study, Act (PDSA) cycle had been developed and would be applied to ensure standards of care were reaching the minimum standards. The approach to recruitment had been refreshed and support to preceptorship nurses had been reviewed, Beverley added that she had spoken to Sheffield Hallam University in relation to clinical placements, and wanted to understand why newly qualified nurses struggled at the start of their clinical practice.

Board received the report and noted the content.

PBoD 21/07/074 **Care Quality Commission (CQC) Inspection Report: Firshill Rise**
Board receive the report for assurance.

Beverley Murphy reported that Board are asked to formally receive the published report. The focus will be on improvements, and action plans had been submitted to the CQC. The first plan will meet the requirements set out in the Notice of Decision

letter. She was mindful that there was a further piece of work from an operational and strategic perspective that would require co-production with partners to develop a service model based on the national guidelines. Clinical expertise would be sought to support this project that would also align to the Learning Disability Pathway and the national Autism Strategy.

Prof Brendan Stone reported that Sheffield Voices, (Disability Sheffield) an advocacy group had sent an email to The Chair, Chief Executive and himself expressing their concerns in relation to the CQC's findings at Firshill Rise. Prof Stone noted that they were a well established group and that the Trust may wish to engage with them. He was aware that Jan Ditheridge had responded. Jan Ditheridge believed they had responded on the press article and had not been sighted on the report, which had now been published and gave some context. She also noted that Salli Midgley, Director of Quality will be meeting with them.

The Chair reported the Council of Governors (COG) had also raised concerns, and Ben Duke, Deputy Lead Governor had collated their responses. The Chair would brief the Governors prior to the next Council meeting in August 2021.

The Non Executive Directors had welcomed the openness and transparency of discussion acknowledged that the focus needed to be on safety, strengthening leadership, the future service model and partnership working.

Sandie Keene asked whether the balance of personal development was right in the leadership team. Beverley Murphy advised that the CQC had picked up on some areas of mandatory training, she added that any professional also had a duty to ensure they adhered to their professions code of conduct and were suitably trained for their role. She added that this had identified a gap in learning disability services. Jan Ditheridge believed this was layered, cascading from Board through the leadership into teams and also aligned with the Well Led Programme in ensuring competency at all levels. She was also mindful the pandemic had impacted.

Jan Ditheridge reported that the last service user would be leaving the unit and the focus needed to be on the strategy, researching and assessing need in the development of a service model, that would be co-produced. She was also mindful there was further work on culture to address. The Risk Summit would provide a space and time to reflect on the learning. Dr Mike Hunter advised that from a quality improvement perspective there needed to be a structured approach that allowed time for reflection, evaluation and development. Pat Keeling added that Assessment and Treatment Services across England had come under scrutiny.

Board received the report and noted the content.

Board agreed there should be time for reflection and learning, whilst developing the strategy to align with national guidance.

PBoD 21/07/075 **Quality Improvement – Proposed model for SHSC**

Board received the report for approval

Dr Mike Hunter referenced the Board report from May 2021, which detailed the findings of an assessment by the National Collaborating Centre for Mental Health, which had evaluated the Trust's preparedness of continuous quality improvement.

The Board had agreed to work with a partner on this project. Fleur Blakeman, Pat Keeling and himself had met with the lead for quality improvement at NHS England/Improvement (NHSEI) and they had drafted a proposal for the Board to consider. The NHSEI team would support the Trust by providing expertise and resource whilst the internal expertise is strengthened.

In response to a question that had been raised in relation to equality, Dr Mike Hunter advised that evidence suggests that improving quality drives down

inequalities and also improves care.

Board received the report and agreed to partner with NHSEI on the quality improvement agenda.

PBoD 21/07/076 **Integrated Performance and Quality Report**

Board received the report for assurance and information

Phillip Easthope reported that no new risks had emerged during this period. The IPQR had been presented to the committees and their comments and areas of focus had been included in the summary. Finance and Performance Committee (FPC) noted that further work was required in relation to embedding the recovery plan process and triangulated with the Key Performance Indicators (KPI) work of the committees and the Back to Good agenda.

Prof Brendan Stone referenced the section on community waiting times and asked for clarity on not meeting the trajectory for core services. Beverley Murphy reported that the recovery plan had not delivered and required a review.

Anne Dray referenced the mandatory training target and noted that this being achieved in most areas and whether the target should be increased. The Chair asked why Respect training had been a challenge. Beverley reported that Respect Training is the face to face physical training focused on restraint and due to the pandemic guidelines not all sessions had run.

Heather Smith noting that whilst there were no new risks, there were some long standing ones what would require attention,

Sandie Keene was mindful that improvement plans were being discussed by a number of committees and the need to ensure there was clarity on the remit of each committee. Phillip Easthope advised that the detail was in the KPIs and requested that the committees receive and agree their KPIs. Anne Dray in her capacity as Chair of Audit and Risk Committee (ARC) noted that one of ARC's objectives would be to map action plans in terms of assurance and delivery. Pat Keeling advised that FPC had received an overarching tracker of the Operational Plan, which could be enhanced and shared.

The Chair reported that a key theme from the Board visits was delayed transfers of care, but this did not appear to be emerging as a risk on the IPQR.

Jan Ditheridge, in response to Anne Dray's comments on the training targets, advised that this would be in the KPI. She was however mindful of stretching targets, as the CQC had identified that Firshill Rise's training report was 77% against a target of 80%. She believed that staffing and vacancies had attributed to targets not being met. In relation to delayed transfers, the focus needed to be on Right Place, Right Time. Right Care agenda and purposeful admission.

**Board received the report and noted the content.
Committees to review and approve their Key Performance Frameworks.**

PBoD 21/07/077 **Transformation Report**

Board received the report for assurance.

Pat Keeling reminded Board that the Transformation Programme was linked to the strategic priorities, the focus for 2021/22 was the Clinical and Social Care Strategy and during the transition year the People Plan would be removed from the programme.

Three programmes on track:

- Primary and Community Care - expanding from four to fifteen networks and integration with Community Mental Health Teams

- Adult Forensic – challenges on governance and due diligence on financial gap
- Electronic Patient Record – Procurement commenced following endorsement of the Outline Business Case

Slippage on four programmes:

- Leaving Fulwood – contractual discussions progressing and reviewing locations for new headquarters
- People Plan – additional planning resource and specialist skills required
- Community Mental Health Team – Planning workshop in July.
- Therapeutic Environments – Submission of expression of interests for New Hospital Funding Programme. (acute and older people). Recruitment to the post of Health Planner. An Audit will also be undertaken on this programme.

Anne Dray asked if Staff Network Groups were engaged with the communication networks. Pat Keeling advised that she updated the Joint Consultative Forum (JCF) on strategic development and the transformation programme. She was not aware of a direct link from Transformation Programme to the Staff Network Groups and would explore this.

Jan Ditheridge requested an update on the leadership for each programme in the next report. She asked whether the Community Mental Health Services project, which she acknowledged had been a long term challenge was on track and if a completion date had been set. Beverley Murphy reported that Neil Robertson, Director of Operations and Transformation had facilitated a workshop, which was attended by staff, staffside, Commissioners and service users and carers. The outcome of the workshop would be presented to QAC and would be focused on ensuring clear pathways, with “home first” treatment and align to the Mental Health minimum investment standard.

Jan Ditheridge asked if there was any further progress on the Forensic Programme. Dr Mike Hunter reported that further decisions are required in relation to lead provider role.

Sandie Keene referenced the Leaving Fulwood programme and asked for clarity on timescales. Pat Keeling advised that the sale was phased and negotiations continued, the aim is to fully vacate by 31 March 2021. She noted that Finance and IMST are scheduled to move in August 2021.

Board received the report and were assured on progress. Further work to ensure alignment of the timelines.

PBoD 21/07/078 **SHSC Strategic Direction**

Board received the report for assurance and approval.

Pat Keeling reported that following feedback from the Board in May 2021, the report had developed, the strategic direction had been strengthening, details of co-production included and references to the importance of working in partnership with housing, education and employment.

A section related specifically to the challenges in Sheffield, sustainability and green issues had also been included

Board received the report and noted the development and approved it.

PBoD 21/07/079 **Clinical and Social Care Strategy**

Board received the for assurance and approval

Dr Mike Hunter reported that the strategy had developed further following presentation of the draft to Board in May 2021. An implementation plan had been added and articulated the five year plan with strategic priorities.

The four overarching workstreams are formed from the themes and have objectives to improve capacity and capability and align with the annual operational plan and change programmes from the Transformation Programme.

Prof Brendan Stone questioned the terminology and approach of “trauma informed”, as he believed not all service users would associate with trauma. Dr Mike Hunter advised that the strategy was open to feedback and the workstream needed to explore this area. He also believed that the structural inequalities experienced by service users could be play trauma into peoples lives. Jan Ditheridge added that the first approach should always person centred.

Sandie Keene asked for clarity on the connectivity and drivers with the Primary Care Mental Health networks and CMHTs. Dr Mike Hunter advised that the implementation plan would be connected to the transformation programme.

Pat Keeling reported that over 400 people had engaged in the consultation and a key strength was that person centred care was at the forefront.

Board received and noted the development agreed to approved the strategy.

PBoD 21/07/080 **Estates Strategy**

Board received the report for assurance and approval.

Pat Keeling reported that the strategy had been refreshed and aligned with the expectations of the Integrated Care System (ICS) and Region. She added that any funding requests or expressions of interest would need the alignment of the Trust’s Clinical and Social Care Strategy, Estates Strategy and strategic direction.

The principles had been developed further to ensure the estate was compliant and fit for purpose and included ambitious plans for non stigmatising and inclusive spaces. The rationale for change was evident in that 56% of the estate was in “C” condition and considered to be in decline.

The recommendation from the Strategy is to focus capital investment into bed based 24/7 environments and to lease community space utilising shared facilities.

Key investments are focused in the following areas to ensure compliance with standards; ligature anchor work, de-escalation rooms, dormitory eradication, relocation of headquarters, therapeutic environments (acute and older adult services), community facilities requiring urgent attention, en-suite accommodation, decant ward to enable works to be undertaken safely and a maintenance backlog and redecoration programme. Investment is costed at £71m with a gap of £20m, external support would be required and funding is being explored. The key enablers link to agile working, new models of care and digital technology.

Richard Mills welcomed the Strategy and whilst ambitious, believed it was achievable. Finance and Performance Committee (FPC) will receive the Capital Programme and aware of the funding shortfall and the need for external support. He was also mindful the strategy would require capacity and capability to deliver. He was also mindful that a sustainability plan would be developed and should align to the Estates Strategy.

Sandie Keene, having visited Wainwright Crescent asked if this was the agenda. Pat Keeling advised that it was, there would be a review of the service model and provision of step down care initially and if the facility remained there would be a review of bathroom facilities as part of the Estate Strategy.

Board received and noted the development agreed to approved the strategy.

Board received the report for assurance and approval.

Caroline Parry reported that the Strategy had developed and assured Board there had been engagement and co-production and alignment with the Clinical and Social Care Strategy and the People Strategy and would map onto the National People Plan.

The key priorities had progressed and included: Big Conversation (racism), support for Staff Network Groups, Staff Survey, refresh of the Trust's Values, coaching and team support, staff health and wellbeing and engagement on the Leaving Fulwood programme. Further work is required on leadership development and talent and succession planning. She was also mindful that further work is required to strengthening the areas the CQC identified and that the Strategy would be a "working documents".

In response to the question asked related to capacity and capability, Caroline advised that the People Directorate had undergone a review and OD would sit within the directorate. The post of Head of Leadership and OD was out to recruitment and provision had been made for interim cover to focus on the current priorities which included continuous improvement. Richard Mills asked whether it was timely to take a pause and reflect.

Jan Ditheridge acknowledged that the Strategy had developed over time and suggested it had been set on a premise of an OD Department, but "a department" would not deliver on the vision, values, strategic direction or board development. Caroline and herself had explored the idea of a framework rather than a Strategy, to describe OD as supporting interventions and activity for everyone.

Sandie Keene felt the Strategy was complex and was mindful that culture and the staff survey were important and suggested it was simplified for staff to identify with.

Prof Brendan Stone had welcomed the references to working lives of BAME staff, and believed that support for staff with disabilities or lived experience needed strengthening.

Heather Smith believed there had been significant cultural learning over the last year and welcomed the suggestion of a framework. She was aware of the limited resource, and mindful that some areas required attention, including leadership, leaving Fulwood and the equality, diversity and inclusion agenda.

Jan Ditheridge believed culture could be improved by "getting things right" she used the examples of : leaving Fulwood project, working conditions, robust processes, employment contracts (terms & conditions). The priority interventions were Quality Improvement and Leadership. Beverley Murphy reported there were OD projects within the directorates which she would share with Heather Smith.

Board received the strategy and were not assured this was the right approach, and to pause and consider the development of an OD Framework. Board acknowledged the need to work on some priority areas in the interim.

Board received the report for assurance.

Abiola Allinson in his capacity as Controlled Drugs Accountable Officer (CDAO) presented the report. Key highlights to note included two serious concerns. One in relation to the production of a leaflet with incorrect dosage of a controlled drug, and another related to a medicines dispensing error. He also noted the number of moderate, minor errors, near misses and catastrophic reportable instances.

There were a number of unaccounted loses, attributed to calculation and measuring errors including liquids and double checking, additional training on the wards had been delivered.

From an assurance perspective further training had been delivered and a task and finish group established focused on medicines safety at ward level which was reporting into Quality Assurance Committee (QAC). Beverley Murphy advised that she would be reviewing the incidents linked to controlled drugs to ascertain where they were occurring, and if there were any patterns.

Jan Ditheridge asked how the Trust benchmarked in relation to incidents and whether standards were being met or if there were any concerns or areas requiring improvement. Abiola Allison reported that there was no benchmarking for Mental Health Trusts, therefore assessment is based on previous performance. He advised that improvements were necessary and this was evidence from the high number of discrepancies, which are now being investigated. Jan Ditheridge asked what the key drivers were for the errors being made. Abiola Allinson believed this was linked to the environment and controlled space for medicines and this was an area the task and finish group were focused on.

Dr Mike Hunter believed an approach similar to learning from deaths was necessary, he was mindful there were a high number of medicines dispensed across the wards and the incidents may be low in comparison, but there was a need to dip sample to understand why and where errors were being made.

Phillip Easthope referenced the medicines narrative in the CQC Report for Firshill Rise and asked Abiola Allinson how he was assured to inform Board. Abiola Allinson reported that the medicines safety reports that feed into the Medicines Optimisation Group are scrutinised, a quarterly report is also presented to QAC.

Anne Dray mindful of no benchmarking asked if a peer review may be an option to evaluate performance. Abiola Allinson welcomed this suggestion and would explore this.

Board received the report and agreed it could be developed further, and asked that the areas of concern to be highlighted in the summary.

PBoD 21/07/083 **Staff Survey – Progress and Plan for 2021**

Board received the report for assurance and information.

Caroline Parry reported that the progress from the 2020 survey and plans for the 2021 survey were detailed in the report. The Staff Survey Steering Group adopted a new approach and focused more on engaging at team level. An internal survey for bank staff had been developed as they are not included in the national survey.

The quarterly national mandated Pulse Survey, giving a snapshot of engagement, had closed, the Trust response had been 16%, which was above national average of 10%. The results are expected in August 2021.

The 2021 plan has a multifaceted approach in relation to the actions, and campaigns will be supported by the team and culture champions.

In response to a question related to team engagement Caroline reported that 40% of teams had engaged with the Organisational Development Team, whilst others had worked through their results as a team. The OD team had also noted some teams were not engaging and attributed this to low staff morale, the environment, workloads, their feedback also tended to be negative.

The Chair asked if there was a focus on supporting the teams whose results had been below average. Caroline confirmed action was being taken to work with the leaders and their teams, to review the scores and develop improvement plans.

Sandie Keene asked if People Committee would be exploring this and if there was a correlation with teams not engaging with those under the most pressure with know issues.

Jan Ditheridge believed that OD had in some instances inhibited good leadership, she would expect leaders to discuss the survey results in their teams and was aware that this had happened in some areas, and then engage with the OD Team to support facilitation of any improvement/development needs. She was also mindful that the report from the provider did not provide information down to individual team level in some areas and therefore staff could not identify with it. The campaign for 2021 needed to focus on all staff, she was aware that the staff survey is historically seen as an evaluation of negativity, and there was a need to balance this with positivity.

Anne Dray asked if there were RAG rated team dashboards that measured performance eg: staffing, complaints, incidents etc that would trigger if multiple Red ratings. Caroline Parry advised this was not at team level, People Committee receive the Dashboard and review indicators and triangulate with other reports. She added that an engagement portal was also in development.

Heather Smith believed progress had been made and the position had improved. She had attended the Disability Staff Network Group and they had focused on the survey and taken ownership and started to ask questions related to improvement and what would be required to move a score up and taken ownership.

Dr Yinka Oluwole asked if staff stories were shared as part of communications eg: A day in the life of..... which gives people an opportunity to share positive news or experiences.

**Committee received the report and noted the progress.
Further work was required on promotion of the survey.**

PBoD 21/07/084 **Annual Freedom to Speak Up (FTSU) Report**
Board received the report for assurance

Wendy Fowler in her capacity as Freedom to Speak Up Guardian presented the report. Key highlights to note included the Freedom To Speak Up Index Report, taken from the staff survey, an additional question had been included on the staff survey related to speaking up. The findings were not a surprise, and identified that people with protected characteristics felt less able to speak up. Work on this is feeding into the Staff Networks. She noted there was now benchmarking data available and that the Trust's position had moved down 1% from the previous year.

The key themes included:

- Exit interviews focused on values - a number of people felt that colleagues and leaders were not acting in a way consistent to the values.
- Direct service user care
- Workforce processes – disciplinary

Wendy Fowler reported that there had been work in all the areas, including an anonymous exit interview form, a refresh of the Trust's values, follow up on the service user concerns and review of the timelines for Workforce processes.

The next steps include looking at ways to increase scoring on the staff survey. Champions are being identified to enable teams to focus on their concerns, they will receive additional FTSU training.

Wendy Fowler noted that October was "Speak Up Month" with a new mantra of "Speak Up, Listen Up and Follow Up" a new national training programme was in development.

The Chair believed progress had been made, he noted that on Board visits when staff were asked about speaking up they had responded positively, and feedback that they would share concerns. He asked Wendy what her thoughts were. Wendy Fowler responded that there had been some good examples and that some teams were engaging than others, speaking up needed to be framed as “business as usual”. She was mindful that there was further work to do to support people with protected characteristics.

Sandie Keene referenced the report and asked if the same themes (systems and process, patient safety, quality and culture) were emerging each quarter. She also asked if the response rates had improved. Wendy Fowler reported that themes were consistent, she added that racism was an emerging theme. In relation to response rates she believed those related to patients were progressed at pace, more focus was needed on the sharing the learning.

Dr Mike Hunter referenced the index, noting the Trust was below average and asked if there was benchmarking. Wendy Fowler advised that in 2019/20 the Trust was in the bottom five. The 2020/21 data was not available, the Trust score was down 1% and a likelihood would be a similar position.

Jan Ditheridge advised that the data for the index was pulled from staff surveys, and therefore a low score is expected. She asked if the strategy had developed, and whether Wendy as the FTSU Guardian felt she had access to the Chief Executive, Chair, Sandie Keene as FTSU NED and the Board. Wendy Fowler believed she had access, and noted that she had shared information and felt well supported. David Walsh reported that having reviewed other trust’s FTSU strategy he would be advocating for “a strategy on a page” and would schedule this for Board in November 2021.

Board received the report and were assured that progress had been made. Development of a FTSU Strategy for presentation to Board in Nov 2021

PBoD 21/07/085

Finance Report

Board received the report for assurance

Phillip Easthope reported that the financial risks for quarters 1/2 had been low. He noted that Cost Improvement Plans (CIPs) were scheduled for discussion at Finance and Performance Committee.

The Chair noted concerns in relation to the in year and carried forward CIPs and asked what the barriers were and when FPC would receive this. Phillip Easthope reported that that CIPs were in development, the Corporate directorates had progressed well, he noted there were challenges in the clinical directorates, which aligned to the regional picture, impact of the pandemic and the new financial regime. He had instructed the department to work up a plan for H2 CIPs for quarters 3/4 and 2022/23.

The Chair asked if the challenges could be resolved. Phillip Easthope reported that a change was required in relation to the process, there was a need for a consistent message in relation to delivery and timescales. There was a need for a more sophisticated approach and methodology for achieving CIPs. He also believed there was a gap and attributed this to cultural issues between senior leaders and teams in relation to achievement against transformation or quality improvement.

Richard Mills reported that NHS Providers had voiced their concerns in relation to the lack of guidance from Treasury and an uncertain future for the new regime.

Board received report and noted the content.

PBoD 21/07/086 **Committee Activity**

Board received the report for information

The Chair reported that this was the first report and committee activity had been collated and presented in a combined report. Each committee had submitted an Alert, Assure, Advice summary of items escalated to Board.

Board received the reports and noted the content

PBoD 21/07/087 **Annual Complaints and Feedback Report**

Board received the report for assurance and approval

David Walsh reported that following support from Fleur Blakeman, the style of the annual had developed. Quality Assurance Committee received the report and their comments were noted in the summary. He noted that a number of questions had not be answered, and this was due to the data not being available from NHS Digital. A number of next steps had been developed and timescales would be added. He noted there was work to do in relation to team development and a wider piece of work with the quality team focused on the complaints process. He added that a training session would also been scheduled for the investigators, to include response and feedback to complainants.

Jan Ditheridge believed there were a number of risks, firstly related to service user experience due to the slow response rates and secondly that the learning was not being extracted and triangulated. David Walsh agreed to review the risk in relation to experience and noted the risk in relation to learning, he added that the training would include learning.

Prof Brendan Stone believed the learning was vital and a way of understanding service user experience and a tool to drive quality improvement. He was also mindful that often learning needed to be shared across the teams. The quality of response was also important for a service user. He added that he had reviewed the recent Care Opinion submissions, and noted that a number were informal complaints, and whether there is a missed opportunity to learn from these also.

Board received the report, noted the progress and approved the report.

PBoD 21/07/088 **Corporate Governance Matters:**

Board received the report for assurance and approval.

David Walsh reported that a number of governance matters had been had been collated into one report.

- Annual Members Meeting – Thursday 23 September 2021 (MS Teams). The 2020 AMM had been on MS Teams and received positive feedback.
- Declaration of compliance in relation to Fit and Proper Person.
- Bi Monthly report on the use of the Trust Seal.
- Committee Terms of Reference (TORs) – all committees had reviewed and recommended their TORs for approval, with a caveat that minor changes could be approved by Committee Chairs.

Board received the report and were assured on a number of areas. Board agreed the AMM would be virtual and approved the Declaration of Fit and Proper Person, Register of Sealings and the Committee TORs.

PBoD 21/07/089 **Board Assurance Framework (BAF)**

Board received the report for assurance and approval

David Walsh reported that the BAF had been presented to all committees. He noted that People Committee had trailed a new process which required elevation.

Key highlights to note included escalation of the risk related to fundamental standards of care, this was a result of a de escalation of a risk related to recruitment and retaining staff.

David Walsh reported that QAC and FPC had discussed similar themes but had different views on the details, actions and scoring, this was fed into ARC and an action agreed that Anne Dray, Phillip Easthope and himself would meet to discuss options.

Jan Ditheridge asked if the workforce related risk had been approved by People Committee, she had been surprised to see a de escalation of a workforce risk. Caroline Parry agreed to check where this was approved.

**Board received and approved the BAF, with exception of BAF 0014.
Review of the decision to de escalation BAF 00014 (Caroline Parry)**

Corporate Risk Register

Board received the report for assurance and approval.

David Walsh reported that the CRR had been presented to ARC, FPC and QAC, it had not been to PC. He noted the de-escalation of risks referenced had been scrutinised and approved by QAC.

He noted that Risk 4330 related to Single Point of Access had been re-assessed and escalated. Risk 4615 related to Health and Safety and was a new risk and would be presented to QAC at its next meeting.

Board received and approved the CRR.

PBoD 21/07/090 **Board Plan and Board Development Programme**

Board received the report for information.

PBoD 21/07/091 **Any Other Urgent Business**

No Other business was discussed

Date and time of the Public Board of Directors meeting:

Wednesday 22 September 2021 at 9.30am

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

Tel: 0114 271 6370 email: Sharon.sims@shsc.nhs.uk