

Board of Directors – Public

UNCONFIRMED Minutes of the 141st Public Board of Directors held from 9:30am on Wednesday 22 September 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
Beverley Murphy, Executive Director of Nursing, Professions and Operations
Dr Yinka Oluwole, Non Executive Director, Chair of Mental Health Legislation Committee
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: Pat Keeling, Director of Special Projects (Strategy)
Sharon Sims, PA to The Chair & Director of Corporate Governance (Minutes)

Apologies: Richard Mills, Non Executive Director, Chair of Finance & Performance Committee
Fleur Blakeman, Director of Improvement, NHS England/Improvement (NHSE/I)

Min Ref:	Item	Action
PBoD 21/09/92	<p>Welcome and Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. He noted that the meeting was also being live streamed.</p>	
PBoD 21/09/93	<p>Service User Experience Story</p> <p>Beverley Murphy introduced Coleen, a service user and Mia Bajin, (role).</p> <p>Coleen has been a service user for fifteen years and had accessed a range of Trust services and therapies and had also been an in-patient in the early years. She noted that she had always received excellent care. Coleen also receives support from a number of voluntary organisations.</p> <p>Coleen felt that the reconfigurations had not always been successful, and she had seen a deterioration in services. She believed her voice had not always been heard and had also struggled personally with the term “recovery” being used for someone with a mental illness.</p> <p>The Chair thanked Coleen for sharing her story and advised her that Board have opportunity to reflect on what they have heard. Prof Brendan Stone, as service user champion felt that the Board needed to reflect on</p>	

Coleen's comments in relation to not being heard. He noted that Coleen had also referenced the term recovery and believed this significantly different to healing from a physical injury and the need to understand that a discharge from a service may only be temporary. He asked Coleen if it had been easy to transition between services. Coleen reported that this had been particularly difficult through the reconfiguration.

Sandie Keene referenced Coleen's comment in relation to receiving good care on Maple Ward and noted that the Board look to ensure that good practice is shared. She asked Coleen for examples. Coleen reported that the staff had been caring and considerate, she also believed that the range of activities and therapies had helped her, she noted that these had significantly reduced over the years.

Jan Ditheridge referenced Coleen's comments to reconfiguration and noted that she and other Board members had not been in the Trust during this period. She assured Coleen that there was commitment to improvement and ensuring that the service user voice is heard. She asked Coleen for examples of what she thought had not gone well. Coleen reported that the process had affected staff, in that they were distracted by the change.

The Chair reported that the service user voice had come across strongly in Coleen's presentation, he advised that engagement and co-production was important in development and that Prof Brendan Stone helps keep the Board focused in this area.

Coleen referenced a quarterly magazine "Your Voice" that had helped her as it had focused on mental health issues, but no longer available.

Post Meeting Note: Your Voice magazine ceased in 2017, it had been produced by Your Voice Sheffield, a registered charity.

PBoD 21/09/94 **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 21/09/95 **Minutes of the Public Board of Directors meeting held on July 2021**

The minutes of the meeting held on 28 July 2021, with the following comment were agreed as an accurate record.

Addition: P BoD21/07/083 Staff Survey

Anne Dray noted that her comments in relation to the dashboard trigger points had been broader than workforce, and the need to triangulate with complaints, incidents.

PBoD 21/09/96 **Matters Arising and Action Log**

Action Log:

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

PBoD 21/09/97 **Chair and Non Executive Directors Report**

Board received the report for information.

Key highlights to note:

The Chair reported that his tenure as Chair ceases on 30 September 2021. The Council of Governors (COG) approved the appointment of Sharon Mays. Sharon will commence in post on 1 October 2021, she is an experienced chair and during her time at Humber Teaching NHS Foundation Trust the Trust improved its Care Quality Commission (CQC) rating from Requires Improvement to Good. A short biography had been included in the report. The Chair noted that he had enjoyed his time in the Trust and would watch continuing development.

South Yorkshire and Bassetlaw Integrated Care System (SYBICS)

Pearse Butler, the new Chair has commenced in post and would be meeting trusts as part of his induction. The recruitment of the Chief Executive is scheduled to conclude in October 2021. The boundary changes come into effect from April 2022, and Bassetlaw will move into Nottingham.

Provider Collaboration

The Collaborative will strengthen partnership working across the city and regionally, the Trust is already a member of the mental health collaborative.

Council of Governors (COG)

The Governors observing committees had been briefed and met the chairs of the committees, they will attend their first meetings in October 2021.

Jan Ditheridge on behalf of the Board formally thanked the Chair, for this contribution over the last year, she noted that he had supported and challenged her as Chief Executive and also that the Board felt transformed. The Council of Governors had also fed back positive comments and had appreciated the support the Chair have given in their development. Jan Ditheridge wished him a happy retirement. In response, the Chair thanked Jan Ditheridge for her kind words and noted that whilst he had been a leader, there were many good leaders in the Trust to take it forward.

Board received the report and noted the content.

PBoD 21/09/98

Chief Executive's Briefing

Board received the report for information.

Key highlights to note:

Jan Ditheridge referenced the National Autism Strategy 2021/26 and the Care Quality Commission (CQC) Review on the Use of Restraint, Seclusion and Segregation. She noted that they were two key pieces of work that would support change and transformation in the Trust, and link to the CQC improvement plans and learning from Firshill Rise and the need to ensure that guidance for good practice and new ways of working are strengthened and embedded and used as benchmarks

Care Quality Commission Inspection Report (August 2021)

The Board are asked to formally receive and accept the CQC report. Whilst the CQC had recognised that the Trust had made some improvement, Jan Ditheridge reported the focus needed to continue. She noted that the Board had been involved in learning events and the need to ensure that future service models meet the needs of those with a learning disability or autism.

Flu and Covid vaccinations

The media will be focused on vaccinations, the Trust is prepared and awaiting the vaccines. The target for both will be 85%, the Trust achieved 82% in 2020. There will also be a focus on ensuring service users are safe.

Jan Ditheridge reported that there had been a number of significant Government funding commitments announced after Board papers had been published, one is funding to support the backlog for acute elective care, and the need to ensure that access to mental health services is included. Funding had also been committed to refresh and transform social care, the Trust is challenged with ongoing care for service users and can result in long lengths of stay or inappropriate admissions.

Mental Health Access Standards

In response to a question raised Beverly Murphy reported that four of the five standards applied to adult mental health services. The standards are proposed and therefore they are not measured. Beverley Murphy advised that if the standards are

accepted, they would be reported through the Integrated Performance and Quality Report (IPQR).

The Trust does have fewer challenging standards related to Crisis and Emergency Care and performance is positive. There had been additional resource in Liaison Services, which had been supported by Sheffield Teaching Hospitals NHS FT. (STH). Beverley Murphy reported that the Accident & Emergency Departments in Sheffield are under immense pressure. Beverley Murphy reported that standards for access to community recovery teams had not been applied in the same way. Jan Ditheridge believed that achieving some of the targets without additional resource would be a significant challenge. Beverley Murphy acknowledged this and noted that there was an element of this already with rapid response in crisis services and having standards in recovery would drive performance but was mindful the target was four weeks. Jan Ditheridge suggested modelling against the targets to get a baseline and understand the gap.

Prof Brendan Stone referenced the standards and believed more attention needed to be paid to support people earlier as an intervention to avoid crisis.

Dr Mike Hunter noted that from a clinical effectiveness perspective, the focus would be to ensure there were evidence based therapeutic interventions, impact and outcomes. A stocktake of evidence guidelines, policies and local audits is underway and will identify areas where there are gaps. Dr Mike Hunter added that the Research and Innovation Strategy was going through governance process and would include a component on clinical effectiveness, clinical audit and impact and outcomes and will be a key enabling strategy to the Clinical and Social Care Strategy. He added that there were service user research champions and experts by experience in the team.

Sandie Keene referenced the Firshill Rise CQC Report and reported that Quality Assurance Committee had scheduled a learning event.

Phillip Easthope referenced the funding opportunities and assured Board that he was engaged in conversations. The Chair added that the Mental Health Collaborative would also have a voice.

Heather Smith referenced the access standards and noted that she had attended Medical Staffing Committee and heard a presentation on referrals and caseloads and mindful how the measures may impact workloads.

Board received the report and noted the content
Board formally received and accepted the CQC Report
Modelling of the Mental Health Standards for baseline to identify any gaps

PE

PBoD 21/09/99

Our Values

Board received the report and were asked to approve the Trust values

Caroline Parry reported that a number of events had been held and a survey giving staff the opportunity to share their views on the refreshed values. The first iteration had been shared with Board in May 2021 and following further consultation the final values were agreed in August 2021.

The Organisation Development (OD) Team will support the implementation of the values and posts are being recruited to, there is interim cover to continue the momentum and development a behavioural and a co-designers framework.

Prof Brendan Stone asked if there had been agreement on the use of terminology eg: working “for service users.....” and whether this should be “with” as it contradicts the aspirations of co-production. Jan Ditheridge believed using “with” changed the meaning of working together in partnership and providing good services.

Sandie Keene asked if the interim OD Support was in place as there were a number of key issues requiring support. Caroline Parry reported that there was internal capacity, and the interim would be in post at the end of September 2021. The Chair reminded Board that the next Board Development session was focused on cultural change and OD.

Jan Ditheridge advised that whilst there would be OD leadership to support the implementation, all staff needed to engage and own this.

Board received the report and supported the values

PBoD 21/09/100

Workforce Standards

Board received the reports and were asked to approve the standards.

Caroline Parry reported that the Trust are required to submit data and action plans against the Workforce Disability Equality Standard (WDES) and the Workforce Race Equality Standard (WRES). The reports will be published and presented to Board for approval.

a) Workforce Disability Equality Standard (WDES) Annual Report

Caroline Parry reported that there are a number of areas that require attention. She also noted that in relation to progress the establishment of the Disability Staff Network Group (DSNG) had been received positively and they had worked through the action plans. Areas of concern included; staff harassment and abuse, not feeling valued and not supported with adjustments to working environmental. The DSNG also keen to strengthen their voice.

Prof Brendan Stone believed that staff experience will be an indicator to cultural changes. Sandie Keene asked if People Committee were assured of capacity to support this action plan. Caroline Parry advised that there would be additional resource to support the Equality and Inclusion agenda and the Chairs of the SNGs had also been allocated 3 hours a week for group work. Caroline Parry added that the Board Visits are also opportunity to ask staff about WDES.

Jan Ditheridge advised that CQC had also identified a lack of leadership and resource in this area. She asked Heather Smith in her capacity as chair of the People Committee (PC) what level of assurance they had in relation to inclusion, she was mindful that not enough attention was paid to inclusion of service users. Heather Smith responded, that PC were disappointed with progress and were concerned that this was a significant piece of work and that the actions did not appear to be impacting, and the need to raise the profile, she also questioned whether external support was required. Jan Ditheridge advised that Beverley Murphy and Caroline Parry both had inclusion in their leadership roles and would be focused in this area. She also suggested that PC review the risks and the frequency to committee and Board and how the DSNG supports rather than delivers the action plan.

Beverley Murphy advised that diversity of service users would be a focus under the strategic priorities, which would include identifying gaps in access points, and understanding increased use of restricted practice for those from a BAME groups. Phillip Easthope advised that PC were also reviewing the Key Performance Indicators for WDES, which will feed into the IPQR.

Board received the WDES and with the correction approved its publication. People Committee to monitor progress, review risks and reporting.

CP/HS

b) Workforce Race Equality Standard (WRES) Annual Report

Caroline Parry reported that the disparity ratio had been included and an action to look at variation of BAME staff across the Agenda for Change bands, recruitment and promotion. PC had received the details of these actions.

The national evidence from WRES identified the low representation from BAME staff in senior positions, worse experience in an NHS setting and obstacles in career progression. The Trust held the “Big Conversation” in 2020 and focused on a number of WRES areas and identified that the Trust was not dissimilar to the national picture.

Caroline Parry noted that there had been improvement in the number of BAME staff in leadership positions, but the movement across pay bands had grown. In relation to racial harassment, a new approach and protocol is being piloted on two acute wards and an Anti Racism statement developed. The HR Business Partners have also reviewed their casework and acknowledge further work in this area in relation to disciplinarys.

Beverley Murphy reported that Ruth May, Chief Nursing Officer, NHS England is focused on supporting BAME nurses into senior positions. Regionally, trusts were asked to identify nursing executives to sponsor BAME nurses interested in leadership roles. Beverley Murphy advised that she had put herself forward.

Dr Mike Hunter reported that the calculation for BAME senior medical managers should be 43% and would need to be amended prior to publication.

Dr Yinka Oluwole whilst mindful there was a lot of work to be undertaken, believed it was also important to liaise with BAME staff currently in senior positions to gain insight into their experiences.

Board received the WRES and with the correction approved its publication. People Committee to monitor progress, review risks and reporting.

PBoD 21/09/101

Anti Racism Statement

Board received the report for approval.

Caroline Parry reported that the statement had been developed as an action from the Big Conversation event and had been co-produced and shared with the BAME SNG. The Statement was presented to PC in September and their feedback taken into account. The Board are asked to approve the statement and the development of an implementation plan. The Chair reminded Board that the statement is owned by the Trust not the Board.

Jan Ditheridge acknowledged that there was further work required in this area, and that all staff could contribute, she was also mindful there were anti racist behaviours and attitudes within the Trust.

Heather Smith believed that specific activities and projects would be required for the Trust to be anti racist. She asked who was leading on this. Caroline Parry advised it would be Liz Johnson, Head of Equality and Inclusion.

Dr Yinka Oluwole believed the statement missed out the opportunity to speak, be listened to, deserve respect and being heard, which echoed the service user story.

Sandie Keene asked how this would link with the Communication Strategy and whether PC had considered this, and whether the points Dr Oluwole made could be central to this. Jan Ditheridge reminded Board of the Trust’s values which included working together, respect and kindness and everyone counts, which underpin being heard and listened to considering all contributions and that the statement had been co-produced and signed off.

Board received and approved the statement and the development of actions and implementation plan.

CP/HS

Back to Good Report

Board received the report for assurance.

Dr Mike Hunter reported the key highlights.

The key risks related to the therapeutic environments and estates work, which had been discussed in Quality Assurance Committee.

There had been a lot of work in relation to staffing, including development of Clinical Establishment Reviews, the implementation of E-Rostering and establishment the Recruitment and Retention Group.

The last service user had been discharged from Firshill Rise and the team are undergoing a period of training and development with new leadership.

Further work on the acute wards in relation to the Section 29A Warning Notice, linked to eradication and mitigation and risk assessment of ligature anchor points. This also included completion of safeguarding processes and the review on incidents.

The approach moving into Year 2 work will be integrate the plans for immediate enforcement at Firshill Rise and on the acute wards and PICU within the Core Services and Well Led CQC Report. An Extra Ordinary Quality Assurance Committee was held to review and agree the action plan for submission to the CQC.

Prof Brendan Stone referenced the estates work on the acute wards and asked what the impact was on service users whilst this is undertaken. Dr Mike Hunter advised that there had been careful consideration of the work programme and advice on the scheduling, to ensure the least impact. Beverley Murphy added that a number of options had been discounted for reasons related to impact and safety, she assured Prof Brendan Stone that regular meetings were taking place and any issues raised were being addressed.

Jan Ditheridge asked if Therapeutic Environments was on plan and whether the CQC are involved. Dr Mike Hunter reported that there had been two areas of slippage from Phase 1, scheduled for completion in September 2021. Pat Keeling advised that the CQC were involved through Quality Improvement Board, Phase 2 was on track and decisions were required in relation to start date for Phase 3 and progress procurement and design. Jan Ditheridge also asked what the risk score would be post mitigation. Dr Mike Hunter advised he would refer to the Board Assurance Framework.

Jan Ditheridge asked what the approach had been in relation to developing the new clinical model at Firshill Rise and when would be Board be engaged. Dr Mike Hunter reported that with support of the new Clinical Lead the approach would be co-production and co-design, with service users, carers and partners in the system. Beverley Murphy added that there is engagement with external experts, NHS Sheffield Clinical Commissioning Group (NHSSCCG) and the Local Authority and expected to present to Quality Assurance Committee early in 2021. Jan Ditheridge advised that Board needed to be engaged from a strategic perspective.

Anne Dray referenced the relaunch of the Physical Health Strategy and noted the adverse audit on physical health and asked what was not working with the Strategy. Dr Mike Hunter advised that what was being reported was not an accurate reflection of physical health monitoring. Salli Midgley, Director of Quality would be working with Heads of Nursing and Matrons to adopt a quality visit approach to check and audit.

Sandie Keene mindful the estates work asked for assurance of safe care and whether checks are carried out in areas where ligature anchor points remain. In relation to the new clinical model for Firshill Rise she asked for the timeline for

consultation. She also asked if changes had been made to the CQC Action Plan following the Extra Ordinary Quality Assurance Committee. Beverley Murphy advised that clinical oversight, leadership and monitoring in relation to patient safety had all been increased. In relation to the Action Plan Beverley Murphy advised that the committee's recommendations had been included in the final iteration.

Beverley Murphy reported that the responsibility for the Firshill Rise model was with the Clinical Director, supported by Dr Mike Hunter and herself, she would seek guidance from Jan Ditheridge in relation to timelines for sharing in the first instance with Quality Assurance Committee. Dr Mike Hunter advised the key principles for the clinical model are for focused purposeful admissions with defined outcomes, within a strategical commissioned system.

Phillip Easthope reported that capital was not an option for Phase 3 and therefore it is based on a revenue option. Following Regional meetings an action plan had been developed and responses to mitigations from internal variables, he used funding out of area as an example, if a ward had to close on safety grounds.

Board received the report and noted the content
Strategic discussion at Board on the clinical model for Firshill Rise.
Clinical Director to engage with Quality Assurance Committee.
Board to updated on further decisions in relation to Phase 3
Post risk assessment on the Estates work

MH/BM
MH/BM
PK
PK

PBoD 21/09/103 **Covid-19 Recovery Developments**

Board received the report for assurance.

Pat Keeling reported that the focus was now on the strategic priorities and recovery phase and the report aligned to the Integrated Performance and Quality Report.

Core activity for 18 out of the 25 services referenced in the IPQR had returned to pre pandemic levels, an increase in demand had been seen across acute crisis services. Further work had also been undertaken to identify staff working in clinical services who had not been double vaccinated. Beverley Murphy advised that improvements had been made in services and that whilst activity had been within the expected limits, it had been at the upper limit for a sustained period which had undermined any improvements.

A question had been raised in relation to risks, Beverley Murphy reported that whilst modelling had been undertaken it had been difficult predict demand whilst the pandemic continued. She was also mindful that if demand remained high, services would be challenged to meet targets. She was also mindful of some workforce issues in relation to recruitment and retention of staff and also the age of workforce and those nearing retirement age.

Dr Mike Hunter in relation to pressures on acute services, reported that Section 136 Place of Safety is used by the Police and will be a Key Performance Indicator (KPI) for Mental Health Legislation Committee (MHLC), he added that the majority of people admitted under S136 are not detained under the Mental Health Act.

Anne Dray in relation to demand asked if it was tracking to go above normal range that would require a review of investments. Beverley Murphy advised that discussions are ongoing with Commissioners and demand was not expected to fall to pre pandemic levels.

Prof Brendan Stone referenced the section on service recovery and asked why there was further investment in IAPT and not for those with complex needs, as the Trust was delivering on its IAPT targets. Dr Mike Hunter advised it was linked to the Mental Health Investment Standards and the national focus on supporting people for early intervention. Prof Brendan Stone asked if Commissioners were challenged on their

decisions. Dr Mike Hunter advised that addressing IAPT and primary care it would alleviate pressures on secondary care. Phillip Easthope added that conversations with Commissioners did take place in relation to where investments can be made. He noted that the Finance Report will show an underspend as the full allocation is realised and the true position will be presented Finance and Performance Committee in October 2021. Pat Keeling believed the triangulation was important in relation to workforce plan, demand and activity and could be more explicit.

Heather Smith referenced the Equality, Diversity and Inclusion (EDI) agenda and was concerned that a number of reports indicated no impact on EDI. She also noted that an area of focus was embedding the learning and new ways of working, but could not see the narrative to support this. Pat Keeling assured Board that the learning was being embedded, she used the example of Leaving Fulwood, with new ways of working from the Agile Working Policy and translating this into clinical services, through Attend Anywhere and virtual appointments. Pat Keeling also reported that the vaccination data highlight EDI issues.

Sandie Keene referenced Appendix 3 and asked if the extra staff was a nett increase or existing staff working additional roles or hours. She also noted that the Single Point of Access (SPA) was less than trajectory but the waiting list remained high. Beverley Murphy advised that focus was being given to SPA, but the number of referrals was outstripping resource, and the model is being reviewed. Pat Keeling advised that new staff had been recruited to IAPT.

Jan Ditheridge asked if the Government did invest into mental health recovery and elective care where it would be invested. Primary Care is under extreme pressure and are attributing this in part to an increase in people with mental health issues, she asked if, as a system partner enough was being done to support the roll out of Primary Care.

**Board received the report and noted the content
Further work to identify gaps and resources required to build a case**

PK

PBoD 21/09/104 **Integrated Performance and Quality Report**
Board received the report for assurance

Phillip Easthope reported on key highlights. He noted that following publication of papers an additional risk had been escalated in relation to the repairs required at St George's and the impact this is having on activity. In relation to Key Performance Indicators all committees had reviewed their KPIs.

In response to the question raised in relation to Care Planning Approach (CPA) in the Recovery Team, Phillip Easthope reported that further mitigating actions will be reported through the next Directorate Quality Review (Performance Framework).

Pat Keeling reported that staff at St George's had attended consultation meetings and their preferences for relocation would be considered, the first floor of the building is not being used due to the roof damage. Space at Wilkinson Street had been identified as an interim solution.

Prof Brendan Stone referenced the long waiting times in Autism, Gender Services and SPA, and noted that Quality Assurance Committee (QAC) had signed off recovery plans in March 2021, he could not see any improvements and asked what action was being taken. Phillip Easthope reported Finance and Performance Committee (FPC) recognise that implementation of the Performance Framework and recovery plans require further embedding and timely reviews scheduled. Beverley Murphy advised that QAC receive recovery plans bi monthly and the next reports would include a section on the impact on service users. She added that the next action in relation to Autism and Gender Services which are specially commissioned services would be to escalate the risks through Contract Management Board to Commissioners.

Anne Dray asked what the timescales were for St George's. Pat Keeling advised that the specification requirements will be collated and a business case prepared by 31 October 2021, leasehold buildings are being considered and options for co-locating the Eating Disorder Service with voluntary sector organisations are being explored. The target date to vacate is April 2022, Pat Keeling advised that if this could be escalated it would be, as mindful of the state of the building and colder weather.

Heather Smith asked if there was a timeline for production of heatmaps to look at both themes and services. Phillip Easthope believed that the review of the KPIs would enable development of a revised schedule for reporting.

Dr Mike Hunter reported that there had been progress in relation to the use of rapid tranquilisation and seclusion, which resulted in underutilisation of medication. He also noted the reduction in seclusion aligned to the period of consultation for the Restricted Practice Strategy.

**Board received the report and noted the content.
Review of the KPI to support development of a revised schedule for reporting.**

PBoD 21/09/105 **Transformation Report**

Board received the report for assurance.

Pat Keeling reported on the key highlights. She noted that three expressions of interest for capital funding totalling £130m had been submitted to support new build of therapeutic environments. The Community Facilities Programme had been established and St George's was identified as a priority and a cost pressure of £3m had been identified against Ligature Anchor Points.

The Chair noted that Fleur Blakeman, Director for Intensive Support, NHSE/I was also supporting the Trust in identifying further capital.

Board received report and noted the content.

PBoD 21/09/106 **Finance Report**

Board received the report for assurance.

Phillip Easthope reported on the key highlights. He noted the Month 4 underspend of £1.6m and attributed this to underspending on covid, mental health investment and out of area cost pressures. He referenced the forecast outturn and noted that the run rate shifts were not as expected and used workforce increases in line with investment as an example. This would be explored and reported through FPC.

The Chair was pleased to see that the Cost Improvement Plans (CIPs) would be presented to FPC in October 2021.

Board received the report and noted the content

PBoD 21/09/107 **Emergency Preparedness, Resilience and Response (EPRR) Annual Report**

Board received the report for assurance and were asked to approval it for publication.

Beverley Murphy reported that the Board are required to approve the annual report, a declaration against the EPRR standards. Finance and Performance Committee (FPC) had received and scrutinised the report and Richard Mills in his capacity as Chair of FPC had been assured that the Trust had met the standards. A rating of substantial assurance had been achieved.

Board received the report and noted the recommendation from FPC to approve the report for publication.

PBoD 21/09/108 **Safeguarding Adults and Children Annual Report**

Board received the report for assurance.

Beverley Murphy reported that Quality Assurance Committee (QAC) had received and scrutinised the report. She noted that during the year QAC had not been assured and had commissioned a rapid development plan. She reported that all the actions and improvements had been completed.

Board received the report and were assured that progress had been made

PBoD 21/09/109 **Infection Prevention Control (IPC) Annual Report**

Board received the report for assurance

Beverley Murphy reported that Quality Assurance Committee (QAC) had received and scrutinised the report. She noted that QAC had good assurance that all areas related to IPC were reported and they had good systems and controls to prevent the spread of infection. Capacity within IPC had been increased, which included access to a Microbiologist.

Board received the report and were assured.

PBoD 21/09/110 **Committee Activity (Alert, Advise, Assure)**

Board received the report for assurance.

The Chair presented the report and asked if the Board Committee Chairs had any further comments. He noted that the report detailed committee activity and any areas a committee felt needed to be escalated to Board.

The Chair noted that this style of reporting was introduced recently and would be subject to a review for its effectiveness.

**Board received the report and noted the content
Review of the effectiveness of the report.**

Dir Corp
Gov

PBoD 21/09/111 **Medical Appraisal and Revalidation Annual Report**

Board received the report for assurance and approval.

Dr Mike Hunter reported that Board are required to receive an annual report in relation to the process and compliance with medical appraisals and revalidation.

Dr Sobhi Girgis, in his capacity as Responsible Officer assured the Board that there was a robust and integrated system in place, which was transparent and responsive. He reported that working thorough the pandemic had been challenging, and following a short period of suspension, the appraisals were completed within the timeline. The Trust had achieved an above average rating for submission.

Dr Sobhi Girgis referenced Section 7 - Statement of Compliance and noted Board are asked to approve the report. He also referenced Appendix b - Fair to Refer Report, recommendations 3.1-3.4 and 2.1 noting that they were directed at the Board.

The Chair referenced the Fair to Refer recommendations and noted the wider implications that needed to be addressed. Dr Mike Hunter reported that the General Medical Council (GMC) are concerned that it receives a disproportionate number of referrals related to the practice of Doctors from BAME backgrounds, which are often complex and involve structural or discriminatory factors. The GMC has set targets for reduction. Dr Mike Hunter suggested Dr Sobhi Girgis and himself review this and report through People Committee.

**Board received the report and were assured a process was in place for revalidation and appraisals.
Recommendations from the Fair to Refer Report to be presented to People Committee**

MH

PBoD 21/09/112 **Guardian of Safe Working Quarterly Report**
Board received the report for assurance

Dr Mike Hunter reported that Board received the report as assurance that Junior Doctors were working within their contracts and were not exceeding safe working hours. He noted that there had been no expectations reported during the quarter.

In response to the question raised in relation to abbreviations of grades Dr Mike Hunter advised that a key would be added to the next report.

Board received the report and were assured.

PBoD 21/09/113 **Board Visits**
Board received the report for information

Beverley Murphy reported that Quality Assurance Committee (QAC) had received and scrutinised the report. It was acknowledged that there had been challenges in the organisation of visits and this had now transferred to the Clinical and Quality Standards Team. A revised feedback form was also being piloted.

Beverley Murphy noted that the themes that have emerged from the feedback triangulated with the reports today and in committees.

Jan Ditheridge noted that the majority of feedback was from staff not from service users, she was however mindful that face to face engagement had been restricted and meetings had been held over MS Teams. She added that there were negative themes and she would like to see evidence triangulation. Consideration also needed to be given in relation to closing the loop.

The Chair noted that the visits were now face to face and a good opportunity to engage with frontline staff and triangulation this with the reporting through committees and Board.

Board received the report and noted that there was further development.

PBoD 21/09/114 **Proposed Dissolution of 7 Hills Care and Support Limited**
Board received the report and were asked to support the recommendation to dissolve the company

David Walsh reported that the company was set up in 2015, and that at the time the Trust had a different strategic approach and aspirations.

David Walsh reported that the company has remained dormant, he added that there was certain amount of bureaucracy to maintaining the company, as by default the Trust's Director of Corporate Governance is an appointed a Director. He advised that the company had £100 in its account, and that if the money was not transferable to the Trust it would pass to the Crown.

Board received the report and supported the recommendation to dissolve the company.

PBoD 21/09/115 **Board Work Programme**
The Board received the report for information.

PBoD 21/09/116 **Any Other Urgent Business**

The Chair reported that David Walsh, Director of Corporate Governance was leaving the Trust and this had been his last Public Board meeting. He thanked David for his work on the Well Led Development (CQC) and reviewing governance and for his contribution at Board. On behalf of the Board he wished him well for the future.

PBoD 21/09/117 **Any Other Urgent Business**

No Other business was discussed

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

Wednesday 24 November 2021 at 9.30am

Format: MS Teams

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

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