Board of Directors – Public

CONFIRMED Minutes of the 142nd Public Board of Directors held from 9:30am on Wednesday 24 November 2021. Members accessed via MS Teams and the meeting was livestreamed for the public.

Present:	Sharon Mays, Chair
(voting)	Jan Ditheridge, Chief Executive Anne Dray, Non-Executive Director, Chair of Audit & Risk Committee Phillip Easthope, Executive Director of Finance Olayinka Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee Dr Mike Hunter, Executive Medical Director Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee Beverley Murphy, Executive Director of Nursing, Professions and Operations Caroline Parry, Executive Director of People Heather Smith, Non-Executive Director, Chair of People Committee
(non-voting)	Prof. Brendan Stone, Associate Non-Executive Director. Susan Rudd, 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) Sharon Sims, PA to The Chair & Director of Corporate Governance (Minutes) Andrew Male, Chief Digital Information Officer (Item 11)
Apologies:	None

	Item	Action
	The Chair welcomed members to the meeting held on MS Teams and noted that it was her first meeting at Chair. The meeting was live streamed for members of the public.	
PBoD21/11/118	**A Carers Story Carer – caring for someone with Dementia** The Chair welcomed Sally, a carer and Mia Bajin, Engagement and Volunteer Manager to the meeting. Beverley Murphy introduced Sally, a carer for her husband David and invited Sally to share her experience of the older adults services. Sally explained that David had been diagnosed with Early On-Set Alzheimer's three years ago and the Memory Clinic had referred him to the OACMHT for additional support. They had received regular visits to check on his health and their wellbeing and during the pandemic there was extra support to enable Sally to have some respite. During the last year David's behaviour had become more challenging and his care was transferred to the Home Treatment Team. It had been a difficult transition as there had been no consultation in the decision making and the service is not available in the evenings which is often when she needed additional support. Following a difficult episode at home David needed to be admitted. He was offered a bed on G1 Ward at short notice and Sally said she had felt pressured into agreeing and had no time to prepare David. She found this particularly difficult and added that because of the pandemic restrictions she had not been able to go with him.	

	Sally reported that following his admission David had been placed in seclusion a number of times, had a number of physical ailments and a respiratory problem which resulted in admission to the acute hospital. Sally said that the restrictions during the pandemic had denied her daily access to David and that she had struggled seeing his condition deteriorate in a short space of time and felt she had lost him. David was unable to return home and was admitted to a nursing home, at which point this health had improved. The Chair on behalf of the Board thanked Sally for sharing her experience and acknowledged it had been a difficult time which had not been helped by the restrictions during the pandemic. Prof Brendan Stone referenced Sally's comment in relation to David's care and decision making and asked what could have been different. Sally responded that she had questioned the transfer to different teams, as David needed to have consistency, she also lost the extra out of hours support due to the operating hours of the Home Treatment Team. Prof Brendan Stone asked Sally if she had been supported, she responded that she had a good GP and had also been able to access sessions with a Psychologist, which are recorded on David's care record. The Chair asked Beverley Murphy if feedback was being used to support learning and service improvement. Beverley Murphy advised that feedback and service user experience had informed the next steps and led to a review of G1 Ward. Quality Assurance Committee had received and will monitor the improvement plan. She would also be sharing Sally's experience with the teams on the older adults pathways, and the impact of Government restrictions during the pandemic from a carer's perspective. Sally added that she had wished she had been allowed unrestricted visiting during the pandemic. The Chair advised Sally that if she would like to provide feedback to the Carers Group, her contact details could be passed on and thanked her again.	
PBoD21/11/119	**Welcome and Apologies** The Chair welcomed Susan Rudd, Interim Director of Corporate Governance to her first Board meeting. No apologies were received.	
PBoD21/11/120	**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.	
PBoD21/11/121	**Minutes of the Public Board of Directors meeting held on 22 September 2021** The minutes of the Public Board of Directors meeting held on 22 September 2021 were agreed as an accurate record following minor amendment.	
PBoD21/11/122	**Matters Arising and Action Log** Members reviewed and amended the action log accordingly. Updates on outstanding actions were noted.	
PBoD21/11/123	**Chair and Non-Executive Directors Report** The Chair thanked everyone for the warm welcome she had received on joining the Trust, and had a busy few weeks with her induction focusing on the Trust, people and partners. She noted that she had met with all the Board members and had attended four Board committees and would complete the cycle in December 2021. The Chair had visited the Homeless Assessment and Support Team (HAST) with Dame Carol Black and Prof Tim Kendall and had further visits scheduled with Jan Ditheridge, Beverley Murphy and Pat Keeling. She had also met with colleagues	

	from the Care Quality Commission and NHS England/Improvement and the chairs of partnership organisations. In relation to staff engagement, the Chair had attended the three staff away days where there was opportunity to listen to and speak with staff. She had also delivered a welcome speech at the Working Together Conference. The Board Development sessions had continued through October and November 2021 and had focused on leading cultural change, a further session was planned for December 2021. System working had continued at pace and the Chair had attended a number of meetings, which included an introductory meeting with Pearse Butler, the Chair designate for the South Yorkshire and Bassetlaw Integrated Care Board (SYBICB), inviting him to visit some of the Trust's sites. She added that the announcement of the Chief Executive designate of the SYBICB was imminent. The Sheffield Accountable Care Partnership (ACP) had changed its name to Sheffield Health and Care Partnership (HCP) and the Chair had attended a number of chairs meetings and had also attended their board meeting with Jan Ditheridge. Their agenda included updates on operations and workforce and a discussion on the working arrangements. The work of the Mental Health Collaborative Alliance is progressing and the Chair and Jan Ditheridge attended a shadow board meeting, where development of the alliance was discussed and the Board would receive an update in due course. The Council of Governors met in October 2021 and are scheduled to meet in December 2021. As part of her induction the Chair had meet with a number of Governors for "getting to know you" sessions and to discuss Governor development. The Chair reported that Sandie Keene, Non-Executive Director would be leaving the Trust on 31 December 2021, that this was her last public Board meeting, and to put on record her thanks to Sandie for the work she has undertaken as a NED and to wish her well in the future. The Council of Governors have started the process to appoint a new NED. **Board received the update from the Chair**	
PBoD21/11/124	**Chief Executive's Briefing** Board received the report for information. Key highlights to note: Jan Ditheridge reported that the Autumn budget included national policy updates and a detailed summary was included in her report. Whilst the Operational Planning Guidance and priorities were discussed in other forums, Jan felt it would be useful to include an overview, and the alignment of committee discussions. She had also included details of the risk summit that had been convened locally to discuss the clinical pathway for young people with mental health issues, and how funding would support strategy. Richard Mills was mindful that services to support children moving into adult services had been an ongoing issue and would be keen to see a resolution. Jan Ditheridge noted that the access for 16 and 17 year olds when in crisis is through Accident and Emergency in adult rather than children's services. She was mindful that numbers were low and each occurrence re-escalated the issues. She added that the Trust did not provide Child and Adolescent Mental Health Services (CAMHS), and if they presented in Accident & Emergency at Sheffield Teaching Hospitals NHS FT expert CAMHS advice would be sought to undertake assessments. The Trust will be contributing to the discussions at System and Place, as this was not localised and	

	was a national issue. There was also a keenness to work in partnership with CAMHS. Heather Smith was mindful of the recruitment problems and noted that she had not seen apprenticeship schemes/funding discussed at People Committee. She was also keen to understand how inequalities were being addressed. There were five areas referenced in the report including strengthening leadership and accountability and asked if there plans in place. Jan Ditheridge advised that the Trust is engaged in a wide range of apprenticeship schemes, and that the future focus on workforce and in particular work on health care support workers would be discussed at People Committee. Caroline Parry advised there were opportunities in both clinical and corporate areas. Jan Ditheridge advised that work had progressed on leadership and accountability in a number of areas, but there was not an overall plan for board level, she would need to give thought to what it would look like. Sandie Keene referenced the spending review and asked about risks. She was also concerned on the expectation for waiting lists and asked if there would be support from the System, noting that this had been discussed at Quality Assurance Committee. In relation to inequalities she was mindful there was work focused on BAME and asked about work on social deprivation. Jan Ditheridge advised that there was a lot of data on inequalities that sat within the Joint Strategic Needs Assessment (JSNA). She used the Primary Care Mental Health pilot as an example of where this data was used to ensure the focus was given to create centres in deprived areas, which feeds into the Trust's clinical strategies and transformation projects. In relation to the question on the spending review, Jan Ditheridge noted there would be a significant drop after three years, she believed that the biggest risks related to recruitment and meeting the Mental Health Investment Standard, which would require robust Cost Improvement Plans (CIPs) and good cost benefits on future transformation projects. In regards to waiting times, Jan Ditheridge advised that the majority of funding had been allocated to acute services. Olayinka Fadahunsi-Oluwole asked if there would be a risk if staff declined vaccinations, noting that in some settings this was mandatory. She also asked if the feedback from Service reviews could be shared. Jan Ditheridge advised that staff are supported to have the Covid vaccine, and there is a need to understand the rationale for those who decline. Once risk assessed staff may be redeployed. In relation to the reviews, there have been no urgent concerns identified and formal feedback would be collated for Board. Anne Dray referenced the spending review and asked if there had been opportunity to map the priorities against the Clinical and Social Care Strategy. Jan Ditheridge advised that they had been mapped and costed against the transformation projects, she did not believe that strategies had been costed in the past and that this may be an area for consideration. **Board received the report and noted progress in a number of areas** **People Committee to receive information on the Trust's apprenticeship schemes and future workforce planning.**	PK SR
PBoD21/11/125	**Winter Planning and Covid Recovery** Board received the report for information and assurance. Beverley Murphy reported that the report focused on meeting the requirements of the long-term plan and the contribution the Trust can make to the 10 point plan for urgent and emergency care. One key risk to note, which would challenge the investments is related to recruitment. The majority of services had moved into recovery mode and are experiencing increased demand and at their upper limits. The Board committees were sighted on these areas through the Integrated Performance and Quality Report	

	and were monitoring a number of improvement plans. The vaccination programme had progressed, and hubs established local to services. Beverley Murphy reported that Board is asked to consider two recommendations, firstly to be cognisant of the risks to recruitment for alignment to investment in the long-term plans and secondly for Board to remain focused on the impact to staff working through the pandemic. Heather Smith referenced the section on service recovery and asked whether the positive impact of changes in services could be shared. She also asked if there was a risk in relation to the size of caseloads. Beverley Murphy noted that services had, had to adapt due to the limitations of face to face interaction and that some of the changes had remained giving service users more flexibility in how they engage. She was mindful that Board had received an initial report and would look at a revision. In relation to caseloads it was noted that the Trust benchmarked well in this area, during the pandemic service users had not been discharged and there was now a focus for practitioners to review their caseloads. Richard Mills, mindful that expenditure and underspend is being tracked asked if there would be a focus on proactive recruitment as part of workforce planning. Beverley Murphy believed there needed to be a stepped change in both recruitment and retention and noted that Workforce and Operations were working collaboratively on solutions. She added that skill mix within teams would also be undertaken and reported through Finance & Performance Committee (FPC). Jan Ditheridge added that development of robust workforce plans was also a priority. Jan Ditheridge, mindful of Sally's story and the situation she experienced in relation to visiting, asked if there were any areas that continued to have restricted visiting. Beverley Murphy advised that two wards had outbreaks and visiting had been restricted to comply with national guidance and that risk assessments were routinely undertaken. Jan Ditheridge noted that IAPT services had continued to deliver a large proportion of their service virtually, she attributed some of this to social distancing and lack to space within Primary Care settings and asked if Board could be updated from a service user and staff perspective on the robustness of the risk assessments. Beverley Murphy assured Board that face to face appointments were still offered and the individual's needs assessed. There was good evidence to suggest that the flexibility of virtual and remote appointments had worked well, she noted that recovery rates from BAME groups had improved. Further work into 2022 with IAPT will include outreach to the Universities, development of materials in different languages. Olayinka Fadahunsi-Oluwole asked if the guidelines for social distancing still impacted. Beverley Murphy advised that those services had recovered. Phillip Easthope referenced Section 2.4 and believed that some of the financial context had been lost. He noted that that where it referenced the significant surplus over plan related to the year-to-date position, an amount of resource had been committed to manage some cost pressures and submit a balanced plan. Sandie Keene asked whether social care workforce planning was aligning with NHS planning. Beverley Murphy advised that the approach would be to look at a broad range of skills and competencies, which will include social work workforce, voluntary sector and housing to maximise the benefits. Jan Ditheridge noted that Place had discussed workforce planning, the social care workforce were at a greater risk than NHS as they were more transferable. The System partners had agreed to support a number of actions. She added that Primary Care was another area considered to be a risk. **Board received assurance from the report** **Review Visiting Protocol and Government Guidelines during pandemic**	BM

	Review risk assessment for all staff and consider if the exercise needs to be repeated	BM
PBoD21/11/126	**Back to Good – Progress and Exceptions** Board received the report for information and assurance. Dr Mike Hunter reported that the Back to Good Programme Board were progressing the actions from the Care Quality Commission report published in August 2021 and the outstanding longer-term actions from the 2020 report. The areas that overlapped included staffing, estates and physical health. He noted that the Board can be assured that physical health monitoring had progressed and that there had been evidence of this from Board visits. In relation to the estates programme of work, this was on track with the exception of a supply chain issue related to door fittings. The risks related to inability to recruit impacted on patient care and the mitigations were detailed in the report and included progression of the clinical service reviews. Sandie Keene referenced the section on therapeutic environmental costs and asked for clarity on the capital funding for the decamp wards. Phillip Easthope advised that the lack of capital funding had driven the discussion on the options, he confirmed it was a priority and had been built into capital plans for 2022/23, and the revenue costs for out of area were a cost pressure. Prof Brendan Stone, mindful of all the estates work asked if consideration had been given to technology to ensure service users had access to wi-fi. Dr Mike Hunter confirmed that all the wards had good access. Olayinka Fadahunsi-Oluwole asked for clarity on the different between de-escalation and seclusion rooms. Dr Mike Hunter advised that a seclusion room was a confined space built to a defined specification used for restricted intervention, whereas a de-escalation room was a space of calm and tranquility. Jan Ditheridge referenced the work on physical health, she would like to see the progression to audits and feedback and the triangulation to give assurance it was being implemented and embedded. In relation to the inadequate rating and Section 29A for the acute wards she asked for clarity on the risks that remained and compliance with the 29A and their RAG status. Dr Mike Hunter advised that there were three elements to the Section 29A, the ligature risk, the actions to address them and assessment and safeguarding. Work had progressed on the removal of anchor points, the wards had heatmaps to identify key issues as well as service user assessments in care planning. In relation to the question on safeguarding, Dr Mike Hunter assured Board that there had been significant improvements in practice. **Board received the report and noted progress.**	MH
PBoD21/11/127	**Integrated Performance and Quality Report (IPQR)** Board received the report for assurance Phillip Easthope reported the focus had been on the feedback from the committees and their recommendations for further improvement. Sandie Keene, refenced the delayed discharges of care as a risk and noted that length of stay was also emerging, as some wards had significant length of stay. She was also concerned with the low achievement of Cost Improvement Plans (CIPs) and asked for assurance that these areas were being addressed. Phillip Easthope agreed that the CIPs were low and noted that this aligned with other Trusts in the Integrated Care System (ICS). He attributed this in part to the pandemic and changes in the financial framework. Finance & Performance Committee have overseen the development of the refreshed approach, with ownership and deliverability, he added that the Deputy Director of Finance would lead this piece of	

work with a plan to roll into 20022/23, with a recurrent CIP plan. The Chair asked if the next AAA report from FPC could include an update.

In relation to the length of stay question, Beverley Murphy assured Board that length of stay was included in the monthly operational quality and performance reviews, and the Clinical Directors were reviewing reports on each area. A Multi-Disciplinary Team (MDT) review panel had also been implemented focused on the crisis pathway to ensure service user needs were met.

Prof Brendan Stone noted that following the carer story he had reflected and asked if Board were sighted on the impact of seclusion and restricted practice. Sandie Keene advised that Quality Assurance Committee monitored this area, she added that following a deep dive of G1 ward, new innovations had been introduced, resulting in a reduction in restricted practice. She was assured there were measures in place, but perhaps not focused at an individual's level. Beverley Murphy advised that historically there had been an over reliance on restricted practices, the refresh of the Restricted Practice Strategy will drive improvement, and each ward had their own plan. She noted that every episode of restricted practice is reported and reviewed by the Safety Team and escalated as necessary. Feedback from service users following an episode are also sought. She added that the creation of a therapeutic environment also had a positive effect on the use of restricted practice. She used Stanage Ward as an example of a team that had worked hard in this area. The restricted practice conference had also been a forum to share the improvement work and receive service user feedback.

Heather Smith reported that People Committee reviewed the IPQR and that there had been some reference in the report to workforce, she noted that committee were concerned by the rising trends of sickness absence, turnover and vacancy rates and believed them to be risks but did not see them articulated in the report. Phillip Easthope agreed to liaise with Caroline Parry in relation to input from People Committee in future reporting. In relation to sickness absence, Caroline Parry acknowledged this was high and noted that it was comparable with other trusts. She reported that the HR Business Partners were identifying the areas of high absence and contributory factors. Jan Ditheridge added that sickness absence was discussed across all teams and that there was a partnership approach to improvement. She would expect People Committee to discuss actions and recovery plans and for Board to be sighted on the narrative driving the risk.

The Chair had a number of questions which she required clarity on and would raise them outside the meeting with Beverley Murphy and Phillip Easthope.

Board received the report and noted the progress and areas of improvement.

a) <u>Mortality Review (Q2)</u>
Committee received the report for assurance.

Dr Mike Hunter reported that Quality Assurance Committee (QAC) had requested further information on the thematic learning from structured judgement reviews. He referenced the appendix of the report which had focused on ten reviews. The themes included; improving joined up approach to physical health, medication side affects, substance misuse, communication and isolation through the pandemic.

Dr Mike Hunter assured Board that a structured judgement review is undertaken on every death and that the team are engaged in the process and take the learning back into the team. The Mortality Review Team are engaged with the National Better Tomorrows programme to further improve the approach, which will include a specific mental health assessment tool and learning over process.

Dr Mike Hunter reported that Internal Audit had given significant assurance in 2018, he believed that with all the changes it would be advisable to focus a re-

	audit on learning. Anne Dray referenced the learning slide and noted that monitoring of physical health had been identified and asked if the learning was being transferred. Dr Mike Hunter advised the Fundamental Standards of Care visits informed the lines of enquiry to be pursued. Sandie Keene asked for clarity on the engagement with carers and families. Dr Mike Hunter advised they were not involved in the Structured Judgement Review as it was a desktop exercise, they did however have an opportunity to feedback on the care and their experience. Jan Ditheridge referenced the section on the demographics related to the early death for people with a mental health illness or a learning disability and asked how deaths were investigated. Dr Mike Hunter advised that a Structured Judgement Review approach cut across themes, and the challenge in assessing how effective care and support had been to enact a change in someone's life. **Committee received the report and noted the progress.**	
PBoD21/11/128	**Transformation Report** Board received the report for assurance Pat Keeling reported three key areas to note; firstly, the Community Facilities and the Learning Disabilities programmes had been established and their Terms of Reference, Project Initiation Document (PID) and key milestones were included in the appendices of the report. Secondly that concerns had been raised in relation to resourcing of a number of programmes, this has been attributed to slippage in the Community Mental Health Teams (CMHTs'), project, a chronology will be undertaken and Board updated in December 2021 and thirdly an audit of the Transformation Programme and Project Management Office had provided feedback on improvements to reporting. Olayinka Fadahunsi-Oluwole noted her concern that not all ligature points had been removed due to lack of funding and asked for clarity on this. Pat Keeling advised that the work to date had exceeded the initial budget, she assured Board that £1.5m had been identified from Capital and diverted from other projects. Sandie Keene referenced the CMHT programme, she noted that Quality Assurance Committee received reports on the CMHTs focused on quality issues, and committee had raised concerns in relation to capacity and timescales for delivery, but had not been advised of the high risk rating. Pat Keeling advised that the Senior Responsible Officer (SRO) received updates and would ensure there was consistency in reporting. Heather Smith noted that all projects had undergone an Equality and Quality Impact Assessment (EQIA) and consideration against cultural transformation and workforce agenda, she would be interested to see the outcome and any commonalities. Beverley Murphy reported that the CMHT Project had been delayed due to an industrial dispute, which had moved on and then compounded by the constraints of the pandemic. The report to QAC gave an overview of a different approach with collaboration and co-production and that it had moved at pace, she noted that the progress in the transformation report was based on the historical and pandemic challenges. The Chair acknowledge the work that was being undertaken on what are some significant projects. She asked if reference to service user/carer engagement could be included in all projects. **Board received the report and noted progress**	

PBoD21/11/129	**Digital Strategy** Board received the report for assurance and approval Phillip Easthope reported that the Strategy had been developed, followed governance processes and been presented in a number of forums. He added that the feedback from engagement and co-production had influenced a number of improvements. The next steps would be to produce an accessible version of the Strategy and to map the financial implications to deliver on the Strategy. The principles and priorities of the Strategy were detailed in the report. Phillip Easthope noted that one of the priorities would be to support improvement to therapeutic environments, which had been raised in a question related to Wi-Fi access for service users. Andrew Male reported that research had been used to inform the Strategy and validated with partners including conversations with Primary Care Sheffield and Flourish. He advised that further standalone programmes would be developed and included digital skills and therapeutic environments as well as other initiatives that would sit within existing programmes. Prof Brendan Stone was pleased to see there had been engagement and insight from other organisations and believed there was a need for co-production standard to ensure a robustness to measure quantity and quality of service user engagement. He noted that there was reference to a lack of digital services on the wards and asked for clarity on what was currently available. Andrew Male advised that all wards had guest Wi-Fi and that on some areas experienced a weak signal. He noted that there was also a need to understand the requirements for each service and the needs of service user as part of their day to day functionality. Pat Keeling advised that there were issues at Michael Carlisle Centre and attributed this to the constraints of the building and the strength of signal in the locality. She advised that it was a priority for the programme. In relation to the Strategy she would like to have seen reference to affordability. She also referenced the Sustainability Strategy and noted there were deliverables for IMST and suggested reflecting those in the Strategy. Phillip Easthope reported that Finance & Performance Committee (FPC) had discussed development of need and cost for implementation over the five year period and confirmation of capital financing for the period and a plan will be shared with FPC. Olayinka Fadahunsi-Oluwole asked if alternatives had been considered to include translation or the use of audio technology. She also asked if there would be a move to nhs.net. Andrew Male confirmed that there would be development of alternatives, in relation to using nhs.net, he advised there were no plans to transition to this platform as the current system gave flexibility. **Board received the Strategy and noted the progress in its development in a number areas and agreed to approve the Strategy.**	
PBoD21/11/130	**Integrated Care System (ICS) Progress** Board received the report for assurance. Pat Keeling reported that Integrated Care Board and Integrated Care Partnership were both in the design stage and an overview had been detailed in the report. Sandie Keene asked if pooled budgets would be in the new system. Phillip Easthope confirmed they would and that discussions were on-going on the arrangements. **Board received the report and were assured of progress**	

PBoD21/11/131	**Finance Report** Board received the report for assurance. Phillip Easthope reported that the Trust position at M6 was a £2.3m underspend, he noted that the Trust had submitted the plan for H2 at break-even to support the management of cost pressures and to fund a number of Winter pressure initiatives, whilst also seeking support from the System. The underspend aligned to Covid, short-term non recurrent funding and underspend against allocation which aligns to discussions related to CIPs and future pressures. The report also included detail on Out of Area and agency cost pressures. Richard Mills mindful the report was for M6 noted that there had been developments with the Capital Programme, he noted that historically this had been a healthy position, FPC were aware there were now pressures related to management of in-year schemes and that priorities would have to be set and managed through the Capital Plan and may require external support. **Board received the report and were assured of progress**	
PBoD21/11/132	**Annual Equality and Human Rights Report** Board received the report for information and assurance. Caroline Parry reported that the Trust are required to publish an annual report and she highlighted a number of areas. The Inclusion and Equality Group would be working through the actions and would align with the newly established Patient and Carer Race Equality Framework and would pay attention to the quality objectives for service users. There had been progress against the Workforce Race Equality Standard (WRES) and a new disparity ratio to measure BAME staff progression into leadership roles had been introduced. The resourcing in the Equality and Inclusion Team had also been strengthened to support delivery of the WRES. To support delivery of the actions in the Workforce Disabilities Equality Standard (WDES) the Disability Staff Network had been re-established and a bid to support Rainbow Badge training had been successful and receiving funding to become a pilot site. Beverley Murphy noted the progress against the accessible information standard but noted it was a very small percentage when compared with the number of contacts. The aim would be to report by team to drive improvement and compliance. Jan Ditheridge believed that the report identified improvements and further areas of focus. She had attended the Working Together Conference and noted this report had not been shared and she continued to hear staff voice their concerns in relation to the lack of progress in some areas. She asked Caroline Parry to liaise with the Communications Team promote the report. Olayinka Fadahunsi-Oluwole raised a number of points and had suggestions on how to strengthen the report. The Chair suggested she met with Caroline Parry to feed into the next report as the publication of the 2021 report was imminent. Olayinka Fadahunsi-Oluwole was concerned that her comments would not be included. Jan Ditheridge reported that there was a template with required answers to specific questions. The Chair noted that there was data missing on disabled staff and asked for clarity on this. Caroline Parry advised it was a timing issue as the data from the staff survey was not available. The Chair noted that the Board were asked to approve the report and asked Caroline Parry to liaise with Olayinka Fadahunsi-Oluwole for inclusion of comments. The date for publication had been confirmed as November 2021, it was noted that	

	the report had been uploaded onto the Website as an attachment to the Board papers for the meeting. Olayinka Fadahunsi-Oluwole raised queries on the following points. • Likelihood for BAME involved in disciplines and anxiety levels for staff - addition of white staff as a comparator. Caroline advised that this was a priority area and case reviews were undertaken to ascertain if BAME staff of those with protected characteristics were disproportionately represented. There had also been a focus on early resolution and trained a number of mediators to offer support. Dr Mike Hunter reported that the graph showed the comparator. • Include the start date of the offer for flexible working. Caroline advised that there was a national requirement from September 2021 to offer flexible working, the narrative in the report included reference to "this had already been in place for many years" to be changed to a more explicit date. • Consideration to be given to have a Staff Network Group representative on disciplinary panels. • Increase leadership roles, the aim should be to meet the national target. • Disability and long-term conditions, consider what adjustments could be made to support them and increase the workforce • Increase the amount of easy read/visual material. Jan Ditheridge reported that the Trust used the Easy Read Tool. • Sexual orientation - change references from sex to gender. • Human Rights Day 10th December 2021, how was this being celebrated. Caroline Parry reported that a conference was being held which was also a forum to introduce the Human Rights Officer. Information will be cascaded. • Improvements to Covid experience – ensure robust PPE, concerns with those on zero hrs contracts and attending when sick to note be disadvantaged. Jan Ditheridge reported that there were no staff on zero hrs contracts and staff were protected under Agenda for Change. The Chair noted that points raised that related directly to the report included strengthening the wording related to date of implementation of flexible working, check the language sex/gender and ambition to exceed the national target related to leadership roles. **Board agreed to the amendments and publication of the report** **Caroline Parry agreed to liaise with Olayinka Fadahunsi-Oluwole**	CP
PBoD21/11/133	**Gender Pay Gap - Progress** Board received the report for assurance Caroline Parry reported that Board received the 2020 Gender Pay Gap report in March 2021 and had requested a progress update. When benchmarked against the National position the Trust did not have a significant gap for those within Agenda for Change pay bands, there were however gaps in leadership roles and medical workforce. She noted that 2021 data had been used to demonstrate the changes and added that work continued in relation to promotion of women into senior roles and had recruited to a number of posts. In relation to medical workforce she noted there had been challenges, and noted the progress in Clinical Excellence Awards which had closed the gap. There had also been a focus on promotion of flexible working. The next Gender Pay Gap Report would be prepared for March 2022 and	

	shared with People Committee prior to Board. **Board received the report and noted the progress.**	
PBoD21/11/134	**Anti Racism Statement – Next Steps** Board received the report for assurance and approval Caroline Parry reported that the Anti Racism Statement had been launched at the Working Together Conference, and the feedback from the event would feed into development of the implementation plan. She noted that the Equality, Diversity and Inclusion team would work with the Communication Team on a number of scheduled activities. Jan Ditheridge believed the focus had not been a launch at the Working Together Conference asked if had now been shared trust wide and if staff were aware of it and able to contribute. She asked if the initial feedback had highlighted any areas that required focus. Caroline Parry advised that the feedback was still being collated. The Chair agreed that it had not felt like a launch and there was a need to promote the statement, she added that she had also attended the staff away days and had heard comments and asked if all the feedback could be collated. **Board received the update and noted progress** **Updated actions, timeline and feedback to be presented to Board in January 2022.**	CP CP
PBoD21/11/135	**Committee Activity** Board received the report for information. Susan Rudd reported that the report provided an update from the chairs of the Board committees on the recent committee activity under the areas of alert, advise or assure. Richard Mills noted that the format had been established within the last six months and asked if a review was timely to evaluate is usefulness. The Chair advised that both Susan Rudd and herself were new to the Trust and had a view which could be discussed further. **Board received the report for information.** **Review the Committee Activity reporting**	SR
PBoD21/11/136	**Board Assurance Framework (BAF)** Board received the report for assurance and approval Susan Rudd reported that an overview of the BAF risks were detailed as a snapshot within the report. She noted there had been significant work on the BAF over the last quarter and Board are asked to consider one change. BAF00014 related to retention of staff had been reviewed by People Committee and their recommendation would be to increase the score from 9 to 12. Richard Mills noted that Finance & Performance Committee (FPC) and Quality Assurance Committee (QAC) believed that there were a number of BAF risks that had remained stable, but high risk and recognised that they were not easily resolved, he added that committees were receiving recovery plans to bring risks back to target. He was mindful that this was an area that Auditors may focus on. Heather Smith referenced BAF0025 related to patient harm on in-patient wards, and asked why this had increased. Beverley Murphy believed that the target risk score had increased. Anne Dray noted the format had changed, and that previous versions had included	

	directional arrows which had been useful to track progress over a period. She assured Board that Audit and Risk Committee continued to monitor the BAF in detail. The Chair acknowledged the progress and noted there was further work to populate the gaps and review the timing for presentation to Board. The Chair referenced BAF0024 related to delivery of improvements and noted that a gap in control was that Board had not received a Safer Staffing report in12 months and asked for clarity. Beverley Murphy reported that the Trust had not historically kept pace with six monthly and annual reviews. She advised that NHSE were engaged in training staff to undertake establishment reviews and this would feed into committees from January 2022. **Board received the BAF, noted the content and agreed that further work was required on its development.** **Corporate Risk Register (CRR)** Board received the report for assurance and approval Susan Rudd reported that an overview of the CRR risks were detailed as a snapshot within the report. She noted that six risks had been added to the register and that they had been through governance process and scrutiny at Board committees. A further six risks had been reviewed and de-escalated from the register. Heather Smith referenced new Risk 4742 related to failure to deliver PREVENT Wrap training and asked how quickly this could be rectified. She also referenced Risk 4749 related to a reduction in the training budget and noted that this had been discussed at People Committee, she believed the risk needed to be defined to identify the impact and mitigations required. The Chair noted there was further work to populate the gaps and update progress against a number of risks. She noted that two of the new risks related to physical documentation and would seek clarity on the rationale for them being escalated to the CRR. **Board received the CRR, noted the content and agreed that further work was required on its development**	SR SR
PBoD21/11/137	**Annual Review of Committee Effectiveness and Objectives** Board received the report for assurance. Susan Rudd reported that the annual review of Board committees had included Audit & Risk Committee (ARC), Finance & Performance Committee (FPC), People Committee (PC) and Quality Assurance Committee (QAC). The Mental Health Legislation Committee (MHLC) having been established in April 2021 and had not been subject to a review and would be included from 2022/23. The review provided assurance to the Board that committees were operating effectively against their Terms of Reference and achieving their objectives. Audit & Risk Committee had received the report in October 2021 and recommended it for presentation to Board. The Chair noted that the timeline for reporting would change to align with end of year reporting. **Board received the report and were assured.**	
PBoD21/11/138	**Review of Standing Orders, Standing Financial Instructions, Scheme of Delegations** Board received the report for assurance and approval.	

	Susan Rudd reported that Finance & Performance Committee (FPC) received the review and were asked to consider a number of recommendations which included changes in the level of authority limits, committee structure and job titles. FPC had scrutinised and supported the changes and recommended for Board approval. Susan Rudd noted that there was an error in the report and confirmed it was Board not Council of Governors that were required to ratify changes. **Board received the report and approved the changes.**	
PBoD21/11/139	**Guardian of Safe Working (Q2) Report** Board received the report for assurance Dr Mike Hunter reported that the Guardian of Safe Working (GoSW) was required to produce a report for Board providing assurance that the Trust were compliant with the contractual arrangements for Junior Doctors. Dr Mike Hunter advised that the exceptions in Quarter 2 had been resolved and had not required escalation. The Chair asked if the GoSW presented to Board. Dr Mike Hunter advised that the GoSW attended to present the annual report and would attend quarterly if he had concerns. **Board received the report and were assured**	
PBoD21/11/140	**Board Work Programme** Board received the work programme for information. It was noted that the quarterly Well Led Development Programme had slipped and would report in January 2022. Two strategies were off trajectory. Beverley Murphy reported that the delays to the development of the Quality Strategy were attributed to a restructure of the Quality Team. She assured Board that the first presentation to Board would be scheduled for December 2021 and the timeline revised. The Chair noted that requests to defer items from the planner would in future require agreement from the Chair/Chief Executive	BM
PBoD21/11/141	**Any Other Urgent Business** No urgent business was discussed	
PBoD21/11/142	**Meeting Effectiveness** The Board reviewed the meeting and agreed there had been no unconscious bias.	

Date and time of the Public Board of Directors meeting:
Wednesday 25 January 2022 at 9.30am
Format of meeting: MS Teams.

Susan Rudd, Director of Corporate Governance (Board Secretary) susan.rudd@shsc.nhs.uk
Apologies to: Board Administrator TBC