

Board of Directors – Public

UNCONFIRMED Minutes of the 143rd Public Board of Directors held from 9:30am on Wednesday 26 January 2022. 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: Sharon Mays, 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
Beverley Murphy, Executive Director of Nursing, Professions and Operations
Olayinka Monisola Fadahunsi-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
Richard Mills, Non-Executive Director, Chair of Finance and Performance Committee

(nonvoting) Prof. Brendan Stone, Associate Non-Executive Director.
Susan Rudd, Director of Corporate Governance (Board Secretary)

In Attendance: Pat Keeling, Director of Special Projects (Strategy)
Francesca O'Brine, Corporate Assurance officer (Minutes)
Fleur Blakeman, Director of Improvement, NHS England/Improvement (NHSE/I)

Apologies:

Min Ref:	Item	Action
PBoD 22/01/148	<p>Service User Experience Story</p> <p>A service user presented their story to the Board with support from the General Manager, Forensic and Rehabilitation services. The service user described their experience of being detained, and the challenges of this during the pandemic; and reflected on their journey of recovery. The service user described how fitness, exercise and a military background supported their drive, strength, and focus. The service user emphasised that goal setting and keeping active are important tools, not just in the process of recovering from illness, but for everyone to keep well and motivated to be the person they want to be. The Board heard of the service users' voluntary work and how this inspired them to help others in the future.</p> <p>The Chair thanked the service user for sharing their story and advised that the Board would have the opportunity to reflect on what they have heard.</p> <p>Beverley Murphy, Director of Nursing, Professions and Operations, highlighted the prudent approach needed when recruiting service users into volunteering positions. Work is ongoing with the Workforce team to improve the recruitment process and that Service Users will be part of this review. Beverley Murphy also advised that consideration should be given as to how to involve people more in services and that there is a piece of work for the Trust to consider how it uses its existing resources, equipment and estates to support the physical activity of service users. This story</p>	

	<p>has been a good reminder of the need to include access to physical activity in capital planning.</p> <p>Pat Keeling, Director of Strategy, commended the service user feedback and how it highlighted the connection between physical and mental wellbeing. She noted that there are opportunities to involve service users within the Therapeutic Environment improvement programme as part of a long-term approach to involve service users in the design process of facilities.</p> <p>Jan Ditheridge, Chief Executive, commented that the process of volunteering was complex and new to the Trust, and it is helpful to capture the service user experience to inform learning and future processes.</p> <p>Richard Mills commented that it would be interesting to understand how many of the Trust's service users have a military background and whether this group have specific needs. The Chair responded that the Trust is in the process of recruiting some new Experience Leads and that, in time as people come into post, this area could be looked at specifically.</p> <p>Heather Smith and the Chair advised that they are aware of patient carer ex-military groups at other Trusts and suggested that the Trust explore something similar. Jan Ditheridge asked that the Board receives an overview of the current work that the Trust does for/with veterans, and that staff networking groups, and service user interest groups are explored further. Action: Beverley Murphy to explore patient/carers ex-military group for discussion at Board.</p> <p>Anne Dray commented that the phrase "we all need something in life to strive for" had stood out for her in the presentation and suggested that the Trust can encourage this way of thinking in its delivery of care to service users.</p> <p>Fleur Blakeman observed that to give anchorage to loneliness, the Trust could consider drawing on community, employer, and volunteer schemes.</p> <p>Professor Brendan Stone agreed that it was positive to hear Pat Keeling talk about Service User involvement in service design, and that it is important to receive views from a variety of service users. Mental fitness is also important and there are many versions of that – knitting, reading, taekwondo – all deeply meaningful and important. He agreed with Fleur Blakeman's comments and said that anchoring recovery into the community and strengthening links with the voluntary sector is critical. The NHS cannot do recovery without these strong links.</p>	BM
PBoD 22/01/149	<p>1. Welcome and Apologies:</p> <p>Livestreaming of the meeting commenced.</p> <p>The Chair welcomed members of the Board and those in attendance and no apologies have been received.</p>	
PBoD 22/01/150	<p>2. Declarations of Interest</p> <p>Professor Brendan Stone declared an interest as Lecturer with Sheffield University and Board member of Sheffield Flourish. It was determined the items on the agenda were non-pecuniary and did not cause a conflict of interest. No further declarations were made.</p>	
PBoD 22/01/151	<p>3. Minutes of the Public Board of Directors meeting held on 24 November 2021 and the minutes of the Extra Ordinary Public Board of Directors held on 22 December 2021.</p>	

	<p>The minutes of the meeting held on 24 November 2021 were agreed as an accurate record with the following amendments:</p> <ul style="list-style-type: none"> • Action relating to the visiting protocol had not been transferred to the Action log. Action has been completed as evidenced through Gold command. • Page 7, third paragraph should read 'restrictive', not 'restricted' <p>The minutes from the Extraordinary Public Board of Directors meeting held on 22 December 2021 were agreed as an accurate record.</p>	
PBoD 22/01/152	<p>4. Matters Arising and Action Log</p> <p>Members reviewed the Action Log, and the following updates are noted:</p> <ul style="list-style-type: none"> • Richard Mills reported that the Electronic Patient Record business case has been approved by the Finance and Performance Committee and is being progressed to contract signature. • Beverley Murphy reported that item three was also noted as completed through Gold command. 	
PBoD 22/01/153	<p>5. Chair and Non-Executive Directors Report</p> <p>The Chair highlighted the following key areas of note:</p> <ul style="list-style-type: none"> • Non-Executive Director recruitment will go live next week, and a link to the microsite will be circulated to Board members. The Chair will meet with Governors next week to finalise this process. • Board development continues. A workshop was held in December 2021 which focused on Diversity and Anti-racism, the statement for which is on today's meeting agenda. • Meetings have been taking place with as many staff and colleagues from the Trust as possible, and most recently with the Trust's newly appointed Human Rights officer, Tallyn Gray. The Chair was pleased to see their input into the refurbishment of Burbage Ward. • Partner, Regional and National meetings continue. The Chair has met again with Pierce Butler, Integrated Care System (ICS) Chair. The Chair also met with Richard Barker (Regional Director), Yorkshire and Humber Chairs, and has attended the National Chairs and Chief Executives meeting. • The Chair is working with the Corporate Governance team to develop a timeline for this year's Governor elections and an awareness campaign with the Communications team. • The Chair has continued to meet with the Lead Governor and together they will hold open agenda drop-in sessions with Governors and their constituent groups, which will influence future development and meeting agendas. • Governors are being offered opportunities to get involved in and influence strategies and feedback, for example, the recent Human Rights training, Carer Strategy, and next, the Lived Experience Strategy. <p>Beverley Murphy highlighted that the clinical leadership and clinical staff together made the decision to develop Burbage Ward without a seclusion room, the second of the Trust's acute wards without one. This will have a positive impact on the people in their care. The Chair said it was great to hear that so many people and service users had been involved in the design of the ward.</p> <p>Prof Brendan Stone said that he had visited the Myalgia Encephalomyelitis (ME) and Chronic Fatigue Service (CFS) service and that he was very impressed with the team, leadership and work done. He said that it was important to remember specialist</p>	

	<p>services and not to overlook these small pockets of excellence. The Chair agreed that it is important that all teams are visited regardless of size.</p> <p>Board received the report and noted the content.</p>	
PBoD 22/01/154	<p>6. Chief Executive’s Briefing</p> <p>Jan Ditheridge highlighted the following key areas of note:</p> <ul style="list-style-type: none"> • Vaccination deployment and the changing requirements for staff will be discussed later in the meeting • Operational planning – the Integrated Care System (ICS) meeting was held yesterday, and priority areas were proposed: <ul style="list-style-type: none"> - Elective care - Urgent and Emergency care - Mental Health and Learning Disabilities <p>At the Chief Executive Alliance meeting it was agreed that it will be important to see Mental Health and Learning Disabilities weaved into all ongoing work priorities.</p> <ul style="list-style-type: none"> • Getting Back to Good and CQC activity – The informal draft report on Acute services has just been received and will be shared when appropriate. <p>Heather Smith asked Beverley Murphy if recommendations raised in the Paterson Report had been considered by the Quality Assurance Committee in relation to the Trust’s complaints procedure. Beverley Murphy replied that it is planned for the Trust’s actions in relation to this to be discussed by the Committee.</p> <p>The Trust is a member of the Mental Health, Learning Disability and Autism Alliance and will continue to participate. Appointments to lead roles are being progressed, including creation of a Clinical Lead post to lead the creation of a Clinical Strategy with a shared set of principles.</p> <p>Board received the report and noted the content.</p>	
PBoD 22/01/155	<p>7. Winter planning and Covid recovery</p> <p>The Board received the report which focuses on the Trust’s recovery from and within the Covid pandemic. Beverley Murphy highlighted, that the Trust has continued to provide services during the recent outbreak of the Omicron Covid variant, has stayed focussed on the use of its investment standard, and has seen some increase in employment rates.</p> <p>She formally noted her gratitude to staff of all professions who worked flexibly during the peak of Omicron and who kept services running.</p> <p>Richard Mills said that he had found the summary of key points helpful, and these will also be presented to the Council of Governors at its next meeting. Richard paid tribute to staff for the good work that they have done and hoped that future working in the Covid19 pandemic would be less challenging.</p> <p>Heather Smith said that it was a very good report and suggested that future reports might investigate goals, aspirations and services aims, as well as feedback on the current position. Heather Smith assured the Board that Health and Wellbeing is regularly reported into People Committee and commended the report section on Equality, Diversion and Inclusion.</p> <p>Olayinka Monisola Fadahunsi-Oluwole asked how the Trust mitigates against the risk of blocked beds and reminded Board that face-to-face contact is important for all services but especially Mental Health services and queried whether quality may be</p>	

impacted if face to face contact is not resumed.

Beverley Murphy reported that the Integrated Care System and Sheffield Health and Care Partnership are working to highlight delays in care and that there is partnership working to look at possible solutions. The Trust mitigates risks by flexing services, such as the Home Treatment team and more frequent use of community contact, as much as possible; and the use of the Psychiatric Decisions Unit to avoid admissions where possible. She stated that increased staffing levels is not the solution, and the Trust is working with the Voluntary Community Services to improve flow through services. There is confidence that finance has not prevented the Trust from delivering quality care, and that external resource is used where needed. Beverley Murphy assured Board that individual needs are assessed and understood, and that face-to-face contact is always offered.

Jan Ditheridge noted that not many services had been provided on a solely virtual basis, but where they had, for example IAPT, a very structured business and service plan had been considered. She noted that, going forward, there is learning regarding how we approach this in the future, but that face-to-face contact will always be an option and will always be led by the Service User. This will be identified and visible throughout operational planning.

The Chair agreed that the report was informative - it implies the Trust has continued business as usual apart from a few exceptions, which she knows is not necessarily the case. The Chair requested that less acronyms are used in reports and requested clarity of numbers in the vaccination report. This will be discussed in the People Report later in the meeting.

Jason Rowlands, Deputy Director of Strategy and Planning acknowledged the points made by members of the Board. He agreed that a clearer view on the face-to-face balance needs to be developed, and that new models and technologies should be included within the report and advised that developing a clear view on how care is delivered to make best use of what is already in place are key areas of focus moving forward.

Board received the report and noted the content.

PBoD 22/01/156

8. Reducing the burden of reporting and releasing capacity to manage the COVID-19 pandemic.

Susan Rudd, Director of Corporate Governance, provided an update from NHSEI guidance on regulatory and reporting requirements for NHS Trusts, which supports streamlining meetings and focusing resources. The Trust has continued its governance arrangements throughout the pandemic and adapted to holding meetings virtually whilst maintaining access for stakeholders. The Trust will continue to operate to guidance received, and that this report is to provide assurance to the Board.

Richard Mills said that the Trust is seeking to improve reports and has focused agendas, but that it will be held to account by NHSEI for governance and by the CQC for processes. The Chair said that she and Jan Ditheridge had discussed the implications of this updated guidance and had concluded that not much will change for the Trust, and that it will not implement some of the options provided, such as standing down the Council of Governors.

Olayinka Monisola Fadahunsi-Oluwole agreed with the comments made by the Chair and Richard Mills and said that she was concerned about the impact on quality, checks and balances and that must remain a focus.

Board received the report for assurance

PBoD 22/01/157	<p>9. Back to Good Board reporting</p> <p>Dr Mike Hunter summarised the report and advised Board that the programme is broadly on track to deliver actions against the agreed timescales, and that areas of slippage will be brought back into line during Q4 2021/22. The impact of the Omicron variant is the focus of the report, particularly the high levels of staff absence in the period up to Christmas and New Year and this includes Trust, contractor and supply chain staff. This may result in a month's slippage on buildings work timescales, particularly on ligature anchor points removal, between February and March 2022. The Omicron variant has also impacted mandatory training – both the ability to deliver and for staff to attend. Daily safety huddles and clinical risk assessments were being used as mitigation.</p> <p>Dr Mike Hunter, Medical Director, confirmed that the Quality Assurance Committee has considered this report and the impact of the Omicron variant on the Back to Good programme is captured on the Corporate Risk Register. Mike Hunter advised that the CQC's report from the December 2021 inspection will be reported to Board once it has been received and the findings will be incorporated into the Back to Good programme.</p> <p>Pat Keeling noted that three weeks slippage was reported on phase 2 for Ligature Anchor Point work. Covid outbreaks on wards resulted in work being paused, which caused delays. On Burbage ward Covid affected contractors, resulting in 2 weeks slippage.</p> <p>Jan Ditheridge said that the Trust must continue to provide services and maintain quality. She said that the Trust needs to stay close to the CQC regarding Ligature Anchor Points and that Pat Keeling's comments had highlighted that. A creative approach could be explored to support people's completion of mandatory training and supervision during times of high absence. Training and supervision is critical and becomes more important when services are short-staffed. Doctor Mike Hunter agreed that this will be looked at the next Back to Good programme Board meeting.</p> <p>The Chair advised that this work would be part of both Quality Assurance Committee and the People Committee, which will report to Board.</p> <p>Olayinka Monisola Fadahunsi-Oluwole suggested that time be allocated for staff to complete mandatory training. Salli Midgely responded that training provision is within staff paid time.</p> <p>Heather Smith said that the Quality Assurance Committee commends the new style of reporting, but that it had talked about moving towards more impact measures; and suggested that the report highlights the Trust's key risks so that the Board is really sighted on those. She said that it is important to have open statement of where our biggest risks are.</p> <p>Board received the report and noted the content.</p>	
PBoD 22/01/158	<p>10. Patient Led Assessment of the Clinical Environment (PLACE) Lite</p> <p>Pat Keeling advised that this report covers the Food and Nutrition element of the PLACE assessment and that national guidance states that it should be PLACE lite, rather than the full assessment. The report gives very clear recommendations of how to improve the quality of food on inpatient wards and looks at the link between health promotion and healthy eating. A PLACE Lite assessment had also been undertaken on cleanliness in November 2021 and that the report and recommendations from will be reported to the Quality Assurance Committee.</p>	

	<p>The Chair asked when the Board can expect to see the Cleanliness report. Pat Keeling said that it will be discussed at the March 2022 meeting of the Quality Assurance Committee and reported to Board in April 2022. Action: PLACE report to April 2022 Board meeting</p> <p>Richard Mills welcomed the report and it's suggested improvements but challenged the Quality Assurance Committee to develop a more ambitious food procurement strategy. He suggested that it will be helpful to understand how food is prepared and used within different services and suggested working with local suppliers and smaller independent business who may have links with local voluntary groups who engage with services. Jan Ditheridge agreed and said that the Trust should be ambitious and that it is timely for the Trust to review its position.</p> <p>Beverley Murphy agreed and added that the Trust should also follow the same assurance exercises for its Nursing homes. The Chair asked if the Trust currently does anything similar for Nursing Homes, and Beverley Murphy replied that it does, although not as structured as this. Beverley Murphy said that she will work with Pat Keeling, Amanda Jones and Helen Payne to put in place a structure that will provide assurance to Board and Committees. Action: Beverley Murphy and Pat Keeling to consider a structured approach to the assessment of Nursing Homes</p> <p>Olayinka Monisola Fadahunsi-Oluwole queried Woodland View's decision to keep its evening mealtime at 4:15pm-4:30pm and asked if food is prepared onsite. Pat Keeling confirmed that Woodland View has a kitchen with local suppliers and that all food is cooked on site from fresh. The quality of the food has improved, and it was a local decision to keep the mealtime. She said that there was a significant cost difference in how it operates and that the model is being looked at across the organisation. Beverley Murphy added that had she worked a shift at Woodland View in January 2022 and assured Board that an evening snack is also offered to patients.</p> <p>Heather Smith highlighted the link to the Green Paper. She asked if the PLACE assessment report could also investigate food sustainability and reducing food waste, and look at involving our Service Users, consider living independently issues and cost of living pressures.</p> <p>Phillip Easthope, Director of Finance, said that it was good to see positives, such as Service Users engaging in cooking at Forrest Lodge, and that it gave some assurance of good practice. In relation to Nursing Homes, he asked how the Trust receives assurance on areas where the Trust is a staffing provider, not the registered provider of services, and queried if the Trust would want to complete those two services. Pat Keeling and Beverley Murphy agreed to consider as part of the work agreed.</p> <p>Professor Brendan Stone said that the Trust already has some partnerships with innovative enterprising organisations, such as Blend Kitchen Social Enterprise in Sheffield, and that there are many more food organisations around the city that it could work with. Pat Keeling said that these suggestions were timely as the Trust has started to review its catering contracts. Heather Smith added that she is the Chair of a food supplier organisation which looks at sustainability and that she would like to be part of discussions. Action: Pat Keeling to link with Heather Smith as part of the review of catering contracts</p> <p>The Chair noted that she had joined the Chair's group of Yorkshire and Humber Anchor institutions and said that she would link the Trust into this work. She said that the timing is right to be ambitious with the Trust's food strategy.</p> <p>Board received the report for assurance</p>	<p>PK</p> <p>BM/PK</p> <p>BM/PK</p> <p>PK</p>
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PBoD 22/01/159

11. Integrated Performance and Quality Report (IPQR)

Philip Easthope introduced the Integrated Performance and Quality Report (IPQR) for November 2021. The report included a comprehensive summary of escalations from three committees. He acknowledged that the Mental Health Act is on the development path for the IPQR. Assurance was given on positive performance and that there were no new risks. He highlighted that the report included comments alluding to more data and development and said that there is a plan in place overseen by the Finance and Performance Committee with timescales for delivery and key performance indicators, to look at control charts and changing them in accordance to how we manage changes in the systems.

The Chair commented that she found the committee summaries very helpful.

Professor Brendon Stone noted that the last comprehensive Care Programme Approach review went before the Quality Assurance Committee in October 2021, and that its narrative mentioned an existing but phased out Care Programme Approach review target and detailed recovery plan. He asked for an explanation as to what this meant. The Chair also asked for an update on the '72 hour follow up' and 'Recovery South Position' to also be included within the response to Professor Brendon Stone's question.

Beverley Murphy responded that this target will not be mandated going forward as the Care Programme Approach will be phased out and replaced by five 'Quality Principles'. She said that a piece of work is underway to prepare for that and that she is expecting to be presented with a proposed implementation plan at the next CMHT Transformation meeting in two weeks' time. The phase out does reduce reporting requirements, but the Trust will continue to focus on this area of performance to provide assurance for the Board.

Beverley Murphy noted that the 72 hour follow up has replaced the 7-day mandatory requirement, and that it is evidence based on the time of greatest risk following patient discharge. The Trust is now tracking 72 hour follow up and that it is achieving performance above the mandated target.

Jan Ditheridge asked the Board to confirm that it had a clear view of risks from the report and asked Phillip Easthope to confirm if all risks raised had triggered recovery plans, and if those plans were on or off trajectory. Phillip Easthope replied that the Trust does not have recovery plans for every risk listed. He said that the embedded Performance Framework includes quality and safety indicators, and that some recovery plans had been stood down as they were included within the Transformation Programme. He agreed to ensure the narrative is clearer.

Jan Ditheridge stated that Trust may have some responsibility to advocate for individuals who have been in its care for some time and asked Dr Mike Hunter to inform the Board on how the Trust plans to approach this issue. Dr Mike Hunter said that there were several indicators which could be used and that previous learning experiences could be drawn upon to identify exceptional circumstances, for example, the length of stay at individual level. He said that work will be done with Beverley Murphy and Phillip Easthope to identify key indicators, such as long-term segregation, which could be routinely reported on at an appropriate level.

Heather Smith noted the positive elements of the report and asked they are highlighted.

Richard Mills queried the best way to indicate which area had been raised by which Committee, and how to integrate the two processes. He pointed out that recovery plans are looked at regularly by the Committees, but this varies and there are some

	<p>looking at how home working over the last two years had improved its carbon footprint. The approach has been to actively discourage people from driving to work five days a week and to encourage the use of public transport. The reduction of the Trust's carbon footprint must be captured, along with how people are going to be working in the future.</p> <p>Phillip Easthope echoed Richard Mill's comments and said that, as SRO, he is disappointed with the city centre recommendation but accepts that it has come from good staff engagement.</p> <p>Heather Smith suggested that it would be useful to articulate the benefits of the new sites and new ways of working to staff. She accepted the cultural challenges of agile working and open plan offices and said that the Trust needs to keep emphasising the positives to staff. Pat Keeling responded by saying that work done by the People Committee and the Joint Consultative Forum around raising the profile of staff rest areas at the Michael Carlile site is one of the benefits that the Trust will be promoting to staff.</p> <p>The Chair applauded the hard work that had gone into the business plan and commended the teamwork that had gone into it.</p> <p>Board received the report and approved the content.</p>	
PBoD 22/01/163	<p>15. Financial Performance Report</p> <p>Phillip Easthope presented the report noting that the Trust is indicating a year end surplus of £2.4m. The trends starting in November 2021 have continued, and the Trust has attracted income for winter pressures. Whilst the trend on mental health standard investment is improving, the extent is not predicted, which is creating underspend. The Trust has also encountered below expected out of area costs.</p> <p>Beverley Murphy said that closer management on wards is needed in relation to agency staff, and that the Safer staffing review will help with this. She said she would like more detail in the round to help her manage spend more effectively. Phillip Easthope said that there are detailed agency reports available and that work will be done to improve the transparency of this in the report.</p> <p>Jan Ditheridge agreed that further transparency in the report will be helpful and added that more work was needed to bring to life how much is being offset by vacancies. She understood the quality issues around agency staff, and bank vs agency, and said that understanding how much bank is used gives a better sense of where the cost issues are.</p> <p>The Chair highlighted how the report showed that out of area and agency cost accounted for 12% of the total, which is high. The Finance and Performance Committee will continue to look at the position. Anne Dray asked what the consequences of a surplus position may be and whether there is a risk that these finances could be clawed back. Phillip Easthope gave assurance that other Trusts are in the same position and there is a clear national message to note surpluses in December to ensure that available income is reported as soon as possible.</p> <p>Richard Mills assured the Board that the Finance and Performance Committee will be looking at the Trust's five-year Capital Programme at its next meeting. He added that the Trust will seek to maximise any possible benefits of the surplus, and going forward, there are significant upcoming cost improvement measures that need to be addressed.</p> <p>Board received the report and noted the content</p>	

PBoD 22/01/164	<p>16. Green Plan: Sheffield Health and Social Care Foundation Trust</p> <p>Phillip Easthope presented the plan showing how the Trust intends to implement its sustainability strategies and ambitions. Board is being asked to receive the report for assurance and for approval for publication</p> <p>Over the next year the Trust intends to develop its position by understanding data and embedding improvements. The engagement and co-creation undertaken and discussions at Board have resulted in the setting of ambitious targets.</p> <p>Professor Brendan Stone commented that there will be difficulties in helping the wider constituency to understand the broader implications of why this issue matters to the Trust, and that it was good to see hard targets around climate action. He said that the report clearly showed how the NHS has used the United Nations sustainability development goals, and that they touch on reducing inequalities, promoting peace and strong institutions, which all tap into the core of what the Trust is about. He said that there should be a communications piece around this to get everyone onboard.</p> <p>Richard Mills said that this is an important item on this agenda and that decisions made now have a big long-term impact. Despite the challenges – as discussed in the meeting today, there is enthusiasm for this strategy across the organisation.</p> <p>Beverley Murphy supported the business case and added that staff could be asked to consider what could be done to further reduce the impact.</p> <p>Phillip Easthope said that understanding, education, and training has to be a priority over the next 12 months. Collaboration and partnership working is how the Trust will deliver this, and that embedding it into governance and decision making is a key component.</p> <p>Pat Keeling commented that it was a great piece of work and that she agrees with all comments made by the Board. She said that Values have been updated and will be added to page 18. Doctor Mike Hunter said that from a clinical perspective his is very happy with the report.</p> <p>Action: Green Plan be added to the Board workplan to be presented annually.</p> <p>Board received and approved the report</p>	SR
PBoD 22/01/165	<p>17. People Report</p> <p>Caroline Parry presented this first People Report to the Board highlighting areas for attention. The Trust is a national trailblazer site focusing on reducing absence and promoting a health and wellbeing culture of prevention. The Trust's sickness figures are still high and are inflated by Covid, but they are starting to reduce with further work needed. Work is being done on the Wellbeing offer to identify meaningful help to staff.</p> <p>Being vaccinated as a condition of employment is an NHS priority. The Trust is following national guidance and supporting vaccination. There has been a good staff take up, but there are still members of staff who have not been vaccinated and there are 130 staff in scope who are not fully vaccinated. The Trust is setting out the position clearly, including by letter to individuals. The Trust is engaging with ICS colleagues to ensure a consistent approach and there are numerous national webinars with supporting information. The Trust has a VCOD Implementation Group and senior managers are meeting daily.</p> <p>Recruitment retention is a high priority for the Trust with a focus on nursing over the last few months. Vacancy numbers for registered nurses are reducing. There is more work to do however, and the Trust is working with partners across PLACE and System.</p>	

	<p>A new Head of Leadership and Organisational Development is now in post, Charlotte Turnbull. The leadership development programme has progressed, with a co-design team made up of managers from across the organisation working on content, and the first cohort will start from 28th February. Staff engagement via away days and leadership calls has taken place. It was also noted that there has been an increase in staff survey participation.</p> <p>Beverley Murphy highlighted that the vacancy rate for Band 6 nurses has increased. The rate of pre-registered nurses in training and then recruited was presented to the Quality Board and it was highlighted that many are staying with the Trust.</p> <p>Richard Mills felt that more focus was needed on retention issues. He said that the issue had been raised to the Quality Assurance Committee, and that the Trust needs to keep abreast of international recruitment to understand that it was done appropriately and in line with best practice.</p> <p>The Chair asked about the next report and Caroline Parry confirmed the intention for the report to be presented three times a year. Action: People Plan report to be added to workplan – to be presented to Board three times per year.</p> <p>Olayinka Monisola Fadahunsi-Oluwole commented that it was good to see that the number of formal investigations for BAME staff are reducing and asked how the Trust proposes to increase job satisfaction in the ethnically diverse group. Caroline Parry replied that a Workforce Race Engagement Lead has been appointed which has given the Trust extra capacity to focus on this issue. She said that there is work across the system looking at different career routes and taking more of a targeted approach, and she confirmed that mentoring and coaching support is also available.</p> <p>The Chair asked for clarity of the numbers of students. Caroline Parry confirmed that the Trust has a very low number of students.</p> <p>The Chair noted that it was good to see the increase in apprenticeships.</p> <p>Board received the report and were assured that progress had been made.</p>	SR
PBoD 22/01/166	<p>18. Anti-Racism Statement – Next Steps – Action Plan and Timeline</p> <p>Caroline Parry highlighted that a timeline for the implementation of the Statement had been appended to the report, and that there was a communications plan in place to support the Statement. She said that the Trust has held a Working Together conference launch and focus sessions.</p> <p>Jan Ditheridge commented that the narrative has changed slightly. She said that it reads as though the Board and People Committee agreed an anti-racism statement when it was developed and designed by staff and Service User network and was supported by the Board. The Chair highlighted that the actions seem to relate to staff only, not Service Users. She said that the statement makes it clear that it applies to both, but this is not clear enough in the report. Action: Caroline Parry to amend narrative of anti-racism statement to reflect development by service user and staff network groups.</p> <p>Olayinka Monisola Fadahunsi-Oluwole asked why many of the actions included in the report were not yet started. Caroline Parry answered that the timeframes and capacity have been impacted but confirmed that work has started.</p> <p>Heather Smith stated that the report needs to say if something is delayed and not just that it has not started. Caroline Parry accepted this.</p> <p>Jan Ditheridge said actions were delayed, and that they were agreed post-launch of</p>	CP

	<p>the Anti-racism statement. She said that lots of work had been done prior to this report, but that this is directly linked to the implementation of the Anti-racism statement which has been launched over the last few months.</p> <p>The Chair asked what the progress and next steps were and where the report will be discussed. Caroline Parry confirmed reports will come to Board via the People Committee.</p> <p>Board received the report and were assured.</p>	
PBoD 22/01/167	<p>19. Committee Activity</p> <p>Susan Rudd noted that this was a report provided from each Committee meeting held since the last meeting of the Board, and that information is presented in an Alert, Advise and Assure format. She noted that the Audit and Risk Committee meeting was held very recently so the update will be given verbally by the Chair of that Committee.</p> <p>Anne Dray noted that the Audit and Risk Committee meeting was held on the 18 January 2022. The Committee had received three significant assurance reports from internal audit, however, the internal auditors had noted that the Trust was not on track for achieving the follow up rate for agreed actions. The proposed Internal audit plan for 2022/23 was discussed and there were 400 days of potential work which will reassessed. The Trust is moving to introduce IFRS 15, which is accounting for capital assets in a different way and will have small revenue impact. In regard to the significant risks that the external auditors will look at as part of the external year end audit, FRS16 and disposal of Fulwood House has been added. She said that there was discussion regarding the Board Assurance Framework and Corporate Risk Register and the completion and coherence of these. Under the Advise category Anne noted that the Trust is not likely to meet the requirements for the data and security and protection toolkit.</p> <p>For information Phillip Easthope confirmed that the three significant assurance audit reports received were:</p> <ul style="list-style-type: none"> • Strategic Governance • Transformation and Project Management • Health and Wellbeing <p>Action: The written Alert, Assure, advise report from Audit and Risk Committee to be presented to the next meeting.</p> <p>The Chair asked that the Board agenda details which committee minutes are included with the reports.</p> <p>Action: Board Agenda to detail the dates of committee minutes being presented to Board.</p> <p>Board received the report for assurance</p>	<p>AD</p> <p>SR</p>
PBoD 22/01/168	<p>20. Safer Staffing – Clinical Establishment Review</p> <p>Beverley Murphy noted that the Trust is required make an annual declaration on Safer Staffing. The Trust is also required to report monthly on its planned staffing and actual staffing for inpatients, registered nurses, and carers, and review the plan at 6-monthly intervals. This requirement has been met, but the Trust has not met the further requirement to publish this information on its website. A plan is in place to close this gap in February 2022.</p> <p>This is the first annual report to the Trust. The delay in getting the statement to the Board follows a package of support being received from NHSE/I to ensure a consistent methodology that is understood by staff and properly applied.</p>	

	<p>Outcomes were highlighted in Section 3, including how different teams are asking for different levels of support. The Trust needs to ensure that any proposed packages are affordable, built around staff and offer a high-quality care.</p> <p>There is ongoing risk in relation to achieving planned staffing and vacancy levels in some teams for registered nurses and healthcare support workers. Absence for sickness, maternity and Covid has further compounded the risk. The Trust does however have daily operational oversight in place, and recruitment for 2022 as well as retention, is key. She asked the Board to receive the report and to be assured that the Trust has a Safer Staffing process in place that achieves an understanding of risks and demonstrates compliance with regulatory requirements.</p> <p>Doctor Mike Hunter noted the triangulation with the earlier Back to Good report.</p> <p>Richard Mills asked how the report relates to ongoing future establishment reviews. He said that in certain areas the Trust compares favourably, but this report suggests more nursing time in other areas is needed.</p> <p>Beverley Murphy said that this report looks at planned staffing and actual fill rate against that. She said that the report relates to total Registered Nurses and support workers. The plan is to target the use of Registered Nurses and make more use of Health Care support worker capacity. She said that the Trust must apply professional judgement alongside of the methodology.</p> <p>Olayinka Monisola Fadahunsi-Oluwole asked for confirmation that nurses are considering moving to 8 hour shifts from 12-hour shifts. She also asked for the impact of EDI on staffing.</p> <p>Beverley Murphy said that staff had requested moving to a 12-hour staffing model, that it had been piloted on a ward and JCF had been kept sighted on that. Omicron has shown that, when a member of staff is lost, they are lost for 12 hours. She said that the Trust had to consider if this was sustainable to be able to provide consistently good quality of care when analysing the outcomes of this pilot. She said that in relation to EDI, there was good evidence that shows that people from BAME and diverse backgrounds are still not being supported to higher grade roles and is something the Trust needs to work on. This disproportionate representation needs to be understood.</p> <p>Jan Ditheridge asked for the prompt on the front of the paper regarding EDI to be reviewed as it was not answering the right question and said that this report has stimulated different conversations about one of the Trust's biggest risks; and clarified that it does just relate to nursing staff. Jan Ditheridge requested that this is reported more than once a year to get a clear view on the biggest risk to the organisation. Action: Safer staffing report to be added to the Board work plan for bi-annual reporting</p> <p>The Chair added that in other organisations she had seen Quality dashboards presented that triangulates safer staffing figures on one page. Action: Beverley Murphy to consider presenting Quality dashboard as part of safer staffing report.</p> <p>Board received the report and noted that there was further development required.</p>	<p>SR</p> <p>BM</p>
<p>PBoD 22/01/169</p>	<p>21. Board Work Programme</p> <p>The Board received the report for information.</p> <p>The following items were noted:</p> <ul style="list-style-type: none"> the Sustainability Strategy has been discussed today so should be removed 	

	<ul style="list-style-type: none"> • The forward programme for March be added as an annual update • Finance Strategy required updating • Sustainability Plan on a page is scheduled for March meeting <p>Action: Amendments to be made to the Board work programme</p> <p>Richard Mills asked for confirmation that the Board meetings will be held virtually for the foreseeable future. The Chair confirmed this and added that the Trust will continue to follow national guidance.</p> <p>Beverley Murphy said that a draft of the Service User involvement Strategy will be available on 31 January to allow time for engagement and that it will be reported to next Board. The name will change to Lived Experience strategy.</p> <p>Action: Lived Experience Strategy to be reported to March Board meeting</p>	SR
PBoD 22/01/170	<p>22. Any Other Urgent Business</p> <p>No further business was discussed.</p>	
PBoD 22/01/171	<p>23. Reflections on the meeting effectiveness</p> <p>The Chair asked for comment on meeting effectiveness, and for considerations of any preferences or unconscious bias that could have influenced decisions or discussions. She asked if there was anything anyone wished to reflect on.</p> <p>Richard Mills noted that it was good that the Board picked up on the issue of deprivation and ethnicity and the forward guidance and that this is an issue which is not coming through in papers. He felt that this demonstrated bias.</p>	BM

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

Wednesday 23 March at 9.30am

Format: MS Teams

Apologies to: Emily Allan (Emily.allan@shsc.nhs.uk)