Board of Directors – Public

Present: (voting)	Sharon Mays, Chair (SM)
	Jan Ditheridge, Chief Executive (JD)
	Phillip Easthope, Executive Director of Finance (PE)
	Dr Mike Hunter, Executive Medical Director (MH)
	Beverley Murphy, Executive Director of Nursing, Professions and Operations (BM)
	Caroline Parry, Executive Director of People (CP)
	Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee (RM)
	Heather Smith, Non-Executive Director, Chair of People Committee (HS) and Quality and Assurance Committee (HS)
	Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair Mental Health Legislation Committee (OFO)
In Attendance: (nonvoting)	Prof. Brendan Stone, Associate Non-Executive Director (BS)
	Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL)
	Pat Keeling, Director of Strategy (PK)
Other attendees:	Fleur Blakeman, Director of Improvement, NHS England/Improvement (NHSE/I) (FB)
	Amber Wild, Corporate Assurance Manager (AW)
	Ben Duke, Public Governor (BD)
	Eleanor Creary, SACMHA (EC)
	Teresa Clayton, Head of Engagement (TC)
	Jenny Hall, Human Rights Officer (JH)
Apologies:	None

Min Ref:	Item	Action
PBoD 25/05/22	**Service User Story** The Board heard from a Service User who relayed their experience of accessing mental health services which at times had been very challenging in respect of misdiagnosis, overmedication, and stereotyping. The service user stressed how vital is to really 'hear what the person is saying' in finding the best ways to support them and to reduce stigma in communities and spoke also about his concerns for a family member in terms of his experience of mental health services. The Board was mindful of always having in mind what 'person centred' really means as we develop services; how important it is that we engage with the person and not the condition; and understanding that for the service user it is important to be in control whilst feeling that someone is walking alongside them on their journey. The Chair thanked the Service User, and colleagues Eleanor Creary, Teresa Clayton and Jenny Hall for their support.	
PBoD 25/05/22-01	**Welcome and Apologies:** The Chair welcomed members of Board to the meeting together with governors and members of the public observing the meeting. The Chair apologised for the late start of the public meeting, due to the overrun	

	previous segment from the service user story No apologies are noted. The Chair welcome DL to her first Public Board meeting as substantive Director of Corporate Governance.	
PBoD 25/05/22	**Learning and Reflections from the Service User Story** The Chair welcomed learning and reflections from the Board. In the post discussion reflections, the Board agreed to share work taking place through Flourish to engage with communities with the Governors **Action**	BM/Corporate Governance
PBoD 25/05/22-02	**Declarations of Interest** BS declared an interest as Director of Flourish and Professor at Sheffield University.	
PBoD 25/05/22-03	**Minutes of the Public Board of Directors meeting held on 23 March 2022** The following amendments were requested: • Page 6 – removal of a comment about systematically challenging assurances which was not clear from the actions list and the minutes. **Action:** Minutes to be amended Subject to the above changes being made, the minutes of the meeting held on 23 March 2022 were **approved** as a true and accurate record.	Corporate Governance

PBoD 25/05/22-04	**Matters Arising and Action Log**
	The action log was received and noted with the following additional updates provided:
	• Public Board of Directors meeting 23/2/2022 – action regarding Transformation Portfolio to be clarified outside of the board meeting.
	• Public Board of Directors meeting of 23/2/2022, page 6 – the IPQR has included further detail on 72hr reports for the last 2 months. Action closed
	• Public Board of Directors meeting 23/2/2022 –The timing is to be agreed for receipt of the veteran service user story, date on action log to be amended to 'in progress' to reflect this.
	• Action log to be reviewed by the Director of Corporate Governance and separated out for all components
	
	The following additional updates were noted: Page 1: verbal update on reinvestment of mental health inefficiencies to be discussed in part 2 of the Board meeting. Action closed
	• Page 3:
	   ○ People Programme Strategy development refresh to be received at a board workshop with an additional workshop to be put in place on culture. Note for forward plan
	   ○ Urgent and Emergency Care pathways update to be received at Board in June. On forward plan – action closed.
	• Page 4: information requested by Governors on IAPT has been provided – circulation to Governors to be confirmed.
	• Page 5: benefits realisation is due for receipt at Finance and Performance Committee and will follow to Board. Action to be re-graded as amber.
	• Page 6:
	   ○ Transformation Portfolio report will be brought back to Board - date to be confirmed
	   ○ Agency spend report (month 2) was incorrectly labelled as	

	Month 12 should be from month 2 to be rectified. This will be presented to Board in July. Action remains Amber.
	    o Gender pay gap to be reported to Board in March 2023. Reflected on board forward plan – action closed.
	• Page 7:
	    o timing for receipt of the Research and Innovation Strategy to be confirmed and reflected on the Board forward plan, in a timeline for all the enabling strategies.
	    o Sustainability strategy relates to the strategy on a page piece which will link into the timing of all the enabling strategies.
	    o Reference to sustainability to be included in committee and board cover sheets.
	    o Timing to be confirmed for Data Security Protection Toolkit to be confirmed in workplan for July Board.
	• Page 8:
	    o Timing to be confirmed for Data Security Protection Toolkit to be confirmed in workplan for July Board.
	    o A draft report on PLACE assessment in nursing homes is reflected on the board forward plan. Action closed.
	Action:
	• Update action log to include numbering, separate into actions from public board, and development/workshop.
		Corporate Governance	

PBoD 25/05/22-05	Chair Report
	The Chair provided an update on the following key issues and activities:
	• NED recruitment – the Council of Governors have approved an appointment, subject to employment checks.
	• Staff events – the Chair had attended the leaders away days, the Big Breakfast event and has continued to meet with individual members of staff, and participate in the Coffee and Connections scheme
	• Freedom to Speak Up Guardian (FTSUG) – the Chair had met with the FTSUG
	• Visit – along with Heather Mills the Chair had visited the Homeless Assessment Support Team
	• System and Partners - The Chair had attended a number of meetings including meetings with
	    • the Managing Director of the South Yorkshire Community Foundation;
	    • the Yorkshire and Humber Chairs,
	    • regional and national briefings
	    • the Sheffield Health and Wellbeing Board,
	    • the Alliance Board.
	    • the designate Chair and Chief Executive of the Integrated Care System
	    • Health and Care partnership committee
	DL provided an update on Governor elections:
	• Governor Elections – election of the only contested seat in Public Rest of England in progress with remaining vacancies. A review of the Constitution is planned		

PBoD 25/05/22-06	**Chief Executive Report** JD drew the Board's attention to the following key areas in the report: • Updates from the Queens Speech on legislative changes impacting on the work of the Trust • The Conversion Therapy Bill will ban conversion therapy practice intended to change sexual orientation – it was formally noted the Trust does not practice Conversion therapy Discussion took place on the following areas: • Engagement through Board site visits		

		• Leadership Development • Cost of living issues for staff and service users and support being provided • Draft Mental Health Act Reform Bill and a new form of supervised community discharge which will be reflected in the remit of the Mental Health Legislation committee • Flow is a system priority and current economic and social regulations (such as social housing regulation reform and the Health and Social care levy) may have a negative impact on tenancy which may impact on flow. The Health and Wellbeing Board are holding a session on health and housing, and the link with partnerships across the city will be helpful to better understand the impact.	
PBoD 25/05/22-07		**Board Committee Activity Reports** The Board discussed the following in relation to the reports: • It had been helpful to receive the reports earlier in the agenda to support subsequent triangulation around board report discussions • An error on the Finance and Performance Committee report of the 14 April relating to the financial plan in the alert section should be amended to read £2.7 million deficit. • The benefit of the committee activity reports in highlighting persistent issues and linking these across to the corporate risk register and board assurance framework. • the Mental Health Code of Practice is a policy that is reviewed at MHLC. The governance around reporting of this policy will be considered as part of the action of reviewing the Terms of Reference of MHLC **Actions:** • Correct Financial Plan information to read 2.7million deficit • Consider ways in which the Alert, Advise, Assure reports can be developed – noted to be reflected as part of ongoing improvements around reporting to the Board • Review of the Mental Health Code of Practice reporting as part of the recommendation to review the Terms of reference.	Corporate Governance DL DL and MH
PBoD 25/05/22-08		**Recovering from Covid** BM presented provided an update on latest national guidance on infection prevention and control requirements in healthcare settings: • The national incident status has moved from level 4 to level 3 with a relaxation of requirements around social distancing and use of masks and visiting arrangements. • From March 2022 face-to-face activity has generally recovered and work is taking place to understand where face to face consultations need to resume and where virtual appointments should continue. It was noted some of this is driven by service user preference. Detail on this to be included in future reports to support understanding access and benchmarking against national changes. **Action.** • A briefing has been commissioned and received for sharing with governors at their request on the assessment process for Improving Access to Psychological Therapies (IAPT) services. **Action** to check this has been shared. • Work will take place to capture more detail on what the data is telling us, and how we are meeting the expectations of patients and service users. This will support mapping back to what the	BM Corporate Governance

	data pre Covid told us given the data sets are not directly comparable. Advice on the best approach for doing so will be brought back from the Executive to the Board in due course and consideration will be given as to how future reporting can be mapped against strategic priorities and the operating plan. • Discussion took place on demand and the fact nationally it is being reported there has been a significant increase in demand for mental health services as a result of Covid - at SHSC we have not seen as much demand in substance misuse services but have seen demand going back up in IAPT services. An area which will be explored to see if there is an unmet need is around family group activity. It was agreed it would be helpful to map operational priorities against the strategic priorities in future Transformation Portfolio Reports. **Action.**	PK
PBoD 25/05/22-09	**Back to Good Board Progress and Exceptions** MH presented key risks and progress noting: • Significant progress has been made on incidents that are not being reviewed within 5 days • The mandatory training action is expected to closed by the end of June with the exception of safeguarding level 3 training which is provided externally and which therefore, over which the Trust has a reduced level of control • Completion of audits in relation to clinical practice using an electronic system called Tendable (previously known as the Perfect Ward) has been challenging due to the complexity of the system– the trajectory has been reviewed with completion due by the next project board meeting. • The supervision standard of 8 sessions across the year remains variable across the acute wards and there are comprehensive discussions ongoing with director colleagues on appropriate ways of managing this. The Board discussed whether technical challenges with Tendable will affect Quality of Experience surveys and asked this be considered. It was noted the aim is to move away from use of Tendable in surveys given there are a range of established methods of capturing feedback which are captured through reporting to committees including Friends and Family; Complaints and Compliments; having two whole-time equivalent peer workers in place for the wards. The strategic frame for these discussions is around 'the effective use of resources', in relation to Requirement 42, to support Board assurance on whether monetary solutions or management solutions are required. Additional measures will need to be in place to ensure continued compliance particularly to those areas that have been resistant to compliance and to consider more than just an audit approach. The audit approach is within the quality standards and aims to provide assurance around completion of actions. The report highlights some dependencies that signify that there is still some work to be done on this, triangulation to other areas such as the gap in leadership will support this process. The longstanding impact and how this is achieved has been discussed at Quality Assurance Committee. This extra report highlights that more work on this is being done. **Action:** It was agreed it is useful for Board to see these reports which include actions that have been reviewed as well as current highlights.	Corporate Gov
PBoD 25/05/22-10	**Transformation Portfolio Report** PK outlined progress made in the Transformation programme drawing attention to the following key areas:	

	- The Transformation board is mapping the amount of change taking place across programmes over the next 12 months to support identifying potential bottlenecks - Service user engagement in transformation programmes. Service User and Carer involvement and experience - Work taking place on financial and non-financial benefits realisation with progress due to be reported to Board in June. - Partnership work with Primary Care Sheffield in relation to the Primary Care, Mental Health and Community Services joint governance arrangements. - Issues with progressing the Community facilities partnership approach identified in the Estates strategy; with work now taking place to look at potentially using existing estate - Therapeutics Environment which was due for discussion in part two of the meeting. It was confirmed an announcement is expected in June from the Integrated Care System regarding three expressions of interest bids submitted by SHSC. - Risks reported through the Transformation Portfolio report have also been reported into Finance and Performance Committee and have been highlighted as risks to the Board through the Committee AAA report - Mapping taking place across the Transformation programme will support the governance of change activity particularly in relation to health rostering, the new Electronic Patient record and moving environments - Reflection takes place at the end of each change project to review the impact of changes on staff and to support the quality improvements around SHSC change management processes. - Further detail in the QEIA will provide assurance that there is a robust process and having examples of where issues or concerns have been raised will provide the context for this assurance. - There is engagement with managers and leaders across the organisation to look at encouraging participation in leadership programmes involving a cross section of staff – leaders from Band 5 upwards - to ensure a real mix of staff and supporting diversity and equal opportunity across the organisation. - There are several development options available to staff including coaching and mentoring, developing a career pathway for healthcare support workers, appraisals and PDR to identify potential routes, job shadowing - The leadership programme is not limited to certain bands and the aspiration is to get everyone going through the programme through various cohorts and to ensure the right representation and diversity on the programmes. - Our approach to empower Tier 2 groups around decision making is taking place via the board sub-committees with support provided where needed for example around management of risks and in determining priority objectives.	
PBoD 25/05/22-11	**Integrated Performance and Quality Report (IPQR)** Discussion took place on the IPQR with the following key observations made: - Narrative around the Step programme highly specialist service but sits within a specialist service line - Improvements such as long-term sickness could be highlighted earlier in the report. - Whether consideration could be given to using narrative related to a case on segregation and long stay for service users with very complex high risk needs (related to autism), for a deep dive on	

	provision in South Yorkshire It was confirmed the system has agreed the resolution of system level pathway issues in learning disability and autism as part of the top 2 MHLD priorities for the year with a opportunity for Board members, in their different capacity to influence delivery. • It was explained whilst the report made reference to there being no instances of long term segregation in the Trust in March 2022 there was a further (contemporaneous) reference to a current case related to the long stay of a service user on the inpatient wards the Board were informed that there are safeguards in place in the context of the Code of Practice – including regular reviews that include external colleagues such as advocacy and family support; and a monthly MDT approach is received by BM and MH to review the care of the individual • In relation to recovery plans, it was noted three performance concerns have no recovery plans evident in place and START improvements are not sustained and should have a recovery plan in place which are being followed up • There is a need to consider linking quality work and assurance around waiting lists in the IPQR and the Covid report. • It was confirmed in relation to the reference in the report to a 16-year-old requiring admission that this did not involve admission to an SHSC adult ward • It was noted there remain over 100 serious reportable incident actions over the last two years which remain outstanding. The Board were assured that although high in number, the picture was improving and incidents are reviewed on a weekly basis with completion of actions reducing. **Action:** • FPC to look at substance misuse services in respect of expansion of contract in terms of timing of this.	 BM
PBoD 25/05/22-12	**Financial Performance Report (month 12)** PE introduced the report: Summary Financial Position at March 2022 • The Trust ended the year (March 2022) with a surplus of £1.8m. This was a better position than originally expected primarily due to a £443k gain on Local Authority pensions. • The total spend in 2021-22 on the Mental Health Investment Standard (MHIS) was £3.3m against an investment of £5.7m. Assuming current staff in post values the forecast spend in 23-24 will be £4.5m. This suggests there remains approximately £1.2m vacancies associated with MHIS funds. • Covid underspend was £4.7m as expected. • Agency and Out of Area Costs remain high risk. Total spend for the year on these areas was £15m which equated to 11% of the total organisational spend. • Capital of £8.2m was spent in 21-22 which is in line with our capital expenditure expectations and this positive position was commended by the Board as a significant achievement in comparison with previous years Summary Financial Plan 2022/23 • The Board formally approved the plan for 2022/23 of £2.7 m deficit. This requires delivery of a £3.5 m Cost Improvement Plan/Savings plan (Quality impact assessments will take place	

	on all proposals) • The Board has a statutory duty to break even achieving this would require minimum delivery of a savings plan of £6.2 m which would be a significant challenge and risk given we do not at this stage have sufficient quality and equality impact assessed plans to be assured this is deliverable • It was acknowledged our current planned deficit and the system deficit of £85m will be scrutinised post submission and further work on this may be required **Action:** • Narrative in the report to be corrected with regard to out of areas beds and consistent wording to be used related to this across board reports.	PE
PBoD 25/05/22-13	**Q4 Mortality Review** The Q4 update was received and it was noted the Annual Mortality Report will be received at the Board in July 2022. The Board was informed the rapid review of the deaths of those with an open episode of care with the Homeless Assessment and Support Team should be re-visited in order to extract more detailed learning in relation to specific demographics of the deceased; and a more precise date for the launch of the new mortality dashboard should be agreed with the Better Tomorrow project team. It was noted: • There was a delay in the national team regarding the work to integrate an electronic mortality dashboard into the instant management system • The homelessness team have identified an increase in mortality over the first year of the pandemic which is higher than expected. A similar observation was presented in the last report in relation to the substance misuse service within the opiate service line. The action from this will be to set up workshops with that service to explore cause and effect which are currently not clear. • Discussion has taken place at Quality Assurance Committee around the use of a coaching framework to help teams develop their capability to learn from deaths • The learning points for this report are extracted from the recommendations and evidence for their completion from serious incident reports • There may be groups of service users who have had vulnerability to systemwide stresses such as Covid but this could be compounded by economic/ ecological crisis in the future where the cause and effect is not immediately visible this can be drawn out in future reporting, and for the annual report in July, to include some practical responses. • Psychological support for teams such as the Homelessness team, who are dealing with a considerable amount of death will be followed up further in discussion at the People Committee • The Director of Quality will be following up recommendations from the Ockendon Report to assess gaps in the learning from unexpected deaths which will report to Quality Assurance Committee in July before being reported fully to Board Following on from the Service User story received at Board it was agreed more detail will be included in future reports on communication with families.	MH
PBoD 25/05/22-14	**Hygiene Place LITE Report** The Board noted a PLACE Lite assessment took place in 2021 following	

	published guidance in September 2021. The 2021 assessments did not require involvement of service users due to Covid. If a full PLACE assessment starts again in 2022 there will be full involvement. It was noted the assessments were predominantly delegated by matrons to housekeeping managers and senior housekeepers. The action plan attached to the report is being worked through by hotel services and maintenance staff this includes reference to disabled access. It was confirmed most areas for improvement identified in the action plan are minor - some work identified requires resource discussion and allocation. The Board noted whilst service user involvement was not required in 2021 it would have been helpful to ask questions of them given feedback continued to be taken through the pandemic so views could have been captured. **Action:** • Review delegation of assessment from matron and use service user feedback in future planning and reflect in for next year's PLACE reports	PK
PBoD 25/05/22-15	**Staff Survey** The Board received a further report on the staff survey following discussions at the Board and the Council of Governors and discussed detailed work underway to engage with staff to understand and address issues raised. A further detailed discussion on progress will be added to the Board Development Programme and updates will continue to be received via the People Committee reports. In the confidential session the Board received and discussed anonymous detailed information sitting beneath the data shared in public board. The Board sought and was provided with assurance around work underway to continue to engage with staff and CQC on the findings. **Action:** To reflect on the Board development programme the timing for a further session with the Board on the staff survey and progress with actions in place.	DL/CP
PBoD 25/05/22-16	**Guardian of Safe Working** The Board received the Annual Report from the Guardian of Safe Working who assured the Board trainee doctors in SHSC keep safe working hours and all legal requirements are complied. A well-attended junior doctors forum is in place and trainee doctors are reporting they feel appropriately supported. The exception reporting process continues to support safe working and enable the appropriate compensation of additional hours worked.	
PBoD 25/05/22-17	**Eliminating Mixed Sex accommodation** NHS hospitals are required to make an annual declaration of compliance on eliminating mixed sex accommodation standards and to publish this. The Board was assured there were no breaches and that the Trust has been compliant over the last 12 months with the Department of Health Guidance outlined in 2019 and the Mental Health Code of Practice (2015) during the reporting period April 2021 to March 2022. Assurance on this was provided to the Quality Assurance Committee in advance of receipt at the Board. There is a clear recommendation that environments move to single gender throughout, and this is being reflected in work underway around the Therapeutic Environment programme and the move of PICU to single gender provision which will require commissioning of	

	new beds and an Quality Impact Assessment.	
PBoD 25/05/22-18	**Board Assurance Framework** DL informed the Board about further updates made to the 2021/22 BAF since circulation which she confirmed would be reflected in the updated document received at Audit and Risk Committee in June. Discussion is planned to take place at the Board Development Session in June on development of the BAF for 2022/23. It was noted the outcome of the risk management review is due for receipt through Audit Committee and Board in June and any changes required subsequently to that will be taken forward as part of an agreed programme of work.	
PBoD 25/05/22-19	**Corporate Risk Register** The Board received the updated Corporate Risk Register and were informed of three new risks added since the register was last received. • **Risk 4545** relating to staff compliance in Information Governance and IT has a risk score of 9. • **Risk 4841** relating to withdrawal of delegated Local Authority functions has a risk score of 16. • **Risk 4846** relating to employment checks for third party contractor has a risk score of 0. Work is ongoing to challenge this score Four risks have been moved off the register since it was last presented to Board: • **Risk 4742** relating to Prevent Training has been closed • **Risk 4769** relating to the volunteer database has been closed. • **Risk 4745** relating to complaints being responded to in a timely manner has been closed. • **Risk 4276** relating to physical health monitoring of service users has been de-escalated from the Corporate Risk Register to directorate level risk.	
PBoD 25/05/22-20	**Board Register of Interests** The updated board register of interests was received prior to publishing on the website. DL confirmed work is underway to call in declarations of interests, gifts and hospitality for relevant staff below Board and this is expected to conclude by the end of Quarter 2.	
PBoD 25/05/22-21	**Board Work Programme** It was noted the work plan is in the process of being updated for receipt at the next Public Board meeting. It was confirmed elements outlined that day for inclusion would be reflected and Board members were asked to feedback any comments to DL. **Action:** • Up to date board programme to be brought back to next public board	DL
PBoD 25/05/22-22	**Any Other Urgent Business** The Chair thanked FB, Director of Improvement from NHSE/I, for her support and that of her team through the Trust's transition from SO4 to SOF 3. It was confirmed further transition support will be available as required and FB commended the Trust for progress made.	
PBoD 25/05/22-23	**Reflections on the meeting effectiveness** The Board were invited to consider any preferences or bias that could have influenced decisions with the following observations made: • Recognition of the potential for unconscious bias in relation to the detail shared in the Service User story. • Recent unconscious bias training provided by the Trust equality and diversity team to Board members and Governors in support of NED recruitment was commended to all Board members. The Board were invited to consider key issues to draw to the attention to	

		CoG:	
		• Key elements from the Queen's Speech • National system issues • Finance year end position • In relation to the Ockenden report – how strategic oversight is used to learn at high levels of governance from Serous Incidents and deaths • Learning from the service user story and how it influenced board conversations • Work taking place with communities in partnership with Flourish • Key issues from the Transformation Report • Support being provided to staff with regard to cost of living challenges • Staff engagement • Mixed sex accommodation compliance • COVID update • Mortality Review • Guardian of Safe working compliance report	
		The Chair thanked Board members and attendees for their contribution.	

Date and time of the next Public Board of Directors meeting:
Wednesday 27 July at 9.30am
Format: to be confirmed
Apologies to: Amber Wild (amber.wild@shsc.nhs.uk)