

Board of Directors - Public

UNCONFIRMED Minutes of the 149th Public Board of Directors held from 9:30am on Wednesday 23 November 2022. Members accessed via MS Teams and the meeting was livestreamed for the public.

Present: Sharon Mays, Chair (SM)
(voting) Jan Ditheridge, Chief Executive (JD)
Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee
Phillip Easthope, Executive Director of Finance (PE)
Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee (OFO)
Dr Mike Hunter, Executive Medical Director (MH)
Caroline Parry, Executive Director of People (CP)
Owen McLellan, Non Executive Director (OM)
Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee (RM)
Beverley Murphy, Executive Director of Nursing, Professions and Operations (BM)
Heather Smith, Non-Executive Director, Chair of People Committee and Quality Assurance Committee (HS)

In Attendance: Prof. Brendan Stone, Associate Non-Executive Director (BS)
(non-voting) Pat Keeling, Director of Strategy (PK)
Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL)

Other attendees: Richard Burns, HEEYH Leadership Fellow (RB) – observing the meeting
Mia Bajin (item 00 Service User story) (MB)
Jason Rowlands (item 8) JR
Pete Kendall Chief Digital Information Officer (item 18) PK
Linda Wilkinson, Director Psychological Services (item 19) LW
Chin MacGuire, Programme Lead (item 19) CM
Jo Hemmingfield, Co-production consultant (item 19) JH
Jamie Wylam, Public Health Registrar and Medical Education (observing) JW
Ben Duke, Governor (observing)
Amber Wild, Corporate Assurance Manager- Minutes (AW)
Holly Cubitt, Head of Communications (HC)

Apologies: None received

Min Ref:	Item	Action
PBoD 23/11/22 Item 00	<p>Experience Story</p> <p>The Board received a story from a service user who is a medical professional and required support of peri-natal and community mental health teams.</p> <p>She described her reluctance initially to access services due to perceptions around stigma and concern about how this might affect her professionally. She described positively the care she received in the community from one of our recovery teams but shared her experience of accessing specialist services and issues she has experienced with regard to lack of communication and co-ordination across physical health, maternity and mental health services, and impact of turnover of doctors on care received and on the experience of service users having to re-tell their 'story' multiple times; together with the impact of delays in receiving appointments and the impact of these being held virtually rather than face to face through the pandemic.</p>	

PBoD23/11/22 Item 01	Welcome and Apologies: The Chair welcomed members of the Board to the meeting, together with members of the public and staff observing the meeting. No apologies were received.	
PBoD23/11/22	Learning and Reflections from the Experience Story The Board agreed in its reflection discussion to look again at the approach in place around offering face to face appointments as an option and to consider what has been put in place to improve handover between teams. The Board was assured to hear about the inclusion of a 'trusted assessment' as a core element of the transformation work in the community programme which limits the amount of times a service user is asked to go over their story; and about plans in place to improve the Board visits programme to strengthen the opportunity to hear from service users, and around sharing of learning. In response to a discussion on how information and learning from Board visits to services are shared, it was noted that that there are quarterly reports to QAC. Actions: It was agreed that the scope of Board visits will be reviewed to consider reporting to Board on themes and for this to include all areas including Corporate Services. Meetings planned with colleagues will look at amending the approach to Board visits to include how themes from the visits can be reported to Board. In response to feedback it was agreed to review the risk management processes in place for virtual vs face-to-face interventions.	BM (SMi) BM (SMi)
PBoD 23/11/22 Item 02	Declarations of Interest Prof Brendan Stone declared an interest as a Director of Flourish and Professor at Sheffield University.	
PBoD 23/09/22 Item 03	Minutes of the Public Board of Directors meeting held on 28 September 2022. The minutes of the Public Board of Directors meeting held 28 September 2022 were approved as a true and accurate record.	
PBoD/09/22 Item 04	Matters Arising and Actions Log The Board received the action log, with updates provided noted and the following further updates as follows: <ul style="list-style-type: none"> <u>Action 1: Board Committee (AAA) report</u> Agile mindset methodologies to be shared with Board members - MH Review of recovery plans to be referenced within the Performance Framework – PE <u>Action 6 Financial Performance Report:</u> Information relating to recurrent and non-recurrent, and CIP to be more explicit in future Board reports. – PE/PK 	MH PE PE/PK
PBoD 28/09/22 Item 05	Chairs Report The Chair provided an update on her work since the last Board meeting with the following key issues and activities noted: <ul style="list-style-type: none"> <u>Annual Members Meeting:</u> The AMM held on 20 October 2022 was a well-attended, in-person event with positive feedback received <u>Board recruitment:</u> underway for the Chief Executive role and a Non-Executive Director role. Expected to complete by the end of the current financial year. <u>Working Together conference:</u> The Chair attended this event which had a range of thought-provoking speakers and topics about what it means to be ethnically diverse in health and care organisations, and communities. <u>Site visits:</u> all Board members have continued with site visits. The Chair has recently visited the refurbished Burnage ward. This was an opportunity to see and hear about the improvements, achievements and challenges faced from and to meet the teams involved in the transformation work. <u>Arts Festival:</u> The Chair attended the Arts Festival hosted by SHSC in partnership with Sheffield Flourish which was an opportunity to talk to service users, participate in the activities and see various artworks from staff and services users, including artwork started at the AMM. <u>External Meetings:</u> The Chair has continued to attend ICS, Mental Health and Learning Disability Provider collaborative and Sheffield Place meetings, and has met with the PLACE Director, Emma Latimer. The governance structures are developing at pace and the Board will be kept abreast of developments, particularly on alignments of SHSC governance, some of which is covered in 	

	<p>the CEO and other reports to Board today.</p> <ul style="list-style-type: none"> • <u>Council of Governors</u>: have participated in a system-wide governor event that covered the ICS and Provider Collaborative which was well-attended by SHSC governors. 	
PBoD 23/11/22 Item 06	<p>Chief Executive Briefing The Chief Executive drew attention to:</p> <ul style="list-style-type: none"> • <u>New NHS England Operating Framework</u>: The framework published in October 2022, sets out how the NHS will operate in the new structures created by the 2022 Health & Care Act and explains how NHS England (NHSE), Integrated Care Boards and providers will work together in the new statutory framework. The Board are still responsible and accountable for their statutory responsibilities and will need to navigate the organisation's contribution to system working effectively during the move to more system and partnership arrangements. • <u>Changes to the Cabinet</u>: Rishi Sunak became Prime Minister on the 25 October 2022. Jeremy Hunt remained as Chancellor and Steve Barclay has been reappointed Secretary of State for Health & Social Care. NHS Providers have produced biographies of the Prime minister and key cabinet ministers as well as all the new health and social care ministers which the Board was asked to read and consider. <p>In addition to areas covered in the report the following additional updates were discussed:</p> <ul style="list-style-type: none"> • <u>CQC report on the state of health and care in England 2021/22</u>: the report describes chronic challenges in the health and care system. It highlights the lack of strategic workforce planning and long-term underinvestment and identifies key areas of concern such as inequalities in care – regional, population and community levels of inequality, Care for people with a learning disability and or Autism, Care of children and young people with mental health needs and the Deprivation of Liberty Safeguards process. Board noted the potential impact of the Autumn statement. • <u>Health Service Journal Awards</u>: Board acknowledged the prize for Workforce Initiative of the year awarded to SHSC for the development of a national apprenticeship scheme for Clinical Associates in Psychology and congratulated the teams involved. 	
PBoD 23/11/22 Item 07	<p>Board Committee Alert, Advise, Assure (AAA) Committee reports and minutes The Board received the AAA reports and minutes from the sub-committee chairs and noted updates provided.</p> <p>It was noted following the Performance Framework development session with the Board in October, the business performance management team have been tasked with bringing back targets in the new year.</p> <p>The financial self-assessment was noted as an advisory in the ARC AAA report and Board noted this had gone through executive and CEO review as well as Finance and Performance Committee and Audit and Risk Committee.</p> <p>It was confirmed and agreed in relation to the People Committee that:</p> <ul style="list-style-type: none"> • The sickness absence target will be reviewed and benchmarked nationally to consider a different ambitious target • Future AAA reports from People Committee to include timescales for actions • Recovery plans for sickness and recruitment to be reviewed within an Agile mindset to consider a different approach. 	CP/HS
PBoD 23/11/22 Item 08	<p>Recovering from Covid</p> <p>Beverley Murphy (BM) talked through the report drawing attention to the following key points and assurances:</p> <p>The focus has shifted from a specific Covid position to a more general review of operational delivery of our Operational Plan. The Board welcomed the revised report but asked that further reflection take place on what this report needs to cover and it will continue to be refined to focus on key areas.</p> <ul style="list-style-type: none"> • We have mobilised our winter plan. Our plan, delivered with our partners, is focussed on key risk areas by increasing community support and addressing 	

	<p>long lengths of inpatient stay. The additional programmes and capacity are due to commence by the end of November. Increased investment is also supporting an expanded Liaison Service offer across Sheffield Teaching Hospital services, which will provide more access to mental health support across the Urgent and Emergency Care Pathway.</p> <ul style="list-style-type: none"> • Our business continuity plans, and incident command structures provide a clear framework to manage the challenges. We are facing risks and challenges from winter, industrial action and energy supply/ power outages. Our command structures have been initiated and the Emergency Planning Manager is coordinating contingency planning activities between Workforce, Clinical Services and Estates. A separate briefing has been requested by the Board on this. • Our response to Covid is well embedded. Our focus is now directed to the delivery of our improvement priorities. • Service demand: Activity levels across most services are in line with pre-covid levels. Crisis Pathway Services are experiencing sustained increased demand and recent expansion will provide support. • Access and waiting times are challenged in some areas. Challenges continue across several services in terms of numbers waiting or length of waits. Reducing waiting times remains a clear national priority. Recovery plans are in place in the trust however we are not seeing the expected rate of improvement. Progress is reported to the Quality Assurance Committee and the Board considered further actions and mitigation of risk at the September Board meeting • Plans to implement our workforce plan and recruit to all vacancies continue and the position remains challenging in some teams. We have made good progress in the services that were expanding due to increased commissioning investment, with 88% of the planned additional staff recruited to. Across some services, specifically in inpatient services, challenges remain. There is a broader risk that the level of people leaving or retiring means that the increased staffing numbers are not sustained. • Our vaccination programme launched on the 10 October: The programme has started well and is ahead of plan at the end of week four. Our approach is flexible with a combination of a vaccination hub, in service / at work pop up clinics and staff reporting vaccinations received via primary care. The vaccination programme has been rolled out to inpatients. • The lessons and changes in practice that the pandemic bought about are now embedded and were shared as an appendix for information. <p>Discussion took place on industrial action planned by national trade unions representing NHS clinical and non-clinical staff and the Board asked for further assurance to be provided regarding the preparation for this to ensure minimal disruption to patient care and that emergency services can continue to operate as normal. The Board asked for further assurance regarding business continuity plans to ensure that incident command structures provide a clear framework to manage the challenges faced from winter, industrial action and energy supply/ power outages.</p> <p>Board discussed the national narrative that NHS funding and the workforce is up 8% post-Covid and activity levels pre-covid are not being reached. Further understanding is required of where activity is compared to those pre-Covid levels to inform planning and requirements for a detailed financial recovery plan.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Business continuity plans to be tested to identify any gaps and a briefing provided to Board - action BM • The December Board workshop on the review of strategies and the strategic objectives to include a review of the Recovering from Covid priority - action PK 	<p>BM (NR)</p> <p>PK</p>
<p>PBoD 23/11/22 Item 09</p>	<p>Back to Good Board Programme - Progress and Exceptions Dr Mike Hunter (MH) provided an update on the Back to Good programme noting the following updates:</p>	

	<ul style="list-style-type: none"> • Shortfalls in mandatory training continues for key areas and there is a targeted focus on the achievement of compliance for Immediate Life Support, Fire and Respect training. • A key risk continues in relation to incomplete evidence provided to allow for assurance activities to be completed. • Supervision compliance rates remain a concern. Wards are at risk of a worsening position due to the limited number of supervisions currently planned. • 19 Tier II annual reviews of effectiveness have been completed and this was reported to Audit and Risk Committee in October 2022 • Engagement with service users and carers, and involvement in their care is in exception due to insufficient evidence provided and work is ongoing to provide service information in an accessible format. • Medicines management competencies for nurses – amendments have been made to the 3 yearly training package and is due for sign off from Medicines Optimisation Committee and Nursing Council. • De-escalation prior to physical restraint - the requirement is in exception due to 2 actions • A SOP has been developed for the use the green room on Endcliffe ward to seclude patients • Embeddedness checks for completed actions are reported to QAC <p>Board noted the summary of the SHSC response to the televised Edenfield programme which includes redesigned rotas to improve senior leadership visibility, increased focus on quality and service user perspective on Board Executive visits, and the bringing forward of the annual fundamental standards visits reported to Quality Assurance Committee.</p> <p>The Board requested further assurance that the actions highlighted in the Back to Good report meet the risks in relation to supervision and mandatory training. Board also noted the commitment to refresh how Board visits are done to make the most impact on quality and to capture what patients are experiencing.</p> <p>Board agreed that the supervision risk would be framed within a recovery plan reporting to QAC and then to Board -action BM</p>	BH
<p>PBoD 23/11/23 Item 10</p>	<p>Transformation Portfolio Report Pat Keeling (PK) provided an update on key areas of progress and risk to the Transformation Board work programme highlighting that in response to a request from Board the report now includes all milestones. This includes the replanning of the Community Mental Health and Learning Disability programmes in the Health Card which had previously been omitted due to these particular milestones being part of a review. It was noted that a process is underway to review the RAG methodology for the overall Transformation Programme risk ratings and this will be discussed at the Finance and Performance Committee.</p> <p>Discussion took place on the positive progress being made with the Transformation programme which will bring real benefits to service users and Board acknowledged the progress made on the complex project of the electronic patient record.</p> <p>The Board noted concerns about delays in the move of remaining teams at Fulwood and it was confirmed that work is ongoing at pace and discussions re-escalated to look at the extent of options available. The Board was assured business cases to support timescales are expected to go through governance in the near future.</p>	
<p>PBoD 23/11/22 Item 11</p>	<p>Integrated Performance and Quality Report (IPQR) Phillip Easthope (PE) talked through the IPQR monthly report up to and including September 2022 following discussion at board sub committees. Board noted key issues highlighted in the AAA reports (item 7) in relation to supervision, training and vacancies, and attention was further drawn to:</p> <ul style="list-style-type: none"> • Persistent risks in relation to delayed discharges and flow across the acute care pathway which impacts on 136 capacity and on the ability to respond to the need for transfers out of the Emergency Department <ul style="list-style-type: none"> ○ Board noted that further discussion is being held with the Director of Adult Social Care and at the Joint Contract Board. ○ It was noted that the delay on PICU is not impeding recovery as the long-stay patient continues to have effective treatment. ○ Assurances and checks are in place relating to long-term seclusion incidents and these are flagged for executive level review 	

	<ul style="list-style-type: none"> ○ Older Adult inpatient services have continued to keep a good length of stay and are not using placements for people away from home ● Waits for treatment across several community services, high levels of agency and out of area placement spend and a failure to meet improvement plans to deliver cost improvement plans <ul style="list-style-type: none"> ○ Board agreed that persistent risks would be framed within a recovery plan as noted previously ● Vacancy rates remain static and improved recruitment in some teams is masking the current vacancies in inpatient services. <ul style="list-style-type: none"> ○ Associated risks caused by inpatient vacancies / over reliance on temporary staffing is being monitored in Quality Assurance Committee. <p>There remain no new risks of note.</p> <p>Board agreed there is a need to keep focussed on trajectories and noted that the review of the IPQR report to ensure that the correct items are being reported on, benchmarked against national, system and local contract reporting will include targets and timescales which is in development. Action: PE</p>	PE
<p>PBoD 23/11/22 Item 12</p>	<p>The LeDer (Learning from lives and deaths) Report and the context for Sheffield</p> <p>Dr Mike Hunter (MH) presented key items from the 2021 annual report:</p> <ul style="list-style-type: none"> ● The 2021 national LeDeR report shows that people with Learning Disability experience significant health inequalities in comparison to the general population. ● This includes an earlier median age of death and a greater percentage of deaths designated as avoidable <p>An overview of the national report provided preliminary comparison with deaths of people in SHSC Learning Disability services in 2021, where individual LeDeR reports have been received to date on a regional basis. Of those SHSC deaths analysed so far, the Board was assured none had been identified as being preventable deaths.</p> <p>The paper also outlines how learning from the national and local LeDeR processes is informing the development of the transformation work in SHSC Learning Disability services.</p> <p>Board discussed that learning points from the national LeDeR and local LeDer reviews are used to develop the SHSC Learning Disability service acknowledging that much of the key recommendations are at the heart of the transformation and partnership work underway in Sheffield Learning Disability services. In response to a discussion about staffing and vacancy rates, it was noted that the inpatient service remains suspended and the Board were reminded that the Community Learning Disabilities Team transformation plan had set out at the September Board with plans to present a further report including a project initiation document expected at Board in January 2023 which will include reference to physical health support which is a key element of the community transformation programme.</p>	
<p>PBoD 23/11/22 Item 13</p>	<p>Financial Performance Report</p> <p>Phillip Easthope (PE) provided an update on the Month 6 report and noted:</p> <ul style="list-style-type: none"> ● The forecast deficit 3.9 million predominantly driven by pressures from agency and out of area expenditure. ● The funding gap on the planned pay award contributing significantly to the deficit. ● The worst-case forecast of £4.6m recognising the risk that the Local Authority may not pay the 2022/23 management fee ● The robust recovery plans for 6 areas and CIP programmes are being pursued at pace to reduce spend in these, and other areas, to mitigate the overspends and attempt to recover the position. ● The best-case forecast of £3.6m assumes that additional CIP of £0.3m is delivered ● Delivery of recurrent savings is significantly lower than the revised plan. ● The current forecast shows a gap of £2.5m between the CIP plan and the CIP programme. These values have been updated since the NHSI reporting following extensive post month end review. ● Debt owed to SHSC remains within expected levels and there are no working capital concerns. 	

	<ul style="list-style-type: none"> • The annual plan limit (CDEL), which has been reduced in month by the ICB as the allocation across the system has been exceeded. • Recovery options are being considered including delaying lower priority schemes until 2023/24 and the ICB have escalated the risk to NHSI • A breakeven forecast has been reported to NHSI for M6 as required by the Integrated Care Board • Discussions are taking place within the Integrated Care System to determine how surpluses and deficits are managed at individual organisation and system level <p>Board noted the updates. The Finance and Performance Committee are looking at a recovery plan in detail for CIPs with regular updates provided at Board.</p>	
<p>PBoD 23/11/22 Item 14</p>	<p>Guardian of safe working Quarterly Report Dr Mike Hunter presented the Quarterly Report (July 2022 to September 2022) from the Guardian of Safe Working and noted:</p> <ul style="list-style-type: none"> • There is assurance that trainee doctors in SHSC are working safe hours and that exception reports are reaching a timely and satisfactory resolution • Information is provided on reasons for absence and the use of locums to staff the out of hours rota. • There has been an increase in escalation from junior doctors following an awareness campaign by the Guardian which is a positive indication of a healthy reporting culture. There were 17 exceptions reported. Of these 2 were in relation to working extra due to staffing shortages, 2 were in relation to missing scheduled teaching and the remainder were in relation to the impact of workload and ensuring patient care and appropriate documentation and handover. • 13 exceptions had been closed at the time of this report either via time owing or payment; four are awaiting formal acceptance by the individual concerned. <p>Board noted the updates provided for assurance.</p>	
<p>PBoD 23/01/22 Item 15</p>	<p>Q1 and Q2 Mortality report 2022-2023 At the request of the Board when last discussed, the report received in November included further information on involvement of families through the family liaison service and it was confirmed appropriate information is being shared on the website. Work is taking place to capture learning in a more structured way in future through reports to Quality Assurance Committee.</p> <p>Dr Mike Hunter explained that Q1 and Q2 are being reported together to set up appropriate flow of reports in line with the refreshed Board work programme and highlighted the following key learning items:</p> <ul style="list-style-type: none"> • The family liaison officer contacts bereaved families to offer support and explore any issues related to care received prior to death • Specific family learning points in Q1 and Q2 include the importance of recording up-to-date family details on the patient record and ensuring externally facing family information is accessible and helpful. • Other learning includes waiting time management, the importance of clear communication about expected waits and reviewing those waiting in a targeted manner. • Substance misuse workshops have been held to understand the impact of covid-19 in 2020 on mortality in those services. • Work is underway to increase the number of Structured Judgement Reviews completed by SHSC • A new digital mortality dashboard has been developed with the national Better Tomorrow team • Deaths reported internally during Q1 as well as deaths of patients who had contact with services 6 months prior to death have been reviewed in the weekly mortality review group • Deaths reported for people with a learning disability and/or diagnosis of autism have been reviewed and reported through the LeDeR process, and learning from the LeDeR reviews is being managed collaboratively with the ICB <p>Board noted that this is currently a standalone report and consideration will be given as to whether learning from deaths should also be integrated within the broader lessons learned report provided to Quality Assurance Committee. It was confirmed this will be</p>	

	covered through discussion at that committee to determine if any changes are required.	
PBoD 23/11/22 Item 16	<p>Operational Plan Report: Quarter 1 2022/23</p> <p>Pat Keeling (PK) provided an overview of progress with delivery of the operational plan and drew attention to 2 key areas from the report:</p> <ul style="list-style-type: none"> • Mental Health Investment Standard workforce expansion trajectory at end of Quarter 1: the Memory Service expansion has not been as successful to date as hoped and this is impacting on service capacity to address access challenges • Operational Plan delivery framework and summary position at Quarter 1: the expected and required additional investment for Community Perinatal Mental Health Services is not available and the service has not been able to mobilise additional plans to expand its offer in line with national trajectories and requirements. <p>Board noted the update provided, the risks outlined, and discussions held during other items that triangulates with this report. It was noted that the operational plan will be reported quarterly to Board.</p>	
PBoD 23/11/22 Item 17	<p>Annual Equality and Human Rights Report</p> <p>Caroline Parry (CP) presented the Annual Equality and Human Rights report which was being presented to Board for approval prior to publication:</p> <ul style="list-style-type: none"> • The relevance of the Workforce Race Equality Standard (WRES); the Workforce Disability Equality Standard (WDES); the NHS Equality Delivery System (EDS) and Gender Pay is highlighted, and related reports have been previously presented to People Committee and Board with relevant risks and summary points noted • The relevance of stakeholder involvement in the NHS Equality Delivery System is highlighted and the refresh of the Equality Objectives by March 2024 will be an opportunity to further develop co production of the Equality Objectives • Areas that may be at risk in terms of progress to achieving equality objectives are: achieving the Workforce Race Equality Standard Disparity ratio target by 2025, improving the experience of disabled staff in accessing reasonable adjustments, reducing the percentage of not known for the workforce in terms of disability and ethnicity • Improving the percentage not known of sexual orientation for people who use services Improving access to interpreting and translation • Having specific objectives linked to the Green Light Tool Kit <p>The Board was surprised to see a reduction in part time working by staff, and it was agreed this should be looked at in light of the staffing difficulties the Trust is experiencing in some areas with a further discussion on this planned for People Committee.</p> <p>Board approved the report for publication subject to amendments of typos.</p> <p>Action:</p> <ul style="list-style-type: none"> • The Board requested a one-page summary be developed and it was noted objectives will be refreshed for next year. 	CP
PBoD 23/11/22 Item 18	<p>Digital Strategy (2021-2025) Annual review</p> <p>Phillip Easthope (PE) presented the report with Pete Kendal (PK), Chief Digital Information Officer detailing delivery against the Strategy:</p> <ul style="list-style-type: none"> • Significant progress has been made in delivery against key projects, including Electronic Patient Record (EPR) and data centre programmes and there is good assurance for the progress of these programmes. • There is negative assurance for delivery against the breadth of other programmes which has been more challenging, and a key part of the next steps is to refresh and develop delivery plans. • The report shows progress against the six programmes detailed in the Digital Strategy as well as the new data centre, which is a major programme nearing conclusion <p>Board held a discussion in relation to the next steps.</p> <ul style="list-style-type: none"> • The review, development and publication of a Transformation Delivery Roadmap is underway and being developed in consultation with clinical teams whose reflected priorities will have oversight from the Digital Strategy Group • Additional resources are being put in place to accelerate delivery – work has 	

	<p>started with a talent sourcing agency to proactively recruit people and introduce added benefits such as the apprenticeship degree model.</p> <p>Board noted that WiFi rollout is underway with the aim of improving access to Wifi across all Trust premises and that consistent access to WiFi for service users has been a major topic of discussion at the Digital and Information Governance Group as an equalities-based approach to access to Wi-Fi with oversight from the Audit and Risk Committee.</p> <p>In relation to improving staff digital skills, it was discussed that this will include promotion of online training materials, a redesign of training function to support core skills development as well as clinical systems training and creation of digital champions support digital advocacy.</p> <p>Action:</p> <p>The Board asked for a Finance and Performance committee discussion on progress with identifying priorities and the timeframe for delivering them.</p>	PE
PBoD 23/11/22 Item 19	<p>Clinical and Social Care (2021-2026) Strategy Annual review</p> <p>Dr Mike Hunter (MH), Linda Wilkinson, Director Psychological Services (LW), Chin MacGuire, Programme Lead (CM) and Jo Hemmingfield, Co-production consultant (JH) outlined the annual update report on the implementation of the Clinical and Social Care Strategy and drew attention to the following points:</p> <ul style="list-style-type: none"> • Appointment completed of a Programme Manager and Co-production Consultant • Good quality and outcomes have been maintained by IAPT • The Primary Care Mental Health Transformation programme is moving into phase 3 to provide a whole system approach and bridge the gaps in service provision. • The baseline assessment of trauma informed care has been established across the rehabilitation care pathway using QI methodology • Structured Clinical Management has been implemented as an evidenced based approach • There has been a reduction in restrictive practice through the delivery of a number of initiatives including a relaxation room and de-escalation room on all wards • Purposeful admission with systems and processes is in place • Work to expand access to Perinatal services through engagement to support partners and to reach higher risk groups. • Focused and new approach to Coproduction using a service user reference group which is establishing positive links with voluntary and 3rd sector organisations. • Communication and engagement plan to include regular updates on Jarvis and engagement visits with clinical teams • Workshops have been held to understand the interdependencies and linkages across the transformation portfolio and with the enabling strategies <p>Action:</p> <p>It was confirmed further detail on the baseline and targets will be shared with the Chair of the Audit and Risk Committee for added assurance as these are developed. The Board asked for elements related to working with partners around addressing cost of living issues to be reflected in Year 2-work. Action MH</p>	MH
PBoD 23/11/22 Item 20	<p>Charitable Funds Annual Governance Update</p> <p>Phillip Easthope (PE) provided an overview of the governance reporting in respect of the activity around charitable funds. It was highlighted that charitable funds currently held as part of Sheffield Hospitals Charity (CLG) and relevant documents have been provided in the report for information regarding the governance arrangements and how application can be made to draw down funds.</p> <p>The Board of Directors were assured governance arrangements are compliant with relevant standards however it was recognised there is gap in terms of our role as a Trustee and on on-going charitable activity. The Board has asked for further work to take place to look at options for how this should be managed in the future with a further report planned to be received in Q4.</p>	

<p>PBoD 23/11/22 Item 21</p>	<p>Annual Health and Safety report Pat Keeling (PK) presented an overview of the health and safety quarterly reports for 2021/2022 to:</p> <ul style="list-style-type: none"> • Inform the Board on the current position of statutory compliance and health and safety management processes in place • Highlight those areas in need of improvement and the plans in place to achieve a high standard of performance. <p>Attention was drawn to 4 key risks on the Health and Safety register and which are under discussion through the board sub committees:</p> <ul style="list-style-type: none"> • Identification of the requirement for a clear and structured RIDDOR process • Smoking cessation • Falls from height • Fire doors <p>Actions:</p> <ul style="list-style-type: none"> • Board welcomed the report and the work which had taken place over the last year and requested further assurance on presenting the key things that the Board needed to pay attention to. It was recommended to develop a plan of health and safety on a page Action – PK • It was also agreed that a schedule of the key questions posed in the Board Health and Safety training session and assurances or concerns in relation to these would be presented to Board through future reports. Action – PK • Health and Safety reporting updates to be included on the Committee work programmes and updates referenced on the Committee AAA reports – PK and Corporate Assurance <p>Board approved the report.</p>	<p>PK</p> <p>PK</p> <p>PK</p>
<p>PBoD 23/11/22 Item 22</p>	<p>Corporate Governance report Deborah Lawrenson (DL) provided an update on key areas covered in the report:</p> <ul style="list-style-type: none"> • The reviewed Standing Orders, Standing Financial Instructions and Scheme of Delegation are going through the governance approvals route having been received at the Finance and Performance Committee in November 2022. These are due for receipt at Audit and Risk Committee in January 2023 prior to presentation to the Board • An updated code of governance for NHS provider trusts has been published following consultation in 2022. This will come into effect from 1 April 2023. A review of compliance with the new code will take place in the coming months for reporting any implications through the Council of Governors and the Board and to support the planned update of the Constitution. • The NHS England Operating Framework will be reviewed for any implications as part of the review of the new governance documents. • Following the publication of the new code, consultations are underway on the provider licence and on enforcement action. • The current governor election process for those seats subject to an election process, closed to nominations on 8 November 2022 and a report will be taken to the Council of Governors meeting in December • Work is underway to develop the Annual Report and Accounts 2022/23 with a detailed plan received at Audit and Risk Committee in October and an updated and first draft of the report due for receipt at the January committee • The Board has engaged NHS England (NHSE) to provide confirm and challenge support on its annual Well Led self-assessment with a series of interviews with key individuals taking place during November and a report from NHSE expected before the end of the calendar year to support onward reporting to the Board in Q4 • The Audit and Risk committee received an assurance report on the management of declaration of interests, gifts and hospitality registers for 2021/22 and for calling in declarations for 2022/23. At that time not all 	

	<p>declarations for 2021/22 had been received and work is ongoing to call in the remaining declarations with a report expected at Audit and Risk committee in January.</p> <ul style="list-style-type: none"> The Internal Audit annual survey with the Board to support the development of the Head of Internal Audit opinion (HOIA) 2022/23 is underway The Board received for assurance the Annual report from the Remuneration Committee Annual Report and noted that revised Terms of Reference are under development by the Executive Director of People. <p>Actions:</p> <ul style="list-style-type: none"> Confirmation to be obtained on requirements around Non-Executive Director lead roles Action – DL Summary on key changes as a result of the new Code of Governance to be provided. Action - DL 	<p>DL</p> <p>DL</p>
PBoD 23/11/22 Item 23	<p>Board Assurance Framework</p> <p>Deborah Lawrenson (DL) presented updates to the Board Assurance Framework noting:</p> <ul style="list-style-type: none"> Changes to the risk descriptor of BAF risk 0023 The sharing of Executive leadership of BAF risk 0024 Changes to target risk scores for BAF risks 0013, 0014, 0020, 0023 to fit with revised risk appetite levels. <p>It was noted that work has taken place to move actions closed into controls or assurance as required and the next stage of the review work to ensure all actions have owners and target dates and to identify milestones to reaching target scores.</p> <p>It was proposed to present the full Board Assurance Framework report twice yearly to Board and for the ongoing detail to be shared in a folder on iBabs for regular viewing by Board members. The Board approved all changes to the Board Assurance Framework and endorsed the proposal to share the full Board Assurance framework 6-monthly from January 2023. Note for forward plan</p>	
PBoD 23/11/22 Item 24	<p>Corporate Risk Register (CRR)</p> <p>Deborah Lawrenson (DL) presented the updated Corporate Risk Register (CRR) which was noted. Board acknowledged that work is ongoing in the Risk Oversight Group (ROG) regarding confirm and challenge of risks on the register with onward reporting to the committees</p>	
PBoD 23/11/22 Item 25	<p>Board Work Programme</p> <p>Deborah Lawrenson (DL) highlighted the updated board forward plan following input from the Executive team, Chair and Chief Executive. It was noted new items raised in the meeting would be reflected.</p>	
PBoD 23/11/22 Item 26	<p>Any Other Urgent Business</p> <p>Dr Mike Hunter and Beverly Murphy informed the Board that an amendment to wording was required to a paper presented to the Public Board in September 2022 relating to the Learning Disabilities Transformation programme. It was agreed that the amended wording would be sent to Corporate Governance to be shared with Board for approval and republishing on the website. Action – AW</p>	<p>AW</p>
PBoD 23/11/22 Item 27	<p>Reflections on the meeting effectiveness</p> <p>The Board were invited to reflect and consider any preferences or bias that could have influenced decisions/discussions with the following observations made:</p> <ul style="list-style-type: none"> The perception of stigma for healthcare professionals who require access to mental health services (service user story feedback) <p>It was agreed that key issues would be reflected in the report to the Council of Governors (December 2022) and circulated to the Board: Action: DL to take forward</p>	<p>DL</p>
	<p>The Chair thanked Board members and attendees for the contributions and closed the public meeting.</p>	

Date and time of the Public Board of Directors meeting:

Wednesday 25 January 2023 at 9.30am

Format of meeting: MS Teams

Deborah Lawrenson, Director of Corporate Governance (Board Secretary)

deborah.lawrenson@shsc.nhs.uk

Apologies to: Amber Wild, Corporate Assurance Manager amber.wild@shsc.nhs.uk

