Board of Directors – Public

UNCONFIRMED Minutes of the 151st Public Board of Directors held from 9:30am on Wednesday 22 March 2023. Members accessed via MS Teams and the meeting was livestreamed for the public.

Present: (voting)	Sharon Mays, Chair (SM) Jan Ditheridge, Chief Executive (JD) Anne Dray, Non-Executive Director and Senior Independent Director (AD) Heather Smith, Non-Executive Director and Deputy Chair (HS) Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director (OFO) Owen McLellan, Non-Executive Director (OM) Mark Dundon, Non-Executive Director (MD) Phillip Easthope, Executive Director of Finance (PE) Dr Mike Hunter, Executive Medical Director (MH) Caroline Parry, Executive Director of People (CP) Salli Midgley, Interim Executive Director of Nursing, Professions (SMi)
In Attendance: (non-voting)	Neil Robertson, Interim Executive Director of Operations (NR) Pat Keeling, Director of Strategy (PK) Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL)
Other attendees:	Amber Wild, Corporate Assurance Manager- Minutes (AW) Phil Simon, Deputy Head of Communications (PS) Simon Barnitt Head of Nursing rehab and specialist services Dr Michelle Horspool (MHo), Deputy Director of Research
Apologies:	Prof. Brendan Stone, Associate Non-Executive Director (BS)

Min Ref:	Item	Action
PBoD 22/03/23 Item 00	**Experience Story** The board were joined by Lived Experience Practitioners who talked through their work on developing outcome measures around co-production; the importance of equality and equity and of having an open and engaged approach to communications in terms of involvement; of having a person centred approach and of the value of partnership working to support research in terms of having a positive impact on delivery and patient outcomes. The board welcomed an offer to support SHSC in engaging with teams and sharing positive stories and to develop principles around co-production and the importance of avoiding use of jargon. Discussion took place on how best practically to make meetings accessible for people with lived experience and creating opportunities for informal and relaxed engagement.	
PBoD 22/03/23 Item 01	**Welcome and Apologies:** The Chair welcomed new Non-Executive Director Mark Dundon to his first meeting, together with members of the public and staff observing the meeting.	

	The Chair acknowledged the contribution to SHSC of Richard Mills, who retired at the end of February 2023, following 8 years with the Trust as a Non-Executive Director and Deputy Chair.	
	Apologies were received from Brendan Stone, Associate Non-Executive Director.	
PBoD 22/03/23	**Learning and Reflections from the Experience Story**	
	The following key observations were made:	
	• When we talk about strengths based we need to avoid seeing people with a 'list of problems to solve' and our strategy is trying to take us in a different direction in bringing a wealth of things in their life in bringing that to the table in interactive co-producing discussions on their care. • Our enabling strategies support the work around co-production and is an improving picture • We need to support our staff in understanding how we do co-production well - working with colleagues to understand principles • It had been illuminating to hear about how the life of an individual had been negatively impacted by the way in which clinical feedback had been given and how he had managed to recover from that experience. • The story played across to other discussions the board had including the recent board session on restrictive practices • The need to be more agile in the spaces we use to support people – an issue which has also come through the community transformation work • There is more we can do to support staff around how they engage as part of our people strategy. • The benefit of taking out 'values based discussions' into other conversations internally and externally • The value of thinking about ways to engage in a less formal way	
	The Chair asked members of the board to hold in their minds what they had heard to support them in their discussions that day.	
PBoD 22/03/23 Item 02	**Declarations of Interest** None declared.	
PBoD 22/03/23 Item 03	Minutes of the Public Board of Directors meeting held on 25 January 2023 were **approved** as a true and accurate record. *[Post meeting note – minor amendments were made in respect of the date on the document and moving NR to non-voting Directors in attendance]*	
PBoD 22/03/23 Item 04	**Matters Arising and Actions Log** The action log was reviewed, and actions marked for closure agreed with the additional updates provided: • Action 2.1 January 2023 – should read *VCSE are not always particularly required in the report as this is covered in other reports. An update on waiting lists was provided in the Operational and Business continuity report* It was agreed the range of actions related to the Integrated Performance and Quality Report would be captured into one action which will go through Finance and Performance Committee and then to Board.	
PBoD 22/03/23 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: • CEO recruitment is underway • Recruitment is also underway for the role of Executive Director of Nursing and Professions with recruitment due to commence shortly for the role of Executive Director of service delivery. • Recent board development has included a session on restrictive practice	

	and human rights • Governors are involved in the stakeholder session for CEO recruitment and the Lead Governor will participate in the final interview panel • During visits to Dovedale II and Birch Avenue the Chair met with carers • Continued participation in Place and Collaborative meetings which have included discussion on priorities. (Note separate agenda items) • The Chair opened the Research and Effectiveness showcase event which was very well attended by a range of SHSC staff and external stakeholders. It is expected this will be an annual event and will capitalise on our membership of the University Hospitals Association.	
PBoD 22/03/23 Item 06	**Chief Executive Briefing** JD drew attention to the following matters from her report: • The findings from the "Listening to workers – a Speak Up Review of Ambulance Trusts in England" noting valuable cross learning on cultures and what can happen when people are under pressure, working alone and remote from their leaders. This will support SHSC in its own discussions on the Freedom to Speak Up strategy. • A "National Audit Office report on Progress in improving Mental Health Services in England" noting this poses important questions around parity of esteem as a system **–** and the need to think differently about what parity really looks like if we are to have equity for Mental Health, Learning Disability and Autism services with physical health services. • The "NHS Workforce Race Equality Standard Report 2022" (WRES) which the Trust will be reviewing to understand what this means for us locally and as a system. • Recruitment to Executive roles noted by the Chair have been timed to enable the new CEO to be involved in the process. The Chair noted the value of receiving the reports referenced and to see learning across sectors being acknowledged which demonstrated an improving and healthier culture in the NHS. She stressed the importance of parity in system work and the role the board has to play in feeding into the discussions; and MH noted in reference to the NAO report the economic hardship references the solution for which are within the influence of the system as a whole to address and which is crucial in supporting suicide prevention. OFO stressed the importance of improving the experience of all staff in terms of equality, diversity and inclusion and the difference this makes to patient care and CP confirmed the trust will compare its indicators with the national indicators in the WRES report alongside those from the staff survey which will be taken forward as part of the People Strategy. She confirmed consideration will be given as to other priorities which need to be reflected in terms of the WRES agenda.	
PBoD 22/03/23 Item 07	**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 the updates provided it was confirmed these will continue to be refined in terms of approach with a view to keeping them succinct and accessible. The following key points were drawn to the attention of the board: **Quality Assurance Committee QAC (March 2023)** It was confirmed good progress is being made around: • Improvement in waiting times in Single Point of Access (SPA)/Emotional Wellbeing Service (EWS) and Autism services has remained fairly consistent • Our approach to restrictive practice – staff were commended on increasing focus on changing restrictive practice and noted a continuing trend in	

reduction of physical assaults on staff
- Increased assurance demonstrated in the clinical quality and safety report on lessons learned; changes put in place and improved quality of reporting.
- The board were assured by the committee that it remains very sighted on serious incidents. With regard to the Ockenden Report requirements around board being sufficiently sighted on serious incidents the board asked the Chair of QAC and the Executive leads to consider and advise on the level of information which should be received at committee and board both publicly and in confidential session and to consider what may be appropriate to share with the Council of Governors to support understanding and learning.
- Concerns around waiting times remain with a new, additional focus on the memory service and older adults community mental heath services (CMHT). As reported previously new clinical models are being developed and the committee have asked for recovery plans to be received at their next meeting.
- Concerns about the number of Out of Area beds are continually monitored.
- An increase in falls – the committee noted that plans for adaptions on the wards will be included in future Integrated Performance and Quality reports.
- Concerns around issues raised in the clinical safety report around complaints, sexual safety and reporting of racial abuse towards staff. The committee will keep an eye on this along with progress with compliance on mandatory training and supervision.

Action - There was a suggestion from the clinical quality and safety report referenced in the AAA report that oversight of the board assigned actions in relation to the Ockenden Report be overseen at Quality Assurance Committee; however JD asked the Executive leads for Medicine and Nursing to give further consideration as to what should be received at both public and private boards, and how this will be presented, given the full board should remain sighted on these actions and where relevant should be shared with the Governors.

Finance and Performance Committee (March 2023)
- Two extraordinary Finance and Performance Committees have been held between January and March to discuss the health-based place of safety business case which was approved and the adult substance misuse tender which was also agreed prior to submission.

It was confirmed good progress is being made around:
- an improving out turn position for the financial year 2022/23

The committee is keeping focused on:
- Planning for the 2023/24 financial plan, budgets, cost improvement and capital programme planning. The committee has asked that capital planning be clearly linked with SHSC's strategy to ensure the board are comfortable with decision making around priorities.
- Recovery of outstanding debts
- Business planning processes and work taking place to improve the approach in 2023/24 and in improving confidence in the efficiency of approval and delegation processes.

People Committee (March 2023)

It was confirmed good progress is being made around:
- Reduction of use of agency for unregistered nursing staff and increased use of bank staff, as planned.
- Vacancy rates which have dropped below the Trust's target.
- Positive management of employee relations casework with no grievances reported in March.
- 100% achievement with e-roster implementation.
- Reduction in turnover from 16% to 12%.
- Reduction in the gender pay gap.

The committee is keeping focused on:
- Supervision rates which remain below the expected levels.
- Short term sickness levels remain high.
- Whilst time to hire has improved we are not yet at the 43 day target and this needs to be addressed – the committee was assured there is a good understanding of the issues and the whole process is being tracked.
- There remain issues around some areas of mandatory training.
- Whilst staff survey results had not been received at the March committee meeting (in advance of board) pulse survey results had been received and these confirmed there remained low results in respect of recommending SHSC as a place to work and with regard to staff looking forward to coming into work.

JD asked HS with regard to supervision, how confident she was as Chair of the committee that the recovery plan is being monitored in an appropriate way to ensure progress with actions. HS confirmed processes are in place to monitor delivery of the recovery plan which is only focussed on acute wards and that the areas of most concern are other areas with low compliance, and she has asked for further detail on this to be provided to the committee. JD asked if this was also reflected in the Back to Good programme and MH confirmed good and challenging discussion had taken place there as well as at Quality Assurance Committee. He noted the trust is carrying vacancies in the community Mental Health teams and in the recovery teams and this had been discussed through the performance review process and will be addressed across all areas.

The Chair noted supervision rates is an issue which has been raised through a range of reports and had been reflected in the board Well Led self-assessment. She commended progress which had been made in some of the areas requiring further focus.

Mental Health Legislation Committee (MHLC) (March 2023)

As the committee met in close proximity to circulation of board papers it was confirmed the AAA report will be shared separately – **Corporate Assurance team to note and take forward.**

It was confirmed good progress is being made around approval of policies in line with the policy governance requirements and the committee is keeping a focus on:
- Implementation of Electronic Patient Record planned for the summer of 2023 – the Mental Health Legislation Team are working with teams elsewhere who have successfully implemented it to learn from them to support implementation here.
- Gaps in compliance with Mental Capacity Act (MCA) training and human rights training; reporting from the least restrictive practice oversight group with regard to incident reviews (which has been referred to Quality Assurance Committee) and continuing issues with under representation of people from ethnically diverse groups. It was confirmed these are issues under close scrutiny as part of the Race Equality Framework work already underway.
- The committee was assured mandatory training had been set up on-line aligned to roles and will be monitored.
- The Annual Report from MHLC to the board had not progressed in time for receipt at the March meeting due to staff sickness absence and approval of this will be taken through e-governance in order to approve the document before the next MHLC meeting due to take place in June.

Audit and Risk Committee (ARC)
- This committee is due to meet next in April 2023 with the report due at the May Board.

	The Chair noted it was helpful to see referrals between committees and has agreed with the recommendation from internal audit around the value of capturing this. Consideration is being given as to how to capture examples of cross referral in the annual reports from the committees to the board.	
PBoD 22/03/23 Item 08	**Operational Resilience and Business Continuity** The board received this regular report and NR drew attention to the following: • Discharge from acute areas remains challenging – there are plans in place to manage this. • There have been no issues with response to winter period and business continuity plans have been effective. Trusts are expected to submit draft winter planning plans in June 2023 for 2023/24. • The trust received national and system support for purchase of two step down beds • The vaccination programme has finished with a disappointing uptake. Learning has been identified to support preparation of a robust programme for the autumn. It is not yet known if a booster programme for Covid will be required. • No material gaps and learning from Covid and industrial action have been identified and preparation is embedded in business continuity going forward. AD asked if there was potential for resources assigned for winter cover to be withdrawn and if so, the impact this might have on length of stay and delayed discharge. NR explained the voluntary care sector had focussed on discharges and were looking at options for continuing the offer as it has added value. He explained this is about testing learning and discussing this as system leaders about how this is continued and sustained. SMi suggested it would be helpful to articulate the triage offer in the reports around the triage approach supporting decision making around whether an individual would prefer to have appointments in person or virtually. **Action:** NR agreed to draw this out in future reporting. CP asked in terms of low uptake on vaccination if there was a correlating impact on sickness. NR confirmed sickness due to covid or infectious disease had been significantly lower than in the previous winter period and this is also reflected in the reduced number of closures. OMc asked how data regarding demand compared with other mental health trusts, if they were seeing similar trends. He also asked what level of investment had gone into areas with low demand and given the general constant demand how this was impacting on a worsened position in terms of delays and waiting times. NR explained in terms of demand nationally there has been consensus around the impact of covid on mental health in particular. Further analysis is taking place by one of our Clinical Directors, to understand what this has meant in terms of whether there had been an increase in need, or, as a consequence of measures put in place in Mental Health Trusts if this had therefore created backlogs. He confirmed we have seen a trend of increase demand in ADHD and Autism across the sector and we are seeing stabilisation in numbers of referrals but it should be noted there are historical waits in some areas which will have an impact. With regard to investment into areas of low demand it was confirmed these are for highly complex need services where you would expect low rates of referrals but which would be costly. The Chair suggested the Chair of Finance and Performance Committee (FPC) and the Executive lead consider how issues around demand data be discussed in more detail at FPC and JD suggested this include discussion on whether we have contracting positioned appropriately given there remain some areas with very long waiting lists. PE assured the board with regard to demand that discussions have taken place around efficiency and demand, for which work has	**NR**

	begun and there was a need to understand this at service line level as demand is back to pre-pandemic levels. **Note for FPC forward plan.**	
	With regard to vaccinations JD noted the trust was not testing in the same way as previously and there had been individuals off with coughs and colds who may also have had Covid who may or may not have been vaccinated.	
	With regard to major incident and business continuity planning JD asked if, having undertaken testing, this puts the Trust in a better position in terms of its EPPR assessment. NR explained it helps in regard to the forensic evacuation planning as a region, which was a helpful contribution to our EPPR statement. JD asked for an update on how it is progressing and where gaps remain to be included in the next operational resilience and business planning report. **Action:** NR	**NR**
	Discussion took place on planning around industrial action. It was confirmed by MH that the 72-hour strike by trainee doctors had been safely managed.	
	HS asked with regard to the adult social care discharge fund and new models of support, where this would be seen by the board and if it would have a recovery plan. NR confirmed it would be covered in the Out of Area recovery plan.	
	The Chair asked with regard to a rise in delayed discharges if there is plan to address this given the negative impact on service user experience and the financial position. NR confirmed work is continuing with the Local Authority to move on those who have significantly delayed and the first confidential Multi Agency Discharge Event (MADE) was about to take place. He noted there was also a need to focus on length of stay which, after stripping out delayed discharges, had remained high in comparison to last summer, and the system is working proactively on this. Another area of focus will be to look outwardly, on admission avoidance and what happens within the first 72 hours of admissions as looking at the whole pathway will have a positive impact.	
	The Chair noted with regard to length of stay referenced in the performance report, that the trust is up to 42 days and asked if this was not being caused by delayed discharges was it due to higher levels of acuity. NR explained this was about having a clear treatment plan in place for all patients not just those who are delayed. There are discharge co-ordinators on all wards and the plan is to move them into one team with one lead to improve consistency in approach.	
	MD noted with regard to business continuity, that whilst it sounded like the trust had responded well and protected care, if, in terms of broader planning, asked if the trust was comfortable with its plans, and if not was it on the corporate risk register with associated plans in place to mitigate the risk. NR explained the business continuity plans are in place to deliver safe services and this also covers corporate functions with every service having its own local business continuity plan. He assured the board good leadership is in place around emergency preparedness and this had been tested and stood up well in recent years with the rapid learning required strengthening our processes. He offered to talk this through with MD in more detail to support understanding of requirements, our responsibilities and approach if that would be helpful. **To note and take forward.**	
	OFO stressed the importance of the first 72 hours and the first week in impacting on delayed discharges – she noted discussion had taken place at Mental Health Legislation Committee about the need for better assessments and asked how this was being triangulated. NR explained that where engagement takes place in an assertive way through community services that will have a better outcome for the individual. There have been some where this has not worked and where the individual will need a mental health assessment and there may be delays in accessing that assessment, which is an area we are	

	looking at. Work is also taking place to develop a clinical model for acute care (inpatients) and what must happen before the access services and after they leave in terms of getting the right care in place - so looking at the whole pathway.

The Chair thanked colleagues for the broad discussion which had taken place and resulted in some positive actions to be taken forward. | |
| PBoD 22/03/23 Item 09 | **Back to Good Board Programme - Progress and Exceptions**
MH provided an update on the Back to Good programme noting triangulation is visible with AAA reports including reporting of recovery plans into Quality Assurance Committee and the paper summarises main risks and mitigations/planning in place.

AD suggested extending the table to include detail to show trajectories for closing down risks, and DL asked for links with the Corporate Risk Register and BAF to be included. JD asked for clarity on the level of concern board members should have about the four high risks and what this is saying as it was felt more detail was required to understand this and support discussion. **To be taken forward.**

MH confirmed the report is being re-framed around the new strategic priorities and will be focussed on Continuous Improvement rather than just the CQC action areas. SMi noted work is underway to revisit critical actions from the CQC report and it was agreed the action around re-framing would sit with both the Medical Director and the Executive Director of Nursing and Professions which they will take forward. **To be taken forward.** | |
| PBoD 22/03/23 Item 10 | **Transformation Portfolio Report**
Pat Keeling (PK) provided an update on key areas of progress and risk to the Transformation board work programme:

- E-roster – is at 100% of completion. In terms of the closure report and benefits realisation this is progressing and will report into the agency CIP group for monitoring
- Community facilities - although red the Executive Director of Operations has undertaken considerable engagement with the teams who remain at Fulwood, with relocation plans progressing and expected to be resolved in the next couple of months.
- With regard to concerns around business case processes PK provided assurance monitoring arrangements are in place for the development of the Maple Ward business case and the clinical model will be a key element alongside work on out of area placements.

HS expressed concern about traction given the clinical model for Maple Ward needed to be confirmed in April 2023 and asked if there were any risks associated with this. NR explained he has met with the team, and national work on acute care was supporting them to finalise the work. There is a need to ensure the model is data driven and to bringing all pathways together. Further stakeholder engagement is in train over the coming weeks to support development of the draft model and it will be taken through governance processes.

HS asked if there was potential for a delay to the capital works. NR confirmed he was expecting to take a signed model through processes in early May but there was a need to ensure this aligns with the financial work underway. He confirmed the model looks at dependencies and risks.

The Chair asked NR to work with DL to agree the governance route in terms of committees and in what order to ensure it meets the timeframe. **To be noted and taken forward**

AD asked how the clinical model would be tested in terms of the new criterion | |

	for co-production triangulating with the story received at the board about how best to do so; and how, more broadly co-production will be taken forward to support measuring of success for all projects. SMi confirmed measurement is in place for the transformation projects but recognised there is variation in how we will support co production. She confirmed staff are encouraged to do so and work is taking place to recruit individuals with lived experience to work with us in this area which is one of the principles of our co-production standards. The Chair asked with regard to Electronic Patient Record (EPR) and the 12 week delay to the programme, that monitoring on this continues, as well as on the community mental health team transformation and that this includes reference to exploring funding options and models. She asked if there was a risk it will not be funded and if so the potential size of financial gap. PE explained there have been issues with getting procurement floor walkers in place and recruitment has had to be repeated. He noted there had been an element of over optimism on timeframe and work had taken place to introduce a full robust assessment and timelines on all actions that need to be done prior to go-live and he was assured around these. It was confirmed communication has taken place with staff and there are lessons to be learnt which will be addressed as part of the benefits realisation process which is under discussion at Programme Board. He added work is taking place to look at funding required around staffing and an additional element on this has been added with full year effect built in. In terms of risk, whilst there is a small risk in terms of contractual agreements for next year, he was confident there would be no further delays. MH added by way of further assurance that a new QEIA had been undertaken on the effect of the delay and this will be received at Quality Assurance Committee. NR informed the board with regard to e-roster, that it was positive to note the success of the programme with everyone now online and the next stage being focussed on getting best usage out of the system and reflecting this in the agency CIP programme as management of e-roster will be a key element. MD asked with regard to wider impact there appeared to be some concern EPR may not meet legislative requirements for Mental Health Legislation. PE explained the expectation is that it will be legally compliant, and it had been made clear if anything is not national guidance compliant, he expected that to be discussed at programme board and be an organisationally owned decision. There will be a roll out programme post go-live. MH explained by way of background there had been a discussion at Mental Health Legislation Committee, on feedback from the Mental Health Legislation team from a discussion they had with an organisation which had not had a good experience but discussions were planned to take place with organisations who had successfully applied it in respect of Mental Health legislation requirements and that is underway to provide further assurance. JD explained the trust is in the implementation phase of RIO, which is the system mainly used in Mental Health trusts and well regarded. Our lead for digital has implemented RIO in at least three mental health organisations and it has a good track record of working with MH legislation so suggested there may be learning in terms of how individuals in that team had been engaged in the earlier stages of the process.	
PBoD 22/03/23 Item 11	**South Yorkshire Integrated Care Partnership Strategy** The board received the Integrated Care Partnership strategy which has been developed following wide ranging engagement activity. The board was pleased to see mental health and well-being referenced within the document elevating these issues with increased visibility at Integrated Care Board and Integrated Care Partnership level. It was noted by PK that the strategy was due for discussion the following week at Health and Wellbeing boards and will be widely promoted to all of our staff. The strategy will be delivered through the South Yorkshire joint 5 year forward plan which is developing well, and we will look for alignment between this and	

	our own strategy, plans and enabling strategies a 'golden thread', and looking at what more we can do as an organisation to advocate on parity of esteem issues at system and strategy level.	
	OMc agreed with the concept of a 'golden thread' as it felt somewhat theoretical. He asked what changes the board would see and how it would ensure decisions taken fit with the strategy and are rooted in it. PK explained the quarterly report received at board provides references, with the strategy being used to support making the case for additional funding for areas we have struggled with such as perinatal which has become a priority for the system and a focus on younger people.	
	The Chair suggested it would be helpful to have a discussion at some point outside of the meeting to support Non-Executive directors to more clearly see 'golden thread'. She suggested in time we may be able to capture this in the front sheet of reports including capturing attendance at key meetings taking place. It was confirmed JD, SM and PK will discuss outside of the meeting. **To be noted and taken forward.**	
	AD drew attention to the key facts listed on the cover paper which are quite stark and asked in terms of our advocacy role if there was anything we should do to level up the playing field in terms of access to physical health interventions. JD drew attention back to National Audit Office report listed under her report and the issue of parity of esteem which should start at system and strategy. She suggested there are a range of examples where, if we can describe it in a way that provides a strategic response, we have a chance of making parity endemic around how we will support people in a range of ways.	
	It was noted the paper had been incorrectly labelled as 'for approval' on the front sheet.	
PBoD 22/03/23 Item 12	**South Yorkshire Mental Health, Learning Disabilities and Autism provider collaborative (SY MHLDAPC)** The board received and approved governance documents in respect of the collaborative which are being received at the boards of all the participating organisations for agreement. It was noted these provide a framework in which we will work with our partners for the benefit of the people of South Yorkshire. It was noted each organisation will retain its own sovereignty in terms of decision making and responsibilities for running our organisations, but these new governance arrangements will enable us to work together to address common issues for the benefit of our patients, service users, carers and our local communities.	
PBoD 22/03/23 Item 13	**Integrated Performance and Quality Report (IPQR)** PE talked through the IPQR monthly report noting the following: • Good improvements made with recovery plans and received at board sub committees, for example for waiting lists received at Quality Assurance Committee • We are looking at supervision and putting in place a recovery plan – we have a list of areas which are triggering and detail on these and when we can expect to see impact will be included in the next report • There are a number of issues with mixed assurance for example digital and medical appraisal rates. With regard to medical appraisal rates, MH noted the board receives the statutory annual report in July documenting compliance. In July 2022 this demonstrated compliance above and beyond NHSE requirements. SM asked for assurance, with regard to individuals being on wards for long	

	lengths of time one related to PICU of 728 days and another on Maple, that the individuals are receiving treatment in the right place for them and are being reviewed. MH confirmed the clinical executive directors are leading regular reviews and in one case a face-to-face review had taken place with himself as Medical Director. SMi added by way of assurance that since papers were written she had discussed with NR and MH plans for stopping use of providers that have CQC ratings of 'require improvement' and has now requested there is plan to cease use and only use 'good' providers as there is a significant impact on patient quality and experience when we are block booking. The Chair asked if there would be enough 'good' providers for the people we need to send out of area. SMi confirmed this is being scoped and patient experience is being used as a motivator to bring people back to Sheffield. MH stressed there was a need to manage how we deliver really good patient care in a timely manner so they have appropriate length of stay, and if we send them out of area they are in numbers which can be accommodated by 'good' providers. The Chair noted, given the trust itself is not currently rated as 'good' in all areas as registered by CQC. MH confirmed the governance and oversight we have over own services is something we can never replicate on those of other providers in order to assure ourselves. JD reminded the board we know there is significantly increased risk to an individual who is sent out of area. SMi explained stories from individuals who have gone out of area have been fed back to staff to bring this to life the impact of this experience to keep learning live.	
PBoD 22/03/23 Item 14	**Q3 Mortality report** MH talked through the mortality report noting linked to the previous discussion, admissions out of area is an increased risk factor for death by suicide. He confirmed the report had been discussed at Quality Assurance Committee and he noted, in connection with discussion about Integrated Care Partnership strategy, that there is an opportunity to look at the learning around deaths and to further developing the paper along lines of big thematic areas of learning. In terms of suicide and suicide rates he recommended discussing this under that item covered separately on the agenda. JD asked board members if the report was providing the level of information required to support board members in articulating the detail were they required to do. In response: • AD noted it would be helpful to understand if the report sufficiently pulls out detail of out of x number of deaths y number relate to individuals supported by us and the learning around this. She noted she was unable to express that although she could say a process is in place and is discussed regularly at Quality Assurance Committee and board. • HS suggested it would be helpful to see specific examples, but did feel the report receives greater scrutiny than it had previously and processes had changed as a result of the interrogation received and therefore it feels as though we are on an improvement journey which was positive. • MH noted connection with history would not be lost with the dashboard in place and the data links with national work. There have been some national IT challenges with it but he confirmed his optimism the new dashboard will pull through better data in supporting understanding. It has been an improving piece but he recognised it was not yet providing the detail required to answer the question posed and he would take that away for further work with the team. • SMi asked with regard to LEDER and mortality of people with a learning disability which included a lot of detail around prevention if we are seeing an impact. It was confirmed most of the LEDER reports do not	

	contain specific learning for the trust but feedback is always shared with our Learning Disability teams. The feedback remains slow in coming through and this is something that would be useful to raise in the quality review group. MH noted the *better tomorrow's* team is cross cutting and will draw information into our dashboard which can provide an opportunity for comparisons between organisations to try to understand familiarities and differences.	
	JD noted in terms of prevention there may be learning in an individual case but asked how we are capturing whether an individual died 20 years earlier than they should have only because they had a psychotic illness alongside other co-morbidities potentially. MH confirmed we can point to our physical health strategy but the element that needs development is how we use our own information to see if we can track that it is helping in capturing more effective data locally.	
	PE suggested there had been a historical issue in terms of learning around deaths from the Sheffield Coroners court and he was not clear if that was improving and what the flow was for this. He was struck by the suicide figure which is quite stark in comparison to national median. MH explained the national scorecard received at the end of 2022 related to 2017 – 2019. Work is taking place on how we develop our own information to see it in real time as it is difficult to make sense of national data given the delay. He explained for those years where we have more recent information – one out of four people who have died have had connection to services,100 people are thought to have died by suicide and in those 2 years we have recorded contact with about 60 of those people however it is likely that this relates to recording the deaths of people using the substance misuse services but is being flagged as people using mental health services – it was stressed this was a hypothesis that needs further exploration and understanding.	
	OFO noted she had found the paper insightful and was struck by the audit of deaths from missing data on insight asking how we can safeguard against this in future. MH explained we look at numbers each week and month and when we identified a month when figures were very low, this had been challenged he confirmed the individuals would have gone through our learning from deaths process and their care has been reflected back in and reviewed.	
	It was noted going forward the way we report will change with use of 'Better Together' and MH will reflect more detail on the thematics and how we work to develop our understanding of our information to give us more real time information on impact, without losing that more descriptive learning at a more individual level. It was recognised there was a need to strike a balance and as the paper is developed we will look again once we have the new dashboard up and running which will include categorising the deaths more clearly so it is easier to understand.	
	The Chair asked for inclusion of understanding at a high level in the cover sheet, the key messages board members need to take away from the report to support understanding if there is something they should be concerned about and around key areas of assurance. **To take forward in next report**	
	[Simon Barnitt joined the meeting] Item 16 was taken at this point.	
PBoD 22/03/23 Item 15	**Safe Staffing Biannual Review and Declaration**	
	SMi introduced the six monthly safer staffing review and noted a recommended uplift in staffing in some areas – this is seen as a cost pressure and work is underway to look at how it is delivered linking across to work on e-roster and bank and agency usage. It was confirmed there has been very good engagement with clinical teams on safer staffing needs. Following the summer review the recommendations were not fully established however SMi confirmed she was confident we are now positively moving forward with the new model.	
	JD asked what the plan is for moving safer staffing out to the community. SMi explained the care homes needed to be addressed using a different model and she provided assurance appropriate evidence based models are being used.	

	JD asked for clarification of who the recommendations referenced in the paper are for, as it would appear they were to be made to the heads of service for consideration as suggested that suggested they were not involved in developing the recommendations. Simon Barnitt (SB) confirmed work took place with ward managers and general managers in the first instance to look at recommended staffing and then progress to heads of service for agreement but confirmed they had been involved.	
	OFO found the reference to 12 hour shifts confusing and asked if the report was saying they are not good. SMi explained the trust offers 12 hour shifts but offer a range of options so it can be more attractive to the needs of nurses. SB added this is more beneficial for health and wellbeing as mistakes start to happen after 12 hours. The shifts finish at 7pm but there is a gap in the evening when there is high activity in those areas.	
	AD noted with regard to healthcare support workers the report suggested substantive staff are in post and in terms of the career pathway reference asked where we have people who may not be looking for that, how we are managing those and how are we going to ensure we retain staff. SB confirmed there is organisational change process underway to move substantive band 2s to band 3 if they meet the criteria and we are also developing the whole package and range of options.	
	PK drew attention to a reference to a cost pressure of c £380k asking if that had been linked to the agency and bank reduction CIP and linked to next year's financial plan. SMi confirmed not directly as the aim was to find the funding within the total ward budgets and looking at opportunities to find efficiencies and that work is in process. In terms of inclusion in financial budgets for next year but work is actively underway in order to do so.	
	NR asked if the trust was getting into a better position in terms of triangulating and using data effectively so it could be treated as a whole. SMi confirmed pre and post analysis is well defined, but the live roster needed more work to understand our daily dependency.	
	The Chair noted the cover paper stated that equality, diversity and inclusion impact had not been discussed and asked that this be reflected in the next report. She suggested numbers of agency and bank staff be distinguished and for a reference to a plan for when the modelling will be extended to staffing in the community and in nursing homes to be referenced in the next report. She asked that appropriate executive directors discuss establishment and use of fill rates and agree that will happen **to be taken forward in the next report.**	
PBoD 22/03/23 Item 16	**Suicide Prevention Progress Report**	
	MH drew attention to the discussion under item 14 noting the report from the national confidential enquiry has been received and reflected in the paper in terms of South Yorkshire and noted:	
	- The national team looked at characteristics of those who died by suicide and the pathways they were on and themes and the trust had looked at what we are doing and how this speaks to those themes. - In terms of safer inpatient environments – and development of trauma informed care both are linked to our existing workstreams. - With regard to individuals being lost to services and missing appointments – our primary and community MH programme and development of community connector roles and standing up assertive outreach teams support this - In terms of risk of economic downturn, loss of jobs and prosperity – these are within the influence of the systems we work within - Having made those connections the challenge is how we use our own information in more real time way to cross reference whether what we are doing is having an impact in terms of suicide prevention.	
	SMi noted work is aligned to learning when people lose their lives to suicide,	

	and asked if we should look at having an overarching piece of work around suicide prevention that brings this together into one place to plan and understand the gaps. MH agreed noting whilst there is reference in the clinical and social care strategy and the wider Place and system strategies, this is about what we are doing at SHSC, and how we reflect that in the patient safety and incident response framework. NR added the need to consider how we engage with people around this which was noted.	
	The Chair noted in relation to death by suicide that three out of four people have not been in touch with Mental Health services, and asked how the trust is playing its part in discussing this in Place and ensuring this is being considered. She asked if protected characteristics are reflected in this data and MH confirmed it was but there isn't a reporting mechanism currently to capture it and this needed to be explored.	
	OFO stressed the importance of partnerships in primary prevention. SMi confirmed this was one of the areas of work we started with SACMA – but the broader system does not report this in an accessible way so advocating for that will be helpful and it was agreed MH will pick up in discussions with SMi – **noted**	
PBoD 22/03/23 Item 17	**Financial Performance Report for the period ending 31st January 2023 (month 10)** Phillip Easthope (PE) provided an update on the Month 10 report and noted the financial position remains challenging as we move into the new financial year. The Finance and Performance Committee have been continuing to look at a recovery plans in detail to address gaps on delivery of our cost improvement programme, with regular updates and additional sessions taking place with the board on financial planning, savings, budget setting and capital planning. The position at the end of January 2023 as reported to the March Board was confirmed as: • A deficit of £3.256m with a forecast deficit at year-end of £2.733m. Our forecast deficit was reported as having improved [note these figures are subject to final movement at year-end] • The deficit is mainly driven by pressure on agency spend, covering the pay award funding gap, pay overspend and the cost of out of area purchase of healthcare. • Delivery of our recurrent efficiency savings has been significantly lower than our revised plan and work is underway to address the gap and put plans in place for 2023/24 and subsequent years. • Cash balances remain healthy • Capital was reported as forecast to achieve plan. The Chair noted the board held an in depth discussion on the finances and forward plan at the development session on 1 March 2023 and discussions had taken place since then at Finance and Performance Committee. MD asked for further detail on the cost improvement programme (CIP) asking Executive colleagues if they were content with the level of the programme or if more was required. PE explained the programme is not yet as developed as required - we have just over 50% recurrent, 40% with a plan in place and the rest under development. This is a similar position to others in the system. Further reports will be received at Finance and Performance Committee and board in April which will provide clarity on when the full plan will be in place. MD asked about level of confidence in this, and PE confirmed the Executive team are exploring ideas stressing it takes time to filter down to the organisation in order to progress and prioritise additional ideas. OMc suggested further discussion take place in part II of the meeting alongside the draft budget. He confirmed Finance and Performance committee have a strong focus on delivery of the 2023/24 CIP plan.	

PBoD 22/03/23 Item 18	**Q3 Annual Operating Plan** PK provided the update for Q3 post drawing attention to improvements around the peri natal service development and challenges around the digital agenda which correlated with earlier discussions. She noted work is underway to look at what can reasonably be delivered in 2023/24 and the emerging roadmap for digital will support that. The Chair noted she had asked what part the trust is playing the Sheffield Mental Health Alliance and the Delivery Board and how they feed across into the Mental Health provider collaborative and had discussed this with PK.	
PBoD 22/03/23 Item 19	**Guardian of Safe working (Guardian) Q3 Report** MH commended the paper to the board on behalf of the Guardian and noted no areas of concern had been raised. It was confirmed the Guardian will attend to present his annual report in person. OMc suggested it would be helpful to understand in more detail the reasons for 'use of locums' as many had been placed under the heading of 'other'. He asked about level of turnover for this group. MH explained turnover is the highest of any group in the trust however this is planned as they are on rotational training so rotate in and out at 6 or 12 months. In terms of the 'other' categorisation, trainees in the later part of training can act up into consultant roles and if so that would leave a gap, including for on-call cover and other gaps could be caused by reasons such as compassionate leave. OMc asked if locum consultants would be used when acting up does not take place and it was confirmed so and 'acting up' would equate to a net benefit from a quality and financial perspective. JD suggested it would be interesting to understand conversion rate to substantive roles post qualification. OMc found it difficult to understand the 'no concerns' element of the paper and MH advised the paper is from the independent guardian and that the process involves exception reporting. This trust has a small number all related to continuity of safe care and the Guardian has confirmed he is content everything is in order. JD noted the report did not provide detail on how trainee doctors feel about working for the trust and it may be helpful to consider how to provide visibility on that for the board in order to improve the experience of trainees. MH explained that would be a different report i.e. the report presented covers the areas required for the Guardian role and their national reporting requirements. The Chair suggested People Committee give this proposition some thought in terms of how many trainees do convert and what the barriers to this might be. MH noted a survey had just been done with the trainees so that will be collated shortly and could be routed back via People Committee, HS also asked for similar detail on doctor's data more generally to be included. It was agreed MH will attend the discussion at People Committee with the lead for junior doctors. **Note for People Committee agenda planning.**	
PBoD 22/03/23 Item 20	**Gender Pay Gap Report 2022** CP noted the report related to data as at March 2022 and represents a positive position demonstrating a year on year decrease on the gender pay gap. She explained the bonus pay gap has increased but this links directly with the Clinical Excellence Awards over which the trust has no control. The board approved the Gender Pay Gap Report for 2022 for publishing together with an infogram to provide information in an accessible format.	
PBoD 22/03/23 Item 21	**Staff Survey Results 2022** The board received and discussed the staff survey results. It was noted • a provisional discussion had taken place at the board workshop on 1 March. CP explained there had been a 4% reduction in responses from the previous year, with some slight improvement in a number of areas.	

	- the first national survey with bank members of staff had gone out in which the trust received on a 14% response rate. Work is taking place to understand how we can better support bank workers and improve the response rate in future. - the trust is looking at issues such as work load, priorities, valuing and recognising contribution through a range of mechanisms such as away days, performance review improvements and working across our teams including how they work with others and in ensuring people feel safe and supported to raise concerns. JD advised the objectives within the people strategy will make the most shift in terms of staff experience and this is where we will need to put our energies as a leadership team and there has been significant engagement in this. She suggested a need to go back to staff with a compact on what they have said to us and what we are planning to do in response, and that staff be asked to sign up jointly to that. It was noted a presentation on the staff survey will be received at the Council of Governors in April and CP was asked to work with DL to plan for this. **To note and take forward.**	
PBoD 22/03/23 Item 22	**People Strategy (2023-2026)** The board approved the refreshed People Strategy subject to some final amendments to demonstrate linkages to other key strategies and reflection of our new strategic objectives. This strategy was also developed following significant engagement with colleagues from across the organisation. The new strategy including the 'plan on a page' will be widely communicated and progress on implementation around key performance areas such as absence management and prevention and working with experts by experience the aim being to develop more ambitious targets for the second year of the strategy. Progress will be monitored through the People Committee with quarterly updates provided to Board and an annual review at the March 2024 meeting. JD commended the work which had taken place in developing the strategy and noted the importance of having a strong engagement plan in place to keep up momentum. The board asked for reference to be included to the carers strategy and, if approved, the new strategic objectives and it was noted typos in the document will be rectified prior to publication. The Chair asked for progress reports be provided quarterly to the board and for this to be reflected on the planner up to the point of the strategy's annual review in March 2024. **Action:** CP to advise on timing (months for receipt) for reflecting on the board planner.	
PBoD 22/03/23 Item 23	**Service User Engagement and Experience Strategy annual review** It was confirmed milestones have been subject of discussion at board development sessions. Update noted and progress commended.	
PBoD 22/03/23 Item 24	**Research Innovation and Effectiveness Strategy** Michelle Horspool (MHo) joined the meeting to support discussion on this strategy. The board received and approved the Research Innovation and Effectiveness strategy it was noted there are currently 128 research champions in place and a clinical effectiveness framework which includes the learning disability programme. MH informed the board there is a need for more focus in developing clinical academic roles including jointly with the universities which will be taken forward from April with a series of workshops. It was noted the research capability funding received by the Trust from the National Institute for Healthcare Research for 2023/24 is £375k for 2023/24 placing the trust in the top 17% of NHS organisation and the highest in Yorkshire and Humber for a mental health trust, shortly behind the four teaching hospitals and fourth highest nationally for mental health. MH noted the key is around how this translates into benefits for care and MHo	

	confirms it supports pump priming of further research with partners around research priorities for Sheffield and local areas.	
	AD commended the work and the pride the organisation should have in this as part of its unique selling point which should be capitalised on in our recruitment. It was confirmed work is taking place with support from communications around this adding the trust is only one of 4 mental health trusts who are part of the University Hospitals Association.	
	OMc congratulated the progress made asking how you balance giving colleagues enough to be involved with the need to reduce agency. MHo explained it brings with it the opportunity for skill development and the conversation about balance is one that takes place with clinical directorates.	
	SMi talked about the value of referencing this in nursing recruitment and the read across into the references to research in the nursing plan.	
	The Chair stressed strong links with Quality Improvement (QI) team and reflected on the discussion at the start of the meeting on the service user story which echoed the benefit of involvement in research first hand. She looked forward to the next update and asked that if any board members to let MHo know if they wished to become research champions. **Noted – not a formal action.**	
PBoD 22/03/23 Item 25	**Freedom to Speak Up Strategy 2023-2026**	
	The Board received and approved the Freedom to Speak Up (FTSU) strategy subject to some minor amendments. The strategy was presented by the FTSU Guardian Wendy Fowler (WF) and had been developed following wide ranging engagement with staff which included sessions with staff governors, front line staff, middle and senior leaders and the board.	
	It was confirmed WF also participates in our Induction welcome for new staff to support them in understanding how to reach out to her or her network of Champions when they need support and guidance.	
	The board commended the work and engagement which had taken place including with the board as well as next steps in supporting staff to 'own it' and to hold the board to account around it. They asked for the strategy to include the new strategic objectives and the new diagram of the enabling strategies following approval of the carers strategy.	
	Board members were asked to consider ways in which they can role model positive management of issues when things can and do go wrong; and in terms of engagement with our teams and leaders to enable better listening and reflection on issues raised.	
	The Board will also now reflect on the areas for action identified through the board self-assessment which took place in January 2023 to make sure these areas reflect the key areas of focus which have emerged through development of the strategy.	
PBoD 22/03/23 Item 26	**Sheffield Health and Social Care NHSFT Strategic Priorities**	
	PK talked through the proposed revised strategic priorities she suggested other than the reference to substance misuse and partnership that these be approved.	
	The Board received and approved updated strategic priorities subject to a minor amendment to the reference regarding substance misuse to wording along the lines of 'deliver transfer of services in collaboration with…'. As there is a major piece of work to ensure safe transition to the new provider. It was noted the updated strategic priorities were shared with Governors in advance of receipt at the March meeting to provide an opportunity for any comments to be received and reflected in the discussion.	
	It was noted the revised priorities should now be utilised as appropriate across all documents/materials.	
PBoD 22/03/23 Item 27	**The Nursing Plan 2023 -2026**	

	The Nursing Plan 2023 -2026 was welcomed by the board for information. The plan has been published and very well received so far. It will support SHSC in its recruitment and will be supported with a range of materials including promotional videos. It was confirmed this well-presented document will provide a template for creation of similar plans across other professional groups with work underway for similar plans for Allied Health Professions, Psychology, and Medical. It was confirmed the Nursing Plan will be monitored at our Nursing Council with updates provided through the People and Quality Committees. **Note for forward plans.**	
PBoD 22/03/23 Item 28	**Board Assurance Framework** DL presented the updated Board Assurance Framework (BAF) following discussion at the relevant board sub committees. She noted trajectories to achieving target scores have been discussed and milestones for each BAF risk outlined; changes to the document are outlined in blue text and it was confirmed text which has been crossed through will be removed for the BAF received at the next meeting. It was noted the document will be updated to reflect revised strategic priorities now they have been approved and some further work will take place to continue to refine controls, gaps, assurances and actions. All scores had remained the same as previously reported with the exception of BAF risk 0026 which moved from a score of 9 to a score of 16 given the likelihood of delays with some transformation plans and impact on cost improvement plans. It was noted Quality Assurance Committee have approved the separation of BAF risk 0025 into two separate risks covering the ligature risk and the risk around therapeutic environments which were presented for endorsement. AD was pleased to see the development of the BAF and to progress being made to align actions with gaps, for inclusion of deadlines and trajectories to move to target scores and for seeing movement from gaps and actions to controls and assurances as they are closed down. The Chair commended the report and the progress it demonstrated on how things have moved on through the year noting it is a live document and the board sub committees have been actively involved. She thanked all those who had contributed to its development. The board approved changes to the BAF.	
PBoD 22/03/23 Item 29	**Corporate Risk Register** DL presented the updated Corporate Risk Register following confirm and challenge at the Risk Oversight Group and the relevant board sub committees. Of the 23 risks currently on the CRR two have been reduced in score. • Risk 4823 related to risk of admission of patients with Learning Disabilities/and or autism being admitted to an acute mental health ward was agreed to reduce at QAC from 16 to 9 and is therefore proposed to de-escalate from the CRR. • Risk 4407 related to risk of fire on acute wards caused by service users smoking or using lighters or matches was agreed to reduce at QAC from 16 to 10 and is therefore proposed to de-escalate from the CRR. There remain a number of risks on the CRR which are scoring below 12 and are expected to be de-escalated following confirm and challenge.	

	• Risk 5083 which was a new risk and should not have been included as it was scored as a 10. OMc asked for confirmation that the risk on CIP is not a duplication of the existing financial risk and PE confirmed not. DL informed the board recruitment to a dedicated role to support corporate risk management is underway and this will also include support around training and development. The board agreed risks below 12 should be removed from the CRR unless there is a clearly articulated imperative for them to remain. The Chair encouraged work to keep ensuring the CRR improves fluidity in movement as has taken place with the BAF.	
PBoD 22/03/23 Item 30	**Corporate Governance Report** DL presented the corporate governance report through which the board: • Approved the updated terms of reference for the Remuneration and Nomination Committee and noted work underway to develop the annual report from the committee to the board to be received alongside other committee annual reports at Audit and Risk Committee prior to the board. • Noted the process underway to finalise declarations registers for 2022/23 and board members and governors have been asked to provide updated declarations in respect of the fit and proper persons test. • Noted further work taking place to refine the NED champion roles and membership of the board sub committees in light of recent changes in the NED team and to determine a replacement Deputy Chair in discussion with the Council of Governors following the departure at the end of February of Richard Mills. • Noted Non-Executive Director Heather Smith has agreed to take on the Freedom to Speak Up lead NED role.	
PBoD 22/03/23 Item 31	**QUESTIONS SUBMITTED IN ADVANCE OF THE MEETING** There were no questions received from Governors or members of the public in advance of the meeting.	
PBoD 22/03/23 Item 32	**Board Work Programme** The board work programme was received. It was agreed in future the element related to the meeting at which it is presented will be include to provide transparency on any movement.	
PBoD 22/03/23 Item 33	**Any Other Urgent Business** None	
PBoD 22/03/23 Item 34	**Reflections on the meeting effectiveness** The board were invited to reflect and consider any preferences or bias that could have influenced decisions/discussions. The following observations were made: • The value of the service user story in highlighting the importance of accessibility and making it easier to get people involved and have a say in a way and environment that works for them Items to highlight to the Governors in the board report: • AAA report highlights • MHLD Collaborative governance	

- Staff survey which will be covered separately on the agenda - Finance position – as above - Annual operating plan – as above - Nursing Plan - FTSU and People strategies - Updated strategic priorities	
The Chair thanked board members and attendees for the contributions and closed the public meeting.	

Date and time of the Public Board of Directors meeting:

Wednesday 24 May 2023 at 9.30am
Format of meeting: MS Teams

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