

Board of Directors – Public

UNCONFIRMED Minutes of the 152nd Public Board of Directors held from 9:30am on Wednesday 24 May 2023. 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 and Senior Independent Director (AD)
Heather Smith, Non-Executive Director and Deputy Chair (HS)
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: Neil Robertson, Interim Executive Director of Operations and Transformation (NR)
(non-voting) Pat Keeling, Director of Strategy (PK)
Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL)

Other attendees: Amber Wild, Corporate Assurance Manager- Minutes (AW)
Jenny Hall, PCREF Lead
Raihan Talukdar, Guardian of Safe Working – item 12 (RT)
Jason Rowlands, Deputy Director of Strategy and Planning – item 17 and item 18
Wendy Fowler, Freedom to Speak Up Guardian – item 20.

Apologies: Prof. Brendan Stone, Associate Non-Executive Director (BS)
Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director (OFO)

Min Ref:	Item	Action
PBoD 24/05/23 Item 00	<p>Experience Story</p> <p>The Board received a staff story from two members of our bank staff nursing team about experiences they and others had encountered working on our wards including how access to bank shifts is managed and around discrimination. As a result of issues which had already been raised internally the Board was informed about the establishment of the “Valuing our Bank” forum set up by our Executive Director of Nursing, Quality and Professions and led by the members of staff who came to speak to the Board. The forum is referenced in our Nursing Plan, the strategy for attracting, recruiting and retaining nurses into SHSC.</p> <p>As a result of the issues raised a number of actions were agreed and are being followed through and progress monitored through the assurance committees.</p>	
PBoD 24/05/23 Item 01	<p>Welcome and Apologies:</p> <p>The Chair welcomed members of the public and staff observing the meeting.</p> <p>Apologies were noted from Brendan Stone, Associate Non-Executive Director and Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director.</p>	

<p>PBoD 24/05/23 Item 00</p>	<p>Learning and Reflections from the Experience Story</p> <p>The Board noted the courage shown by the staff members in sharing their story. The Board also noted the value of Bank staff having been included in the staff survey for the first time. The importance of all staff, including bank staff feeling that they are equally valued and the need for additional discussion to take place through our assurance committees on issues raised and how these are being addressed.</p> <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • Finance and Performance Committee will receive a breakdown of historic and current/planned spend on staff by ward area on substantive staff, bank staff and use of agency to understand what we are spending and if the balance in use is changing (given our aim is to reduce the use of agency). • People Committee will be updated on the response to issues raised including approach to the booking of shifts. • The Board will receive updates on progress through the committee reports and via updates on work taking place to pull together reports regularly received around the equality, diversity and inclusion agenda. • The Board visits programme is being extended to ensure we reach a wider range of service users and staff including temporary staff such as our bank colleagues and the Board are reflecting on service user, carer and staff stories more generally. <p>The Chair asked members of the board to hold in their minds what they had heard to support them in their discussions that day.</p>	<p>PE</p> <p>CP</p> <p>CP</p> <p>SMi</p>
<p>PBoD 24/05/23 Item 02</p>	<p>Declarations of Interest None declared.</p>	
<p>PBoD 24/05/23 Item 03</p>	<p>Minutes of the Public Board of Directors meeting held on 22 March 2023 were approved as a true and accurate record. <i>[Post meeting note – minor amendments were made in respect of the date on the document and moving NR to non-voting Directors in attendance]</i></p>	
<p>PBoD 24/05/23 Item 04</p>	<p>Matters Arising and Actions Log The action log was reviewed, and actions marked for closure agreed.</p>	
<p>PBoD 24/05/23 Item 05</p>	<p>Chairs Report</p> <p>The Chair informed the Board of the following updates:</p> <ul style="list-style-type: none"> • The Chief Executive Jan Ditheridge will be now be leaving SHSC at the end of June 2023 to take up a temporary role as Chief Executive of Greater Manchester Mental Health Trust to support them with their improvement journey whilst they are recruiting. • The Chief Executive appointment process has concluded, and Salma Yaseen’s start date has been brought forward to 1 July 2023. • Heather Smith has been reappointed as a Non-Executive director for a further three years by the Council of Governors and approved as the Deputy Chair. • Salli Midgley has been appointed as substantive Executive Director of Nursing, Quality and Professions. • Pat Keeling, Director of Strategy will be retiring at the end of July. • The Chair attended the Developing as Leaders session and met participants from the second cohort who had been part of the Values session, looking at how to translate values into practice • The Chair attended the Crisis Resolution Home Treatment service with Salli 	

	<p>Midgley, Executive Director of Nursing, Quality and Professions</p> <ul style="list-style-type: none"> • The Chair hosted a visit from the Chair of Sheffield Childrens NHSFT with Neil Robertson, Director of Operations and Transformation with a view to increasing understanding of the various roles, links and services for children and young people and adults • The Chair has met with the Chair from Healthwatch and has agreed to meet six monthly • Continued to participate in meetings with Sheffield PLACE, the MHLDA Provider collaborative and Integrated Care systems. <p>The Board thanked Jan Ditheridge for her outstanding leadership of the organisation during challenging and unprecedented times and wished her the best for the future.</p> <p>The Board thanked Pat Keeling for her instrumental work in the Strategy and Transformation programmes and wished her well in her retirement.</p>	
<p>PBoD 24/05/23 Item 06</p>	<p>Chief Executive Briefing</p> <p>Jan Ditheridge (JD) outlined updates provided in her report on national policy changes and work taking place to take these forward, system leadership updates, changes to the Executive team and updates on operational matters including confirmation from the Health & Safety Executive (HSE) that improvement notices in respect of our medical sharps arrangements are now closed.</p>	
<p>PBoD 24/05/23 Item 07</p>	<p>Board Committee Alert, Advise, Assure (AAA) Committee reports and minutes</p> <p>The Board received and noted AAA reports from the assurance committees which included updates on areas of positive assurance and key areas which the committees are currently keeping under a watching brief.</p> <p>Action: The Board asked that for the next report to People committee (July) on WRES and DRES that consideration be given as to how further assurance could be outlined on how we are improving the disparity ratio and how we benchmark. If this is not going to be covered in this next report to consider how we can give this more focus at board and make a recommendation for the relevant planner.</p>	<p>CP</p>
<p>PBoD 24/05/23 Item 08</p>	<p>Operational Resilience and Business Continuity</p> <p>Neil Robertson (NR) drew attention to the following:</p> <ul style="list-style-type: none"> • Increased demand for Sheffield Autism and Neurodevelopmental Service; Community Learning Disability Team and the Short-Term Education Team associated with service transformation. Recovery plans are in place, reported through Quality Assurance Committee. • Strengthening of our partnership with Voluntary, Community and Social Enterprise through service improvement and service transformation supported by our Annual Operating Plan and dedicated relationship management. • Good implementation of our winter plan helping us to manage seasonal demand and capacity challenges in urgent and emergency care. • Good preparation in respect of industrial action - we have reviewed the impact of industrial action on operational performance and quality; 298 appointments were rescheduled as a result however our preparation with staff and in partnership with other providers supported Urgent and Emergency care to be prioritised and we had no serious incidents. • Work taking place to act on recommendations from our Clinical Establishment review using the Mental Health Optimum Staffing Tool (MHOST) to increase staff in some areas based on level of need; and to support our approach to training and supporting our staff to deliver high 	

	<p>quality care.</p> <p>It was noted that since drafting the report NHS England have announced that national Level 3 Critical incident is being stood down with immediate effect and daily reports relating to Covid19 are no longer required to be submitted.</p> <p>Clarification was requested regarding disruption to appointments from the industrial action in the substance misuse, community mental health, crisis and acute services to clarify the impact of any risk. It was confirmed that routine appointments were rescheduled where it was understood there was going to be significant impact on staffing using duty systems to manage this. Further reflection will take place to support future planning. It was noted that flexing across new roles such as Advanced Clinical Practitioners, Physicians Associates and non-medical prescribers will support future learning and workforce planning.</p> <p>Discussion took place on re-purposing of the Health Based Place of Safety (136 suite) for use as an acute mental health bed given the negative impact on service users in potentially being placed in other parts of South Yorkshire if the HBOS is not available It was confirmed this will be addressed from August following changes to the estate. The Board asked for further assurance to be provided on completion of Quality Equality Impact assessments to monitor trends. It was agreed that more detailed analysis of this is required, reporting into Quality Assurance Committee and that future reports will highlight the effect and impact of re-purposing to further understand the impact on service users. To note and take forward.</p> <p>In relation to sustainable development and climate change adaptation, it was noted that an assessment of the estate is underway which will highlight risks to sustainable services to ensure that plans are in place for the long-term strategy.</p> <p>In response to a point of clarification on non-compliant standards for Electronic Patient Record Project (EPPR), it was noted that recruitment and training for trained loggist is underway which will support 24-hour access. The move from INSIGHT to the new RiO EPR system will be instrumental in helping achieve compliance with DPST. National training for the Principles of Health Command Course had been cancelled nationally but has now been re-established which will support achievement of 100% compliance.</p> <p>The Board acknowledged the improvements referenced in the report to work which has been taken forward in respect of partnership working with the Provider Collaborative, RDASH and the voluntary sector.</p>	NR
PBoD 24/05/23 Item 09	<p>Back to Good Board Programme - Progress and Exceptions</p> <p>Mike Hunter (MH) provided an update on the Back to Good programme noting triangulation is visible with the AAA reports including reporting of recovery plans into Quality Assurance Committee. It was confirmed:</p> <ul style="list-style-type: none"> • Supervision compliance monitoring will be included in the business as usual activity of the People Committee; and recovery plans in relation to clinical services, Older Adults, Acute, Community and Crisis will be submitted in July. • A series of embeddedness quality checks regarding the concerns raised within the CQC 29a warning notices issued in 2020 and 2021 have commenced, with the detail reporting at Quality Assurance Committee. • The first iteration of the Back to Good report into a broader quality assurance report will be received in July. <p>It was noted that there was an error in the report in relation to requirement 5, page 4 which should state <i>'the estates work to carry out phase three ligature anchor point work is delayed due to the delays on the handover of Burbage ward and the relocation of the health-based place of safety'</i> (the document was</p>	

	<p>updated and recirculation to Board members).</p> <p>It was noted it had been agreed a new Quality Report will be provided capturing wider work throughout the organisation linked in with the new strategic priorities to focus more generally on quality improvements and areas for further action. This will replace the Back to Good report but will reflect areas which require ongoing focus.</p> <p>In response to a point of clarification on risks which would have the most impact it was confirmed that supervision is a risk with a positive trajectory which will be captured in future reporting; the trajectory for mandatory training compliance is less clear but a recovery plan is in place in accordance with the Performance Framework, reporting to Quality Assurance Committee.</p> <p>It was noted that plans for Stanage ward have been approved by Finance and Performance Committee and work has commenced although there has been a delay to the original completion date of August 2023. It was noted processes have been reviewed to ensure timely feedback mechanisms are in place.</p> <p>The Board was assured actions related to regulatory compliance due for completion between June and August 2023 are on track to be achieved. The quality management system as highlighted in the Quality Strategy will support quality dashboards at team level for future monitoring. It was agreed that a regulatory readiness report bringing together all elements would be helpful for Board to receive.</p> <p>Action: - Consideration to be given to approach and timing for reports to board on readiness around regulatory compliance and advise on timing for the board forward planner.</p>	SMi
PBoD 24/05/23 Item 10	<p>Transformation Portfolio Report</p> <p>Pat Keeling (PK) provided an update on key areas of progress and risk to the Transformation board work programme:</p> <ul style="list-style-type: none"> • Health Roster Project - The Transformation Board received the closure report and praised the project team on its successful delivery and the positive impact of the e-roster system. • Therapeutic Environment Programme Board - progress continues with the work to reduce ligature anchor points. <ul style="list-style-type: none"> ○ The business case for Maple Ward is progressing and will be presented to Finance and Performance Committee in June. • Community Facilities Programme - the last two teams relocated from Fulwood House to Distington House at the end of April. The Capital Plan is due to be approved in May, this will bring clarity to the options available to progress the programme. • Electronic Patient Record Project - There has been one month's slippage from the planned go live at the end of May 2023. An increasing risk with delivery of data migration was flagged at Finance and Performance Committee in May. • Learning Disability Programme – it is expected to progress the Learning Disability Service transformation to confirm if public consultation is required with Sheffield ICB now that elections have concluded. <p>The Board discussed the delay to the Electronic Patient record (EPR) go live date and noted that the approval of clinical forms and the completion of data migration activities are key priorities. Resource is being carefully managed to ensure this work is completed and the impact on other work is being monitored. There is a greater awareness of NHS England's oversight and assurance process requirements, which is being factored into the controls. It was confirmed that the impact will be assessed over the following few days and the new timescale reported back to Board. Action: an update will be provided to the</p>	PE

	<p>Board on the Electronic Patient Record with risks, communications and an updated timeline shared via email to the Board before the next meeting.</p> <p>It was noted that a number of Quality Equality Impact Assessments (QEIA) on programmes are underway. An additional assessment will take place to look at impact of delays on quality/safety/service users. Action: Timing to be confirmed for a Board development session on new QEIA developments with an update on aspirations and focus for progress.</p> <p>In relation to the Community Facilities programme, board discussed current projections for 2023/24 for the teams currently located in the St George's building (Eating Disorder Service and the Specialist Psychology Service) and the onward move of the AOT and SCFT from Distington House to the Michael Carlisle Centre. It was noted that prioritisation of the capital plan this year which is reliant on the Fulwood capital receipt did not include the community facilities programme and work is ongoing to manage expectations and seek a solution with staff engagement.</p> <p>Note to take forward- it was requested that narrative in future reporting provides clarity on whether CDEL rather than affordability is the limiting factor and to highlight the positive options being considered for staff.</p> <p>It was noted that further discussion on the Community Mental Health Programme was due to take place in the confidential Board of Directors session, and that progress relating to the sale of Fulwood house which will impact on capital spend, is being monitored at Finance and Performance Committee.</p>	<p>MH/SMi</p> <p>PK</p>
<p>PBoD 24/05/23 Item 11</p>	<p>Integrated Performance and Quality Report (IPQR)</p> <p>PE talked through the IPQR monthly report noting that a number of issues and relevant discussions have been detailed in the AAA reports from committees. He drew attention to the following:</p> <ul style="list-style-type: none"> • People Directorate alerts show some short-term improvements which need monitoring to ensure that these turn into trends and the narrative will be adapted accordingly. • Triangulation and discussion has taken place on the Health Based Place of Safety issues. • The need for recovery plans in the Short-term Educational Program Team (STEP) and the Health Inclusion Team (HIT) have been highlighted. • The positive impact around reducing restrictive practice has also been highlighted in the report. <p>Discussion took place regarding references to increased demand on caseloads and the impact of not achieving mandatory training compliance in relation to information received in the Operational Resilience report. Note to take forward to check and confirm cross references between the IPQR and the Operational Resilience reports for future reports to Board.</p> <p>In relation to development of the new IPQR report, it was confirmed the timeframe for a new automated data warehouse being in place is three months after EPR go live date and an update on the progress of this report will be brought back to Board.</p> <p>It was noted that performance against the Mental Health Investment Standards requires further focus to enable Board of Directors to articulate these against the national priorities. Action: an update to be circulated to Board via email giving a timeline for IPQR review and for inclusion of reporting against the Mental Health Investment standards and urgent care priority targets</p>	<p>PE/NR</p> <p>PE</p>
<p>PBoD 24/05/23 Item 12</p>	<p>Guardian of Safe Working (GoSW) Annual Report 2022/23</p> <p>Dr Raihan Talukdar (RT) talked through the annual report on safe working for</p>	

	<p>junior doctors drawing particular attention to the following:</p> <ul style="list-style-type: none"> • Delays in notification of new starters which had caused issues with publication of the on-call rota. • Parental leave, trainee short-term sickness; and other health issues and reasonable adjustments leading to vacancies on the on-call rota. • Vacancies are managed by the Medical Education team sourcing internal and external locums to ensure a safe service is provided. • There have been low numbers of exception reports, indicating trainees are working in compliance with their contracted hours. • Engagement has been undertaken with supervisors and trainees to continue to reinforce the importance of exception reporting as a key intervention to ensure safe working hours. • Trainee doctors at the Trust are continuing to keep safe working hours and the exception reporting process continues to support safe working. • Requirement to convene a Junior Doctors forum is fulfilled. <p>It was noted that a trainee doctor will be providing the staff voice update at the People committee meeting in July and the Chair is planning to attend one of the junior doctors' forums.</p> <p>Discussion took place on national challenges with regard to trainee recruitment to psychiatry which remains of concern. SHSC will continue to proactively engage in initiatives to encourage applications including local, regional and national recruitment events.</p> <p>The Board took assurance from the Guardian of Safe Working that trainee doctors in SHSC continue to keep safe working hours and the exception reporting process continues to support safe working and enable the appropriate compensation of any additional hours worked.</p>	
<p>PBoD 24/05/23 Item 13</p>	<p>Eliminating Mixed Sex accommodation annual declaration</p> <p>Salli Midgley (SMi) presented the Annual Compliance Declaration for approval by the Board and confirmed:</p> <ul style="list-style-type: none"> • There were no EMSA breaches between April 2022 March 2023 and SHSC has remained compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice. • Potential EMSA and sexual safety incidents are monitored daily and there is a robust escalation process in place. • Action has been taken in relation to the sexual safety incidents reported during this period. • Single sex accommodation does not eliminate all sexual safety risks and Standard Operating Procedures (SOP's) are in place to mitigate these risks. <p>It was noted that further work and analysis is ongoing in relation to the recommended clinical model for single-gender environments and asked for further assurance on the number of sexual safety incidents reported.</p> <p>Action: benchmarking and level of concern to be included in reporting of sexual safety incidents through AAA report from Quality Assurance Committee to ensure that Board are sighted on the risks and implications.</p> <p>The Board of Directors approved the declaration of compliance statement for eliminating mixed sex accommodation for publication on SHSC's public website accepting that further work analysis is ongoing to support the Board of Directors to identify and target resource and improvement.</p>	<p>SMi</p>
<p>PBoD 24/05/23 Item 14</p>	<p>Quarterly Mortality report</p> <p>Mike Hunter (MH) talked through the mortality quarterly report and noted the report of the National Mental Health Intelligence Network into premature deaths of people with SMI demonstrates inequality remains and has widened between 2015 and 2020. From local learning, it is apparent that premature death due to</p>	

	<p>“natural” causes is often associated with the same chronic physical health conditions as in the national sample, including cardiovascular disease and type 2 diabetes. Issues including delays in the allocation of a care coordinator, and the usability of the current patient record system contributed to negative experiences of service users prior to death. These areas can be mapped on to improvement work currently underway in SHSC, including the work of the Physical Health Monitoring Group, the QUITT smokefree programme, the Electronic Patient Record programme and the Primary and Community Mental Health transformation programme.</p> <p>SHSC benchmarks as amongst NHS Mental Health Trusts with higher standardised rates of death by suicide - this may be connected with SHSC having been a provider of substance misuse services, whilst many Trusts are not. Work is underway to review and standardise (according to total care contacts) the number of deaths by suicide of SHSC service users compared to the Sheffield population for the years 2020, 2021 and 2022. This will report in Q1 2023/24.</p> <p>An external review is being taken forward into suspected homicides involving SHSC service users in 2022, which will report via Quality Assurance Committee and to the Board of Directors.</p> <p>In relation to the timings of the reporting back on the external review, it was confirmed the terms of reference are being agreed with Sheffield PLACE and the time commitment for the clinical staff participating in the review are being finalised. To note and take forward – an update on the homicide review including timescales for delivery to be included in the next quarterly report.</p>	MH/SMi
PBoD 24/05/23 Item 15	<p>Performance reviews</p> <p>Phillip Easthope (PE) provided an update on the triannual Directorate performance reviews during 2022/23 noting the following:</p> <ul style="list-style-type: none"> • An appointment has been made to the Data Analytics lead role which will support driving improvements. • No areas of concern have been raised at FPC in relation to the performance framework, and as part of regular committee reporting relevant information is reported through the AAA report. • Throughout 2022/23 the performance reviews have focused on improving leadership, including developing a well-led assessment at directorate level, learning and development, showcasing improvements and issues, ensuring that directorates have ownership of issues related to CIP delivery, engage and contribute to delivery. • The well-led assessment was introduced, with directorates assessing themselves against the eight domains. • All directorates have been challenged to consider how they can celebrate achievements, ensuring improvements are communicated across the organisation and share learning. <p>It was noted that further work is underway to look at mechanisms for sharing cross directorate good practice and to ensure that improvements are linked into the organisational process. The Board agreed that it would be helpful to have the performance reviews brought to life and the performance framework showcased for the governors. Action: to be provided to the Council of Governors October meeting.</p>	PE/AW
PBoD 24/05/23 Item 16	<p>Unaudited Financial Performance Report for the period ending March 2023 (month 12)</p> <p>Phillip Easthope (PE) provided an update on the Month 12 report and noted the financial position for the month ending March 2023 (unaudited position):</p> <ul style="list-style-type: none"> • A deficit of £2,497m, a £0.233m improvement on the forecast deficit 	

	<ul style="list-style-type: none"> • position. • 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. • The position assumes that the local authority will pay the 2022/23 management fee however there remains a risk there may be a breach of contract of £0.7m whilst the debt remains outstanding. • Significant variance to forecast income and expenditure; Nationally mandated costs and income have been recognised for pension costs paid centrally and the potential pay award. This impact is neutral. • It should be noted the non-recurrent prior year benefits of £1.6 m are included in the forecast and therefore the underlying deficit is being masked by this. • Delivery of our recurrent efficiency savings remains significantly lower than our revised plan. Work is taking place to address the gap and to put plans in place for 2023/24 and subsequent years. The end of year position shows a cost improvement plan (CIP) gap of £2m. As a result our CIP plan for 2023/24 is currently £5.75 m overall. • Cash balances remain healthy – however debt owed to SHSC remains at £5m but has improved in recent months. The year end cash balance is less than plan as cash receipts have not been received as planned due to the delayed Fulwood disposal; other working capital movements and the deficit I & E position which includes unplanned interest cash receipts following interest rate increases of circa £1.3m. • Capital has overspent against plan by £0.2m as part of system management to ensure the full use of the system capital budget. Prior to this request SHSC had successfully managed expenditure to £11.810m against a plan of £11.811m. <p>The Board noted the update provided.</p>	
<p>PBoD 24/05/23 Item 17</p>	<p>Q4 Annual Operating Plan</p> <p>Pat Keeling (PK) provided the Q4 update on progress with the Annual Operating Plan drawing attention to the following:</p> <ul style="list-style-type: none"> • Demand levels across most services continue to remain in line with pre-covid levels over the medium to longer term. • Services have been resilient through Quarter 4. • The Back to Good programme continues to manage and deliver the required improvement actions. • The Estates Programme continues to deliver improvements. • Transformation programmes continue to progress with regular updates provided to Board. • There continues to be uncertainty with key transformation priorities linked to the arrangements for national capital allocations and limitations on the use of capital funds. • The financial pressures are challenging. <p>The Board acknowledged progress made and noted the improvements in partnership working. It was noted that detailed work around international recruitment and its potential impact will be reported to People committee.</p> <p>Discussion took place on one of the highest-level strategic priorities around reducing inequalities and given that this is at the delivery end of the operational plan, it was agreed the report should evidence how that links with EDI and it was agreed the cover sheet should be updated and replaced on the website to explicitly show there has been consideration to EDI. Note to take forward in terms of reporting and updating of the cover sheet.</p>	<p>PK/AW</p>

<p>PBoD 24/05/23 Item 18</p>	<p>Annual Operational Plan 2023-2024</p> <p>Jason Rowlands (JR) presented the Annual Operating Plan for 2023/24 for approval and talked through key changes made since the draft was last received at the confidential Board session in March and committees in May:</p> <ul style="list-style-type: none"> • The Draft Plan was received at full Council of Governors in April who agreed an additional session would be put in place to support Governors to engage with the discussions – feedback from that session has been reflected and Governors welcomed the detail and focus of the plan. • People Committee noted the areas of workforce expansion due to growth and emphasised the need for the developing workforce plan to combine needs relating to growth planning, ongoing recruitment and retention initiatives, areas of over/ under staffing from capacity reviews. • Finance and Performance Committee noted the good engagement undertaken in developing the operational plan and recommended that a clear schedule of KPIs is produced reflecting plan deliverables. <p>Board noted triangulation to previous discussions in the meeting in relation to investment priorities through the Mental Health Investment Standard funding and other funding streams which have been reviewed and agreed with Sheffield Place leads.</p> <p>A discussion took place on the expectation that targets will not be achieved for Improving Access to Psychological Therapies (IAPT) services due to delayed investment. It was agreed that further clarity is required on why this is not being achieved. Action: document to be updated to reflect references to PLACE targets on IAPT making clear the difference between the PLACE target and PLACE Plan. Wording around the MHIS to be refined to make this clearer and the updated document to be circulated to Board.</p> <p>With regard to Out of Area Placements it was noted there will be reductions in out of area activity through 2023/24 leading to expected achievement of the target during 2024/25.</p> <p>Board approved the Annual Operational Plan subject to the amendments made.</p>	<p>PK (JR)</p>
<p>PBoD 24/05/23 Item 19</p>	<p>Gender Pay Gap Report 2023</p> <p>Caroline Parry (CP) presented updates to the Gender Pay Gap report drawing attention to the following:</p> <ul style="list-style-type: none"> • In March 2023 the Board approved a proposal to formally report the 2023 Gender Pay Gap in May 2023. • There has been a small increase in Median Pay Gap to 1.6% in 2023. • There has been a positive decrease in Mean Gender Pay Gap and this pay gap is the lowest since reporting began in 2017. • There is a continued decrease in the pay gap for the administrative and clerical pay group and data reflects a steady increase in the number of women in the upper and upper middle pay quartiles from 2019 to 2023. <p>In relation to bonus pay associated with the Clinical Excellence Awards (CEA) paid to medical staff in the organisation who are eligible each year, it was clarified that awards in recent years have been distributed equally between all eligible consultants on a temporary basis however some men and women consultants receive awards achieved under the older system, and this leads to large pay gaps. Assurance was given that there is a lot of working ongoing to support the process – the policy has been amended to allow the panel to consider a less broad range of the domains that the scheme covers for part-time/ flexible workers and workshops are in place to support with applications.</p>	

	<p>It was noted that the data for the clinical excellence awards may be skewed by some individuals who are not employed by SHSC but receive large awards connected with provider level work and that given that this is a small number this may cloud the view of what is being reported. It was agreed that this should be taken into consideration and reported.</p> <p>Action: work will take place to clarify the interpretation of the principles for the proportion received from clinical excellence awards and an updated document will be circulated to the Board.</p> <p>Board approved the publication of the Gender Pay Gap report subject to additional interpretation of figures and narrative.</p>	<p>MH/CP</p>
<p>PBoD 24/05/23 Item 20</p>	<p>Freedom to Speak Up Guardian Annual report 2022-23</p> <p>Wendy Fowler, Freedom to Speak Up (FTSU) Guardian provided an update on FTSU for the period April 2022 to March 2023 and drew attention to the following highlights:</p> <ul style="list-style-type: none"> • FTSU Champions (6) have been recruited and introduced into the organisation and have been promoted on Jarvis, Connect and during inductions for new starters. • Co-creation of a FTSU ambition and strategy approved in March 2023. • Board of Directors self-reflection and areas for specific focus will be agreed on which will be aligned to the FTSU Strategy actions 2023/24. • A range of events were held during October Speak Up month. • Collaboration with the Head of Procurement to raise awareness with contractors working on behalf of SHSC on how to raise a concern through the SHSC FTSU “speaking up” policy has been adapted in line with the nationally prescribed template. <p>The Board reflected on the staff experience story from the morning and emphasised the value of encouraging FTSU ambassadors within the bank team to further support temporary staff to have a voice in the organisation.</p> <p>The Board discussed priorities for quality improvement projects, programmes and collaboratives and noted that it would be helpful to have the FTSU guardian involvement in quality improvement work to share learning and information. To note and take forward - FTSU Guardian to liaise with the Head of Quality Improvement to share FTSU learning into work on quality Improvement projects and themes and to reflect on board observations.</p>	<p>DL(WF)</p>
<p>PBoD 24/05/23 Item 21</p>	<p>Quality Strategy Progress Report</p> <p>Salli Midgley (SMi) provided a 6-month update on progress with implementation of the Quality Strategy delivery plan noting:</p> <ul style="list-style-type: none"> • Progress against the key milestones identified for completion in 2023/24 and the Q1 2023/24 objectives are well underway. Appointment of the Head of Quality Improvement has positively impacted on the progress of actions related to continuous improvement. • One objective due for completion in Q4 2022/23 related to the availability of benchmarking data for Fundamental Standards of care visits has been delayed due to previous capacity issues within the Care Standards Team. • The Quality Dashboard (per service) is currently in draft and cannot be fully piloted until RIO is implemented, however enquiry into key indicators and formatting can be drafted. <p>The Board noted progress made.</p>	
<p>PBoD 24/05/23 Item 22</p>	<p>Board Assurance Framework (BAF)</p> <p>Deborah Lawrenson (DL) presented the updated Board Assurance Framework (BAF) noting:</p>	

	<ul style="list-style-type: none"> • The BAF risks have been updated to reflect changes since the Board last received it and latest changes are noted in the document. • Work has taken place to ensure all actions have dates and owners identified with only a small number remaining to be finalised. • Work has also taken place to identify trajectories towards target risk scores for each BAF risk. • A Board development session will take place in June 2023 to review the BAF risks, to reconfirm risk appetite in line with the strategic objectives to support finalisation of the BAF 2023/24 for discussion at assurance committees in July and approval at the Board. <p>Board noted and agreed the Board Assurance Framework subject to a minor typo being corrected on BAF0025A.</p>	
<p>PBoD 24/05/23 Item 23</p>	<p>Corporate Risk Register (CRR)</p> <p>Deborah Lawrenson (DL) presented updates to CRR noting:</p> <ul style="list-style-type: none"> • There are 19 risks on the risk register and 5 risks have been de-escalated since the previous board meeting. • There are a number of risks which are still scored below 12 which are expected to be challenged for de-escalation at ROG and at Assurance Committees prior to presentation of the updated Corporate Risk Register in July 2023. • The Chair of the Risk Oversight Group has written to executive leads to outline work required on the risks sitting within their areas asking that work takes place, with their risk owners, to ensure the risks are updated fully to support reporting through the June board committees. • At the Risk Oversight group in June those risks, which are old/historic, and those high scoring risks which have not yet come through ROG for a detailed confirm and challenge will be discussed. <p>Board noted the improved assurance from the rigour and challenge provided through the Risk Oversight Group and ongoing improvements being made on the Corporate Risk Register.</p>	
<p>PBoD 24/05/23 Item 24</p>	<p>Governance Report</p> <p>Deborah Lawrenson (DL) provided an update on Corporate Governance matters and drew attention to the following items:</p> <ul style="list-style-type: none"> • Non-Executive Director (NED) Champion roles and membership of committees: national guidance is in place on NED champion roles and the approach to these going forward was outlined. The report provided detail on SHSC NED roles. The Board agreed to the approach outlined. • Draft declaration of Compliance and self – certification with the provider licence 2022/23: the declarations will be received in final form for approval at the additional public board meeting in June. • New provider licence for SHSC: The licence has been modified following a statutory consultation to bring it up to date to reflect legislative changes and policy requirements. • Declarations, gifts and hospitality register 2022/23: The Board approved the declarations for Board of Directors for publication on the website and noted work is taking place to finalise the declarations for staff below board level and for the Council of Governors. <p>The Chair stressed the importance of ensuring <u>all staff</u> who have are required to make a declaration, and have not yet done so, be followed up by their Executive leads and it was confirmed this is in train.</p>	
<p>PBoD 24/05/23 Item 25</p>	<p>Board Work Programme</p> <p>The updated work programme was received and noted.</p>	

PBoD 24/05/23 Item 26	Any other Business None	
PBoD 24/05/23	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 24/05/23 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. No further reflections were made. Items to highlight to the Governors in the board report: <ul style="list-style-type: none"> • AAA highlights • Key items from the Operational resilience report and the Finance report • Policies highlighted in the CEO report. • Performance Framework to be presented to CoG in October. 	
	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 26 July 2023 at 9.30am
Format of meeting: MS Teams

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