

Board of Directors – Public extraordinary

UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 26 July 2023 via MS Teams

Present: Sharon Mays, Chair (SM)
(voting) Salma Yasmeen, Chief Executive (SY)
Heather Smith, Non-Executive Director (HS)
Anne Dray, Non-Executive Director (AD)
Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, (OFO)
Owen McClellan, Non-Executive Director (OMcL)
Mark Dundon, Non-Executive Director, (MD)
Dr Mike Hunter, Executive Medical Director (MH)
Phillip Easthope, Executive Director of Finance (PE)
Caroline Parry, Executive Director of People (CP)
Salli Midgley, Executive Director of Nursing, Professions and Quality (SMi)

In Attendance: Prof. Brendan Stone, Associate Non-Executive Director (BS)
(non-voting) Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL)
Neil Robertson, Interim Director of Operations and Transformation (NR)

Other attendees: Holly Cubitt, Head of Communications (HC)
Bethan Devonald, Executive Assistant (BD)

Parya Rostrami, Head of Continuous Improvement (PR) for item 12
Vin Lewin, Patient Safety Specialist (VL) for item 17
Abiola Allinson, Chief Pharmacist and Controlled Drugs Lead (AA) for item 19
Sobhi Girgis, Consultant and Medical Revalidation Lead (SG) for item 24

Apologies: Pat Keeling, Director of Strategy (PK)

Min Ref:	Item
PBoD 26/07/23 Item 00	<p>Experience Story</p> <p>The Board received a story from a service user with an eating disorder and autism, and her carer on the challenges they have experienced in receiving appropriate support for a long-standing condition through services provided across a range of providers including SHSC. The aim being to support change and improvement in providing more equitable pathways for people with eating disorders. Key points were made around the importance of inter service communication; proactivity in closing off actions agreed with the service user; regular monitoring of bloods; provision of specialist advocacy within acute hospital environments and training for non-specialist medical professionals in understanding eating disorders and complications posed for those presenting with autism or ADHD alongside the disorder and the impact this can have and the specialist approach required to support service users in this position.</p> <p>The presenters were thanked by the Chair for sharing their story and were assured the Trust would continue to work with partners to seek improvements and work has begun around eating disorders as part of priority areas within the Provider Collaborative. It was noted, with the permission of the service user and carer their story was also being shared with colleagues to support discussions around improvements alongside learning from approaches elsewhere in the country.</p>
PBoD 26/07/23 Item 1	<p>Welcome and Apologies</p> <p>The Chair welcomed the Board and observers and the new Chief Executive Salma Yasmeen to the Public Board of Directors meeting held via MS teams. Apologies were noted from Director of Strategy Pat Keeling.</p>
ConfBoD 26/07/23 Item 2	<p>Declarations of Interest</p> <p>None declared.</p>

PBoD
26/07/23
Item 3

Learning and Reflections form the experience story

SMi thanked the service user and their carer for bringing their story and experiences about inconsistencies and unclear pathways they had experienced across South Yorkshire for people with eating disorders and autism. It was confirmed:

- The Trust has commissioned work through its engagement team to understand more broadly the service user experience and the service user who presented that day was thanked for their support in providing questions for the new feedback form.
- Broader system work is underway to look at issues and learning which began with an event on eating disorders organised by the Mental Health Learning Disability and Autism Collaborative with colleagues from acute and primary care to proactively seek ways of addressing potential silo working. The Specialist Provider Collaborative is also engaging in that work. This will include addressing communication pathways which are recognised as a crucial element.
- Specific training around eating disorders with autism has been commissioned and will commence shortly. This will be provided across a number of services.

The following additional comments were made by board members in reflecting on the story heard:

- HS noted a read across of the issues raised around communication with the Primary and Community Mental Health Transformation programme stressing the importance of having effective communication at the forefront of plans to prevent silos developing.
- BS reflected on feedback from the service user that they had not felt their concerns had been taken seriously by medical professionals and that they had felt stigmatised which was of concern, as was feedback on a lack of respect for the role of the carer who had clearly been instrumental in keeping this service user safe.
- PE suggested the story demonstrated a lack of evidence led, trauma informed person centred clinical care and these were issues the Trust could take to system discussions to support colleagues to see the issues through a different lens; he added nationally prescribed training around learning by experience from service users and carers provides an opportunity for the Trust to ask colleagues in acute and primary care how this training is having an impact and how we as an organisation might support those discussion as well as ensuring they take place within the Trust.
- NR noted the importance relationships play in providing effective pathways. This story demonstrated a point of failure when two clinicians in different organisations who had worked well together around this agenda had both left and the impact this then had on service provision. He offered to use his contacts to support connectivity with the South London and Maudsley 'peace pathway' which had been recommended to the service user and which they had feedback had not been followed through.
- OMO asked why it had been that professional colleagues had been unable to listen and asked if this might have been due to pressure of work. It was confirmed this would be explored further to support learning.

PBoD
26/07/23
Item 4

Minutes of the Public Board of Directors meetings

The Board **approved** the minutes of the public Board of Directors meeting held on 24 May 2023 subject to amendment to an incorrect reference on page 8 to the deficit position; and **approved** the minutes of the extraordinary public Board of Directors meeting held on 27 June 2023.

PBoD
26/07/23
Item 5

Matters arising and action Log

The Board approved closure of actions as indicated on the actions log. The following additional updates were provided:

- **Action 4 May 2023** – Transformation Report - SMi suggested, and it was agreed that the Board the Quality Equality Impact Assessment (QEIA) be taken back to the panel in respect of clinical risk around go live for Electronic Patient Record (EPR), it will be reported to QAC and reflected in the AAA report to the Board. The Chair noted the EPR project will be captured as an example where input from the Board led to changes in governance and risk management.
- **Action 9 May 2023** – Gender Pay Gap Report. A note had been circulated by the Medical Director regarding the question posed around financial impact – it was agreed to close action.
- **Action 1 from March 2023** – with regard to the planned review of the performance report — the Chair asked that PE work with the Executive team to plan a board development session before March 2023 – timing to be confirmed – not as an additional action. **Noted for board workshop/development forward planner.**

PBoD
26/07/23
Item 6

Questions from the public

None

PBoD
26/07/23
Item 7

Chairs Report

The Chair provided updates on the following matters:

- Thanks were conveyed to former Chief Executive Jan Ditheridge for her significant contributions and

leadership over the last 3 years.

- Thanks were also conveyed to the Director of Strategy, Pat Keeling for her leadership and valuable contribution particularly in relation to strategy and the transformation agenda
- The Chair has joined the board of NHS Providers effective from 1 July and taken over chairing of the MHLDA Provider Collaborative.
- The Chair has continued to attend Chairs forums in Sheffield and South Yorkshire looking at collaborative joint working priorities. The Provider Collaborative Chairs and Chief Executives are attending a development session in August.
- The Chair presented at and chaired the South Yorkshire women in leadership meeting - a very energising event which included discussions around removing barriers and supporting more women to progress into senior roles.
- Governors – individual meetings and drop-in sessions have continued with the Chair and specific engagement is taking place with partner Governors to improve relations and understanding across organisations.
- The communications team were thanked for their organisation of a range of events to celebrate NHS75

PBoD
26/07/23
Item 8

Chief Executive's Report

SY drew out key highlights from her report as follows:

- Colleagues were thanked for their warm welcome of SY in her first few weeks in the role.
- Tribute was paid to a much-loved member of staff who recently fell ill at work and later died. Our absolute commitment has been to continue to support the family and those who worked with our colleague during this difficult time.
- Partnerships – the board story brought home the importance of integrated care systems and PLACE based working. The Trust is participating in work to help shape the approach and priorities including as part of the Provider Collaborative in which eating disorders is one of the priority area of focus. CEOs are in discussions on how we can better utilise forums to talk about cross sector issues
- Thanks were given to the outgoing Chair of the Provider Collaborative, Sarah Jones who is also stepping down from her role as Chair of Sheffield Children's Hospital in the coming months.
- Toby Lewis Chief Executive for RDASH will take on the lead CEO role for the Provider Collaborative from Jan Ditheridge.
- Staff were thanked for their focus on operational issues during time of change and transition. It is noted some services continue to experience pressures as detailed in operational report and we continue to work with partners to address waits and delays, some of which have been further exacerbated by industrial action.
- Commendation was given by the Board to the research team and dementia services for people experiencing early onset dementia for recognition they have received from the National Institute of Health Research Clinical Research Network awards in Yorkshire and Humber.

Discussion took place on:

- The national 'Right care Right person' work across agencies including the police. The Board will be kept informed as this develops to support understanding of the potential impact of this initiative on our service users.

Expectations on provider trusts and the system in terms of the response to changing demand for services some of which will require a system approach. Further detail on system thinking around demand will be included in Board reports as appropriate.

PBoD
26/07/23
Item 9

Board assurance committee reports

Quality Assurance Committee (QAC) AAA report – HS drew attention to alerts in the report around operational pressures and waiting times across community services.

The committee:

- Has asked for future reports to include more detail on impact on service users related to waiting times and inclusion of detail on re-purposing the Health Based Place of Safety.
- Has asked for more clinical engagement in the QUIT programme as we are not seeing the reduction in smoking expected. Consideration to be given to inclusion of emergency quality risks around sexual safety in quality objectives for 2024/25.
- Expressed concern around the impact of the delay of RIO on other projects such as development of the race equity indicator

The Chair drew attention to an advise in the AAA report on the eating disorder service linking this back to the service user story received at the start of the meeting.

People Committee AAA report – HS drew attention to positive alerts in the report around improvements in vacancy rates and reduction in agency usage, improvements in the time it takes to hire new staff – we are on track for the new system target of 60 days. Casework remains well managed with no open grievances and there has been 100% roll out for e-rostering. Attention was drawn to negative alerts around insufficient movement on sickness rates; 33% of which are due to stress, anxiety and Mental Health issues. Medical appraisal rates which

have decreased to 80% but are cyclical so 100% is not achievable this will be made clearer in future reports (see separate report on the agenda). Supervision targets are still not being met – a recovery plan is in place but it is taking time to address. 16% of responders in the staff pulse survey have reported discrimination from their own line managers which is of concern (see separate report on the WRES and DRES).

The Committee have asked for future reports to:

- Detail what is being done to understand underlying reasons for the percentages of staff off work due to stress, anxiety and mental health issues
- Outline the potential impact of supervision targets not being met on quality.

The Chair suggested whilst there was a need to ensure continued focus improvements had been made in a number of areas reported from the committee which was positive and should be celebrated. It was noted chairing of the People Committee will move to MD from September 2023.

Audit and Risk Committee (ARC) AAA report - AD noted there were no alerts at the June meeting which was focussed on reports requiring sign off and recommendation for approval at the Board (Annual Report and Accounts and associated documents). A verbal update was provided from the July meeting around alerts concerning the impact of the Electronic Patient Record (EPR) delay and interdependencies. There are a number of internal audit actions which are dependent on EPR go live. FOI/SARs backlog is significant and requires work to bring that back in line. The committee have asked Finance and Performance Committee to discuss ways in which assurance has been received or is planned on what would be considered core elements of an Internal Audit Plan. Further discussion is planned in September at FPC and with auditors for reporting to October ARC.

It was noted:

- EPPR core standards have changed and the report which would normally be received at Board in September will now be received in November. **Note for forward plan.**
- The Annual Assurance Reports from the committees and updated TORs were discussed and had been shared with Board for approval [see separate report].
- The Board Assurance Framework was discussed in detail. Discussion took place on inclusion of a BAF risk specifically around inclusivity [see separate BAF report]

The Chair thanked AD for the update on internal audit and the core audits and noted the importance of making a decision in October given the limited time for completion of any additional audits by the end of the financial year if required.

Finance and Performance Committee (FPC) AAA report – OMcL drew attention to alerts in the report around the financial position which is in line with plan but expected to become more challenging in terms of Cost Improvement Plan (CIP) as the year progresses; to the delays in the EPR and approval of the Maple Ward business case release of funds for the design phase. This is not without risk and will require amendment to the capital programme which will be discussed in the confidential session.

Mental Health Legislation Committee (MHLC) AAA report – OMO drew attention alerts in the report around repurposing of the Health Based Place of Safety – also referenced in the QAC AAA report; a legal direction made by the Mental Health Review Tribunal (MHRT) on the Trust due to the non-attendance by a patient's care coordinator to a MHRT hearing. A formal apology and explanation have been given to the patient whose case was affected. Non-attendance was unintentional and was a combination of a communication breakdown and differing perceptions about team responsibilities. Teams have taken measures to reduce the likelihood of this happening again. Inconsistent practice in respect of the provision of information to detained patients in terms of explanation of rights under section 132 of the Mental Health Act. The Trust is participating in a national collaborative around Mental Health Legislation through a Quality Improvement approach which is positive, and a new escalation process is being put in place.

It was noted:

- There has been a slight reduction in the number of seclusions of people identifying as Black, African and Caribbean. Work is underway to improve data collection by ward on protected characteristics. Improvements have been made with recruitment processes for Associate Mental Health Act Managers which will now be open ended and ongoing.
- A recent CQC MHA monitoring visit to Forest Close took place with no actions identified. The Board commended staff at Forest Close for the outcome.
- The Committee received an update on the Mental Health Act Bill

PBoD
26/07/23
Item 10

Operational resilience and business continuity

NR informed the Board service demand is generally returning to pre COVID activity; some services are seeing an increase in activity and are subject to recovery plans or intervention. There has been some repurposing of the 136 suite (Health Based Place of Safety) to cope with demand and this is subject to review and management. Productive discussions are taking place with respect to delayed discharges as noted in the QAC AAA report. As a result Mental Health discharges will be central to the work of the Emergency Care Committee in Sheffield to ensure system focus and a meeting is planned with the Director of Adult Social Care to enable

use of the committee as a means of supporting discussion on issues around delayed discharges. It was noted partnership working continues with the Voluntary, Community and Social Enterprise sectors. Learning from Winter planning is taking place as a sector. The Management response to industrial action has gone well with no incidents and RCN action has ceased. As noted in the AAA report from ARC the EPPR core standards are now subject to a new review process which has been devolved to Integrated Care Boards with check and challenge planned for September. Board will be sighted on actions and outcomes through assurance Committees and Board in the autumn. **Note for forward plan (November).**

Discussion took place on:

- Whether the Trust would be increasing its offer in response to increasing demand around short term education (STEP); whether it is sufficiently integrated with the voluntary sector and how the Board could be assured around the quality and acceptability of those offerings in ensuring they are engaging and of benefit to end users. It was confirmed further discussion on this would take place on Primary and Community Mental Health Transformation in the confidential session but that STEP services will be more closely aligned at community level and the approach is three way, with Sheffield MIND hosting. The Board was assured work is taking place on governance and reporting arrangements for further integration with VCSE.
- Equality impact assessments to identify any disparities the Board should be aware of in terms of services commissioned by the City Council It was confirmed the assurance process lies with the Local Authority and that the Trust did seek assurance around these processes from them. It was stressed where alternatives for discharge are being considered it is important to have the right governance in place and that is being looked at as part of winter planning.

Discussion also took place on the following matters:

- Processes in place to ensure individuals do not fall through gaps following impact of long COVID. It was confirmed agreements are in place with Sheffield Teaching Hospital to manage increased demand and they are able to manage this currently but if there were to be a further increase arrangements would be reconsidered.
- Action being taken in respect of the increase in referrals to the Memory Service. An independent review has been commissioned which has recommended support to release capacity to ensure people are receiving assessments.
- An increase in virtual referrals and whether it would be possible to look at the demographics of take up before and after this was offered. It was confirmed this improved data will be available when RIO is in place. It was noted virtual appointments are not always the most appropriate option.
- Mitigating circumstances around delayed discharges and issues of disparity. It was noted housing is an issue as is provision of support within the home. The Board was assured individuals are subject to robust assessment to assess specific needs, but NR confirmed he would follow up how issues of disparity might be picked up.

Discussion took place whether staff affected through closures would be re-deployed. The Chair asked for a strategic discussion to take place at People Committee around re-deployments which have either taken place or are planned, including re-allocation of any corporate support attached to teams. **Action: CP to report to People Committee.**

The Chair noted it would be helpful for the Board to have a clear understanding of relationships with VCSE organisations and the ambitions around this. It was agreed the business planning table outlining relationships with VCSE organisations would be shared with board members. **Action: NR to circulate by email.**

PBoD
26/07/23
Item 11

Quality Assurance report

SMi presented the new Quality Assurance report to the Board which replaced the Back to Good report. She explained the aim was to provide a broad overview of work underway, and in support of delivery of the quality strategy and proposed this be received as a bi-annual report with a second report focussed on service user and carer engagement, currently reporting through QAC but which would also be provided in full at the Board. It was confirmed with regard to outstanding Back to Good actions these would be routed through regular business reporting with scrutiny continuing to be a focus. It was noted there had been a range of improvements around training figures since the report was drafted, basic life support training is being taken into the wards and agreement has been reached with the Safeguarding Board for the Trust to develop and delivery L3 internal training for safeguarding children. Movement on these is expected in the coming months. MH noted the Back to Good Programme Board meeting in August will be the last meeting and will follow defined Programme Management Office (PMO) procedures for close down which will be routed through committees and Board to provide clarity on monitoring of any remaining actions.

The Board asked for detail on the original actions following the CQC inspection, progress made through Back to Good on the actions and detail on monitoring arrangements for outstanding actions to be shared with the Board. **Action: MH to provide a report to QAC in September for onward reporting to Board. Note for forward plans.**

Discussion took place on the need to avoid duplication between the new reports and IPQR. It was confirmed the new reports will route through QAC before receipt at Board including quality dashboards. The Chair reminded colleagues the quality dashboard had been delayed due to the delay in EPR.

The Chair asked with regard to responses to issues which require board level oversight such as Ockenden, Serious Incidents and Learning if the approach to reporting currently was strong enough. SMi assured the Board this is covered through the Patient Safety specialist report and suggested discussion on this issue be taken under that item.

The Chair asked in terms of regulatory readiness (some of which was addressed through Board visits and work taking place around culture and quality), if the current approach was strong enough in terms of line of sight and assurance for the Board. SMi suggested it would be helpful to have board development time in October on the CQC's new regulatory approach and as part of this learning could be shared from recent experiences from nearby trusts. **Action: SMi for the October development session. Note for forward plan.**

It was noted the Trust currently does not have a CQC operational manager who would be the inspection lead contact. Concerns around this will be escalated to the CQC as there was a need to build in time to support the new lead to understand the history and narrative for the Trust. It was confirmed this will be taken forward by the Executive and the Board will be kept updated.

The Chair commended the first draft of the Quality Assurance Report including the risk table provided which was helpful. It was agreed the Board will receive the report bi-annually alongside the new report on service user and carer engagement and with timing of both reports linked with receipt on Quality Improvement so all three reports are received together. **Action: SMi to work with DL on updated board forward plan.**

PBoD
26/07/23
Item 12

Quality Improvement bi-annual progress report

Parya Rostrami (PR) joined the meeting to support discussion on the bi-annual progress report. The report was commended for its evidence based approach and reference to the rigorous scrutiny of complaint categories which had been discussed as being required at Board in terms of using complaints as opportunities for learning and improvement.

Discussion took place on whether there was a risk of overlooking complaints which may not be numerically significant when mapping of trends, but which would point to other cultural issues such as issues raised through the service user story received that day. The Board was assured data is triangulated with what we hear from service users and front-line staff and reminded the Board of the outcome of the improvement priority session reported to the Board in January 2023 and the work had benefitted from the involvement of a patient by experience working with them around data on waiting lists.

The Board commended information shared on the improving QI culture at the Trust. Discussion took place on how the Board would see reference points to indicate when the approach is working. It was confirmed every Quality Improvement programme requires a measurement strategy to support at the outset and this feeds into the Plan do study act (PDSA) approach. Outcome measures will be reported to Board with work underway to look at process measures to support demonstrating progress. It was agreed this would be set out more clearly in the main body of the report in future along with impact measures and examples. **Action: MH/PR to include examples, outcome, process and impact measures in future reports.**

Discussion took place on whether equality diversity and inclusion is a golden thread through all QI projects and if the impact was being captured and it was confirmed QI is a key enabler of our strategies and the drivers of the Clinical strategy include tackling inequalities which maps across into programmes of work.

The team were commended for their enthusiasm and for their recent award nomination and the Chair commended progress made and reference to links with the BAF and strategic objectives in the report.

PBoD
26/07/23
Item 13

Transformation Portfolio Report

NR talked through updates on the Strategic Transformation programmes all of which were rated as amber or green with the exception of EPR which had been delayed and was rated as red. Good progress has been with key estate changes through the Therapeutic Environments Programme; the Community facilities programme is undergoing a review due to capital challenges to reconfirm priorities and good progress is being made on outstanding community estate issues. With regard to the EPR programme PE assured the Board a deep dive is taking place on organisational governance with new go-live dates proposed and a revised project plan in place; and costs being refined and reviewed. In terms of ongoing impact and delays to other programmes of work such as digital strategy progression, development of dashboards and delivery against national programmes such as PROMs required by March 2024 these will continue to be impacted whilst we maintain use of INSIGHT and therefore reaching internal agreement on revised dates and assurance around achievability of these is critical.

Discussion took place on whether the paper provided sufficient assurance around the level of control; line of

sight to quickly mitigate emerging risks; potential further financial impact; measures put in place to address root cause issues and risks and understanding of likely it was there may be further delays and if so the controls in place to identify this. In terms of wider impact on other programmes he asked if this could be quantified. The following key points were made:

- PE confirmed root cause issues have been discussed at Finance Performance Committee and Board and these had not changed; data migration is largely resolved with clinical sign off now being the critical path issue and training and clinical engagement being key outstanding issues. There is a training plan in place and confirm and challenge has taken place.
- PE confirmed as SRO for the programme he had received assurance from relevant leads and contributors to the paper and had as much confidence as possible at that stage that with regard to known issues the deadlines would be met. He confirmed it was clear that progressing towards go-live would be less risky than continuing to run with the legacy system and therefore delayed perfection on the programme did not make sense which had been a helpful cultural mindshift in moving work forward. There is recognition given we are on a third go-live date and a second delay, that this is creating negative impact in terms of engagement and achieving new go-live dates would be essential to keeping the programme on track. MH provided assurance from a quality perspective that the capital plan is being re-prioritised in light of EPR and Maple Ward; with work underway to look through the QEIA process at unintended consequences. This will feedback through QAC and come up through AAA reporting to the Board. The Chair asked if discussion on impact on other work would be reflected in discussions at FPC and PE confirmed it would.
- SY welcomed the discussion and the level of challenge given the significance of the programme. She noted she had gone through similar change programmes and was aware of the impact when the confidence of staff is lost through continued delays. She provided assurance additional governance is being put in place including provision of assurance to Executive Management Team and to clinical and operational executive leads that we have measures in place to plan for a safe transition. This will take place before any further go-live dates are formally announced.
- Discussion took place on the need to quantify the wider impact of the delay and to include a risk around transition on the corporate risk register. PE assured the Board capital plan prioritisation had already been quantified.

SY noted there was a need to reflect on the number of priorities the organisation has, and the timing for key changes as we move towards the winter period, stressing the need to be pragmatic and realistic about what would be achievable. She confirmed re-prioritisation would come back to the Board. The Chair welcomed realism about what could be done and in what order. The Chair suggested a conversation take place outside of the Board on the approach to regular timely reporting to the Board on EPR and the possibility of a NED acting (appropriately) as a critical friend which she would discuss with MD.

Action: It was agreed quantification of the wider impact of the EPR delay would take place with clearer visibility at EMT, FPC and Board and that the Corporate Risk entry should be re-visited. PE

In respect of Primary and Community Mental Health Programme progress discussion took place on assurance the Board could take, on changes which would come into place shortly, and how these would be managed to ensure there is no negative impact on service users in the community. It was confirmed a measured approach had been taken to mobilisation to ensure we transition people who use our services safely and as effectively as possible. Support has been sourced from a VCSE provider around our approach to communication to support the organic development of the model. The Board was assured this was being taken very seriously and was why full implementation had been extended to January 2024. It was noted an additional Board session was being put in place in September to further support line of sight and understanding.

With regard to estate changes AD asked for further visibility at FPC and at the Board on the outcome of the 7-facet survey. NR confirmed an exercise is underway to provide clarity on how high risks are moved forward and to balance management of risk and safety with capital and estates prioritisation work. **Action NR to take an update on the 7-facet survey through FPC in September for onward reporting to the Board through the AAA report. Note for forward planning for FPC.**

PBoD
26/07/23
Item 14

South Yorkshire ICB Joint Forward Plan

SY informed the Board the Integrated Care Partnership published its initial integrated Care Strategy for South Yorkshire on 24 March 2023. The Trust has ensured alignment with key priorities and contributed to the development of the plan through a range of forums. South Yorkshire have been commended for the significant engagement which has taken place with the public.

Discussion took place on the following matters:

- AD asked where the Board would see investment in people and quality coming through, it was suggested it would be helpful to receive bi-annual updates on this. PE explained the this would be seen in the Q1 update on the Annual Operating Plan to be received at FPC in August and clarity about priorities and MHIS funding

would be reflected in that report.

- OMCL noted the objectives were commendable but lacked specificity and if that detail was in place. SY explained at a regional level the ICS would be accountable annually for delivery of operational PLACE plans and an outcomes framework with detail is under development. Challenge is taking place to ensure we are clear about outcomes and that health inequalities are being addressed including levelling up on issues such as eating disorders, autism and ADHD which are national as well as local issues.
- OMO asked how the Board could be assured around work taking place around prevention. SY confirmed the Trust is already engaged in really good work as a partner which supports the prevention agenda at PLACE in shaping an integrated approach. MH added by way of further assurance that the trust is recruiting to a role focussed on population health management which will report through our Research Group into QAC and onto Board. He confirmed he would be working with the team around further improving direct visibility of the work which will be supported by the introduction of a public health registrar who will be with the Trust for the next year. He noted links to prevention and health inequality are clearly linked through to our strategic aims, priorities and the Clinical Care Strategy and this in due course is reflected in team objectives.

The Chair asked the Executive to consider ways in which the Trust is addressing health inequalities could be made more explicit in board papers and SY recommended a further discussion at a board development session on strategic positioning. **Note for forward planning timing to be confirmed.**

PBoD
26/07/23
Item 15

Integrated Performance and Quality Report (IPQR)

PE noted a number of issues highlighted in the IPQR had been discussed under the AAA reports. It was noted the update from People committee had not been included in the IPQR report which had been an omission. Over and above the updates provided from the People Committee AAA report he noted there had been a reduction in agency usage above cap which was positive.

The Chair drew attention to:

- Her concerns around the level of waiting lists including for Gender services, SAANs, ADHD and HAS. SY agreed noting all trusts are focussed on reducing waiting lists and she and the Chief Executive of RDASH had recently raised the issue of 'hidden waiting lists' in mental health, learning disability and autism services in the ICS Chief Executives call. It was noted equivalent funding is not in place for mental health services in terms of emergency care in acute services and there would be a continuing need to influence these issues regionally and nationally in terms of accessing additional funding even if this were to be non-recurrent. It was confirmed having a grip on waiting list issues internally would support those discussions. The Chair noted a discussion is planned for the ICS development session in August on parity and the Trust would need to continue to advocate for this.
- Those individuals who had been subject to long periods of seclusion and asked for assurance that appropriate procedures and safeguards had been followed. SMi provided assurance, as the responsible director for Use of Force, that Trust policy goes above national standards and she and the Medical Director undertake clinical executive reviews in these matters to ensure decisions meet requirements of seclusion and they have been assured of that in these cases. For additional assurance it was noted the Chief Nurse from the ICB is involved with that review process. MH concurred clinically appropriate decisions were taken however he advised in one of the cases there was some work taking place to review the individual's pathway to hospital.

PBoD
26/07/23
Item 16
(15 on the
agenda)

Annual Complaints Report 2022-23

SMi commended the Annual Complaints report to the Board. It was noted the Trust received significant assurance in the internal audit on process with further work taking place in 2023 around learning. Updates will be provided through the learning lessons report.

Discussion took place on:

- Split of data by protected characteristics which SY confirmed she had asked be reflected in future reports to ensure an equality focus and to support triangulation with other key indicators. The Chair confirmed this had been discussed as a Board previously.
- Issues around communication and early intervention. OMO noted these areas had been identified as key issues along with unconscious bias and asked how these were being addressed. SMi confirmed she would take forward consideration of inclusion of unconscious bias across all investigations.
- Resilience and structure around the complaints function. The Board was assured a broad range of input and cover is in place across the wider team and input was received from other departments (including the Chief Executive's office) which was one of the primary reasons complaints had reduced and improvements had been made and sustained in 2022/23. It was noted the complaints and incidents trackers will now be received at EMT to further improve oversight.

The Board received and approved the Annual Complaints Report 2022/23.

PBoD
26/07/23

Q4 Patient Safety Report 2022-23

Vin Lewin, Patient Safety Specialist joined the meeting to support discussion on the report which was received

Item 17 following discussion at Quality Assurance Committee (QAC). He talked through key themes around violence and aggression, self-harm and sexual safety and it was confirmed the majority of incidents are reported from bed-based services; this is low threshold reporting organisation which is positive and overall actual patient harm is at the 'low' or 'no harm' level. Learning from serious incident investigations will be received in the Q1 report to QAC and reflected in the report to Board. It was confirmed the format of investigations will be reviewed post implementation of the PSIRF, on which the Board was updated in April. Trusts are required to agree and publish an 18-month plan on organisation websites and a report will come to the Board in September for approval.
Noted for forward plan.

SMi provided assurance around the Trust response to Ockenden actions, reflected in the report around type and nature of incidents and learning and further detail is received at QAC for onward reporting to Board. The Trust has been approached by NHSE to participate in a review looking at new learning from patient safety incidents and how we look at associated psychological harm. This is positive recognition on the significant progress made in this area over the last 2 years. The Chair asked for further detail to be provided in future reports on the response to Ockenden actions, the NHSE review and other areas of continuous improvement to demonstrate progress made. **To note for future reports.**

Discussion took place on:

- Reference in the report to 8 incidents related to racial and cultural abuse as being 'minor' OMO stressed that these should never be viewed as such as this sent the wrong message. It was confirmed work takes place with individuals to understand and recognise impact. The use of gradings will change as we mature in our understanding of psychological impact and the Trust will be part of the national programme on improving recognition of psychological harm which will further support that.
- Management of falls. It was confirmed we are seeing a reduction in falls on wards which is positive. The Board was assured the Trust is receiving support and advice from the Falls Academy in addressing work which remains to be completed in care homes.
- Minimum standards in terms of sexual safety with OMO asking these are in place and if handcuffs could be removed before people are taken onto wards. It was confirmed the Trust is committed to reducing issues in terms of sexual safety incidents for service users and for staff and that removal of handcuffs was a matter for the police to determine.

Whether there was a need for more training to support better handovers. It was confirmed communication is always a key theme and is an area to improve upon across all services. Daily huddles take place to ensure learning from incidents is captured and followed up immediately and in support of triangulation a lot of the learning identified in the report feeds into the values and behaviours work which includes creating safe environments in which to raise issues and to respond compassionately.

PBoD
26/07/23
Item 18

Financial performance report – month 2

PE drew attention to the following issues noting there were no emerging risks or concerns for escalation. As noted under the AAA reports CIP programmes are progressing well and in line with plans – this will become more challenging later in the year for the organisation and with regard to responding collectively to wider system discussions. The year to date deficit position currently £0.640m with a forecast deficit of £3.262m which is on plan. Variances are arising from pay award pressures, emerging cost repressures for Microsoft licences which are assumed funded whilst negotiated nationally. Emerging pressures are offset by over-achievement of interest receivable due to higher interest rates and noted the importance of capital prioritisation for managing risks later in the year.

PBoD
26/07/23
Item 19

The Chair noted further discussion would be taking place in the confidential session.

Controlled Drugs Accountable Officer (CDAO) Annual Report 2022-23

Abiola Allinson (AA) the CDAO joined the meeting and drew attention to a reduction in incident numbers; noting areas of concern remain around unaccounted for Controlled Drug (CD) discrepancies; second signatory checks and having a clear line of sight on remedial actions required to further improve quality and safety of care for service users. He confirmed there were no critical CD incidents reported in 2022/23 with 7 moderate incidents reported (2 of which were subsequently confirmed as non SHSC) with no adverse impact on service users. Appropriate governance is in place with nursing and MDTs and working across the system to share knowledge and information to ensure safety.

Discussion took place on the requirement for two signatures for CDs. It was confirmed by AA the range of signatories has been appropriately expanded (for a Mental Health Organisation's needs) as a result of the internal audit report received in 2019.

The Chair thanked AA for responding to feedback provided by the Board on the previous report in including additional information to provide greater context and support understanding. She noted it had been good to see the learning in practice for example following the learning from an incident in the Trust in 2022 when Buckwood ward was being refurbished, the dispensary on the ward was designed in a new and different way to improve service user experience and also minimise the risk of incidents. She suggested it would be helpful to capture this and similar examples of learning in practice and positive changes which have been made. **Note**

for MH to follow up with AA to provide a summary for the Board Well Led examples.

PBoD
26/07/23
Item 20

People Strategy Q1 Progress report

CP talked through the report which provided progress for Q1 of 2023/24 on the strategic themes:

- Looking after our people
- Belonging
- Growing for the future
- New ways of working and delivering care

It was noted KPIs are largely on track with the exception of sickness absence which is above target. Significant work is taking place around wellbeing and focus on sickness absence takes place through that work with a reduction expected in Quarter 2. It was confirmed by CP significant work is underway as a system on workforce planning with internal events having taken place to support managers to develop their own 3 year workforce plans. This is supported by the new workforce dashboard and improvements to data quality which will in turn support improved forecasting. The Chair noted the value of the KPI table.

SMi suggested with the emergence of workforce plans for the professions, due to be received at People Committee, that it would be helpful to co-ordinate with professional leads to input into this report in future. **Note for future reports.**

The Chair asked for an update on plans for use of the apprenticeship levy given this was underspent in 2022/23. CP informed the Board this is on the directorate risk register and is monitored. She confirmed the Trust can gift some of its levy to partners which has taken place in the past. The NHS Long term workforce plan and our own plan will have a focus on apprenticeships. It was noted SMi has joined People Committee and she noted the Trust has looked at RCN Cadetship which has not progressed well to date and work will take place to consider how this might be aligned with the apprenticeship work. OMCL felt gifting to partners was an interesting point noting use of the apprenticeship levy can, in his experience, be extremely restrictive and there was a need to consider options in the round to minimise negative operational impact.

PBoD
26/07/23
Item 21

Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) report

CP drew attention to the two reports noting they are presented for approval ahead of publication:

WRES

- With regard to increasing staff experience in discrimination from managers – all concerns raised are being acted upon
- With regard to the disparity ratio for clinical staff the Trust is not achieving target as yet, but a number of actions are in place around talent management, through our leadership and development programme and through mentoring to shift our attainment.

WDES

- With regard to access to reasonable adjustments changes have been made to our internal processes and a pilot established to support the work and a new wellbeing post will start in August focussed around this work.

BS asked with regard to the WDES work progress what training is available to support staff to improve their approach and if staff were held to account where issues of discrimination on race or disability occurred and noted concerns raised by some disabled staff they are having a poorer experience than colleagues.

The following key points were made:

- The importance of ensuring staff attend mandatory training and CP confirmed the Trust looks at all protected characteristic groups and is aiming to develop a programme for managers around more practical management of reasonable adjustment arrangements. The disability and reasonable adjustment group are having an impact on information generated and areas of focus are identified through staff network groups with the group focussed on identifying solutions to challenging areas using an agile approach. In terms of holding managers to account a grievance process is in place with issues actively addressed either formally or informally depending on the circumstances.
- SY shared concerns raised noting it was vital for mental health trusts to lead the way in this area confirming equality including human rights training is mandatory. SY noted a recent EMT session with senior managers around equality and diversity which had been extremely open and engaging suggesting the organisation needed to be bolder on these issues to become an exemplar employer of people with disabilities and protected characteristics.
- AD noted the positive increase reported in the percentage of recently recruited ethnically diverse substantive staff and asked if in future absolute numbers could be included which was agreed and **noted for future reports**. She asked if it would be possible to keep track of this new cohort of staff as they move through the organisation. CP confirmed this could be tracked through the Equality and Inclusion group and through workforce transformation and if there is no movement over time this could support identifying further support required.

- OMCL drew attention to the feedback received that 16% of staff had reported experiencing discrimination from their line manager which was concerning and asked if the Trust had relieved any managers of their duties as result of this and if so for details to be provided in confidential Board. CP explained the Trust aims to resolve issues informally where possible through its 'Just and Learning' approach and if there was found to be direct discrimination action would be taken. She confirmed this information could be provided. **Action CP.**

HS noted discussion had taken place at People Committee on exploring more innovative approaches to recruitment and the need to be less risk averse in this. CP confirmed this had been reflected in the updated BAF and was discussed at the leaders network and in our Equality Diversity and Inclusion group in terms of engaging with communities. The Chair commended success with recruiting to healthcare assistant roles.

SY assured the Board that EMT are committed to undertaking a deeper dive around the issues raised, including learning from approaches elsewhere and this may require a co-produced approach to support getting key messages right and being bolder around the seriousness with which this organisation takes expectations on its staff around living the values and building that in more strongly into appraisals. She drew attention to positive news in the report that the Trust has a more diverse workforce in comparison to others whilst recognising there is more to do around inclusion. The Chair agreed whilst there is movement in some areas and a great deal of hard work has taken place, there is more to do for example in understanding why some people may still not be prepared to declare disabilities. **Action: It was agreed CP will circulate additional information to Board members on where action has been taken (where appropriate) where staff have raised issues about experiencing discrimination from their line manager.**

The Board **approved** publication of the Workforce Race Equality Standard Report (WRES) and Action Plan and The Workforce Disability Equality Standard Report (WDES) and Action Plan 2023.

PBoD
26/07/23
Item 22

Estates Strategy 2021 – 2026 (annual review and progress update)

NR presented the annual review on progress with delivery of the Estates Strategy noting considerable progress made on the 10 investment areas identified to improve environments to support wellbeing across the inpatient, community and corporate estate. Challenges around interdependencies and backlog maintenance following the 7-facet survey and capital prioritisation were noted and will be monitored through FPC.

The Chair commended the presentational approach used. She asked with regard to Ligature Anchor Point risks if there was sufficient assurance on management of these. NR confirmed robust assessment systems are in place.[This is also referenced on the Corporate Risk Register and the Board Assurance Framework].

The Chair asked that the Board be alerted if safety issues are in danger of not being addressed due to financial issues or limits on the capital budget and re-prioritisation as safety has to be a determinant factor which was noted and confirmed.

PBoD
26/07/23
Item 23

Receipt of auditors reports for the year ended March 2023

The Board received reports from Internal and External Audit for the financial year 2022/23 following receipt at Audit and Risk Committee and confidential Board in June as part of the year-end process for the completion and approval of the 2022/23 Annual Report and Accounts for submission to NHS England. It was noted the Head of Internal Audit Opinion moved from 'moderate assurance' in the previous financial year to 'significant assurance' and no material issues were identified in the external audit report with the auditors having acknowledged an improvement on the previous year. AD thanked the Finance and Corporate Governance teams for their leadership in this area, and all teams who had inputted to ensuring Internal Audit actions were actioned in a timely way, and in supporting the external audit process around the Annual Report and Accounts 2022/23. She assured the Board processes are in place for ensuring this is embedded for the 2022/23 reporting processes with discussions on the plans due to take place at Audit and Risk Committee in October.

The Chair added the Board's thanks to the Audit and Risk Committee and to the Internal and External Auditors.

PBoD
26/07/23
Item 24

Medical Revalidation Annual Report 2022-23

Sobhi Girgis (SG) joined the meeting to support discussion on the report as the responsible officer for medical revalidation. MH confirmed he and SG work closely together and liaise quarterly with the GMC. SG commended the report to the Board confirming systems are well established and performance was above average in 2022/23 with an appraisal rate around 94% (excluding those on sick leave and maternity leave). He confirmed the Trust is exempt from quarterly reporting as it meets requirements and that work is continuing to improve leadership amongst doctors and to implement 'fail to refer' around discrimination.

The Chair thanked SG for the very comprehensive report which was **approved** by the Board for submission. It was noted the statement of compliance will need to be signed off for submission to NHSE by either the Chief Executive or the Chair by 31 October 2023.

PBoD **Annual reports from the Board Assurance Committees**

26/07/23
Item 25 DL commended the annual reports from the Board Assurance Committees to the Board following detailed discussion at their respective committees, and receipt of all reports at Audit and Risk Committee. The reports provide assurance on the work of the committees in meeting obligations as outlined in their Terms of Reference. Attached to the reports were workplans for 2023/24, reviews of effectiveness for 2022/23 and updated Terms of Reference which were presented to, and **approved** by, the Board.

PBoD
26/07/23
Item 26 **Board Assurance Framework 2023-24**

DL presented the updated Board Assurance Framework (BAF) for 2023/24 for approval following detailed discussion at the Board Assurance Committees and which had reflected feedback received at the Board workshop in June. It was confirmed the template had been updated for the new financial year to ensure clearer correlation between gaps and actions and to reduce repetition. Risk descriptors have been updated, and milestones, gaps, assurances and actions updated. Risk appetite is currently unchanged.

It was noted:

- Audit and Risk Committee had suggested work take place to explore adding a specific risk around inclusivity. It was agreed EMT would be asked to reflect on risks to inclusion, health inequalities, compliance with the equalities act and mandatory compliance around data collection.
- Finance and Performance Committee had identified a potential gap on overall sustainability issues and inclusion of a BAF risk on this area will be considered alongside reporting on sustainability planned for January 2024.
- People Committee had asked Finance and Performance Committee to consider whether digital capability of staff is sufficiently reflected in digital risks. This will be taken forward by the Executive lead and any changes reflected in the BAF in September.
- People Committee has asked that when the milestones in BAF risk 0014 are next reviewed that timing for receipt of workforce plans for the professions be included.
- People Committee has asked that in the next review of BAF risk 0020 that cross reference be made to closed culture work taking place under BAF risk 0024 overseen at Quality Assurance Committee.
- Quality Assurance Committee de-escalated BAF risk 0023 related to infectious diseases originally added during COVID.
- An amendment to the updated descriptor for BAF risk 0013 overseen by People Committee was agreed to be further refined to include the words 'appropriate measures and mechanisms'.

The Board approved all changes presented on the BAF 2023/24 outlined above and reflected in the paper. Discussion took place on the reporting cycle for the BAF and it was agreed proposals to move to quarterly reporting should be taken forward with a review to take place on effectiveness of this in March 2024.

PBoD
26/07/23
Item 27 **Corporate Risk Register 2023-24**

DL outlined changes to the updated Corporate Risk Register following detailed discussion at the Board Assurance Committees. The Board noted changes outlined including de-escalation, movement on risks, confirm and challenge underway, planned updates, arrangements being put in place to further strengthen assurance arrangements on monitoring of risks below Board Assurance Committee level and plans for updating the Risk Management Strategy. She informed the Board it had become apparent following a high level review of risks sitting below Corporate Risk Register level that there were a large number of risks scoring 12 or above which had not been escalated. Confirm and challenge around these is underway to understand the rationale for this. MH added that the MHLC had requested receipt of the risk registers for Mental Health Legislation and Least Restrictive Practice as standing items and had pushed back on the rationale for risk scores in the MHL risk register presented. Further discussion on these is planned for the next meeting. DL noted training has taken place with a number of teams around understanding of risk scoring which is a common issue and had supported updating of the Corporate Risk Register. This will be progressed further with support from the new Interim Corporate Risk Officer from mid-August and through updating of the Risk Management Strategy currently underway.

The Chair asked for work on high level risks not currently on the corporate risk register to be expedited to understand the position of the risks prior to reporting through Assurance Committees in September. It was confirmed a review will take place in August with a report received through Risk Oversight Group in advance of Executive Management Team and the assurance committees. **Action: DL**

AD commended the introduction of the Risk Oversight Group which has been in place for a year and which had greatly supported improvement in the year on oversight of risks, improved consistency, confirm and challenge and movement on the Corporate Risk Register.

PBoD
26/07/23
Item 28 **Corporate Governance Report**

DL presented the report drawing attention to the following matters which were received and **approved** by the Board

- The Modern Anti-Slavery statement for 2022/23

- The updated Constitution following approval at Council of Governors and prior for submission to the Annual Members Meeting in September D
- Declarations of Interest for the Board of Directors subject to inclusion of confirmation of BS declarations as unchanged, change in job title for SMi, reference to outside interests for OMCL as being effective from August 2022.

The Board received for assurance confirmation of compliance with the Fit and Proper Persons Test for Board members and the Council of Governors noting an updated declaration is pending as noted above; the updated Council of Governors declarations of interest and declarations of interest for staff below Board level and updates provided in respect of Council of Governors elections and other updates as outlined in the report.

PBoD
26/07/23
Item 29

Board work programme for 2023-24

The Board noted the work programme. With regard to an item on cost-allocation it was confirmed this would not be required to be received at Board following approval of the updated Terms of Reference for Finance and Performance Committee which now has delegation for this. The Chair asked for the information to be shared with her outside of the meeting. **Noted**

PBoD
26/07/23
Item 30

Any other business

None

PBoD
26/07/23
Item 31

Reflections on the meeting effectiveness

It was noted inclusivity had been a key thread through the board papers. There is a continuing focus on identifying unconscious bias; population health and health inequalities issues; discussion on disability issues; challenge around use of language around 'classification' in the patient safety report and the need to consider how we include socio and economic status in the discussions around inclusivity as it can be an area overlooked in terms of impact on accessing services which can result in treatment falling short.

It was noted getting the basics right such as clinical records systems and through the work underway through the PCREF and EDI work are also key. It was confirmed a strategic approach to health inequalities will be explored – i.e. 'Core 20 plus 5' national requirement on Trust to look through the lens of people living in underserved areas and around ethnicity in a systemic way.

It was agreed the above reflections, and standard items, will be drawn to the attention of the Governors amongst other regular areas of interest.

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

Wednesday 27 September at 9.30am

Format: to be confirmed

Apologies to: Amber Wild (amber.wild@shsc.nhs.uk)