

Board of Directors – Public

UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 27 March 2024 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)
Mark Dundon, Non-Executive Director, (MD)
Owen McClellan, Non-Executive Director (OMcL)
Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, (OFO)
Phillip Easthope, Executive Director of Finance (PE)
Salli Midgley, Executive Director of Nursing, Professions and Quality (SMi)
Caroline Parry, Executive Director of People (CP)
Helen Crimlisk, Interim Medical Director (HC) from item 17

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

Other attendees: Holly Cubitt, Head of Communications (HC)
Amber Wild, Head of Corporate Assurance (AW)

Ben Duke, Deputy Lead Governor (BD)
Fozia Nadeem (FN)
Celia Jackson Chambers (CJC)

Apologies: James Drury, Director of Strategy (JD)

Min Ref:	Item
PBoD 27/03/24 Item 00	<p>Experience Story</p> <p>The Board received a story from a service user about their experience of care having received support through the Homeless Assessment and Support Team (HAST) and inpatient services.</p>
PBoD 27/03/24 Item 1	<p>Welcome and Apologies</p> <p>The Chair welcomed the Board and observers to the meeting.</p> <p>Apologies were noted from James Drury, Director of Strategy and from Helen Crimlisk Interim Medical Director who was attending a conference at the start of the meeting and would be joining the meeting late.</p>
PBoD 27/03/24 Item 2	<p>Learning and Reflections from the experience story</p> <p>Discussion took place on feedback received around potential inequality in experience in accessing services for those with experience of drug and alcohol misuse when inequality and exclusion had been experienced. The story received was a moving story and profound and outlined how a person centred approach, working collaboratively, had supported the individual through their issues, including dealing with issues relating to access to housing.</p> <p>It was recognised that they had not had a positive experience when in the SHSC inpatient services and it was agreed further detail on this would be provided to the Board in a post meeting update. Action: SMi who will also visit the service user to thank them personally for sharing their story.</p> <p>It was agreed and confirmed:</p> <ul style="list-style-type: none"> The voluntary sector plays a vital role in provision of holistic care and support to individuals to regain control of their lives in a more settled way. Reconfiguration of services is shining a light on accessibility in community and primary mental health provision and on learning which will support future mobilisation of services including around dual diagnosis.

	<ul style="list-style-type: none"> It was noted plans are in place to hold a Board development session around health inequalities in June 2024. It was noted it would be important for Board members to advocate for mental health service users in keeping housing needs at the forefront of discussions with system and Place partners. Opportunities are in place to influence discussion on the Women's Mental Health Strategy at the City Mental Health Crisis working group and further consideration will take place on how this strategy should be translated into the work of the Trust and with its partners. Action: HC and NR The need to receive assurance around SHSC's relationship with the new provider of alcohol and drug misuse service in Sheffield was noted. This was also an issue raised at the Council of Governors. It was agreed an update would be received at Quality Assurance Committee (QAC)– Action HS and SMi to plan for receipt and reflect on QAC forward plan. Consideration will be given as to how best to support those providing their stories to the Board given the planned move to in person meetings from April 2024. Action: SMi to advise, and SM and DL to note for forward planning. The Board would reflect on unconscious bias at the end of the discussions that day and would keep the service story in mind throughout the meeting.
PBoD 27/03/24 Item 3	Declarations of Interest None specifically noted over and above the regular formal declarations of interests made by Board members.
PBoD 27/03/24 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 January 2024 subject to minor amendments to typos, provided in advance of the meeting by AD and to note that Parya Rostami was present for item 14 : Action – AW
PBoD 27/03/24 Item 5	Matters arising and action Log The Board approved closure of actions as indicated on the actions log and noted the following additional updates: <ul style="list-style-type: none"> Action 31.1 related to the planned Board discussion on health inequalities. It was noted this had moved from April to June. Action 31.2 related to timetabling of a discussion at Board on partnership working with the Citizens Advice Bureau. To be reflected on the forward plan timing to be confirmed. Action closed. Action 22.3 related to updating the approach to the Integrated Performance and Quality Report (IPQR). It was noted this is due for receipt in May 2024 and will remain on the action log until received.
PBoD 27/03/24 Item 6	Questions from Governors and members of the public - None received.
PBoD 27/03/24 Item 7	Chairs Report The Chair (SM) provided an update on her recent engagements noting the following key points: <ul style="list-style-type: none"> Welcomed HC to her first meeting as interim Medical Director and congratulated NR on his formal appointment as Director of Operations- Participation in key external meetings was covered in the Systems and Partnerships report. Board visits have continued with her most recent visits having been to the Sheffield Adult Autism and Neurodevelopmental (SAANs) service, Chaplaincy team and the Complaints team. It was noted feedback, following the extension of the Board visits programme into non-clinical teams had been very positive. Recent Governor development sessions have been held on the Community Mental Health and the Learning Disability Transformation programmes and on effective questioning for Governors all of which had been well attended and well received. Preparations are in hand for upcoming Governor elections with circa 21 seats up for election. Board colleagues were asked to support the promotion of these in all visits and Executive colleagues were asked to support encouraging staff to stand in staff governor vacancies. The Staff SHINE awards were commended as a fabulous night of celebration and the teams involved with the organisation and with securing sponsorship were thanked for their support - Communications, Organisational Development and Procurement. The first Staff Networks Conference has taken place and was very well received.
PBoD 27/03/24 Item 8	Chief Executive's Report The Chief Executive (SY) noted the report spoke to the complexity of the external environment which remains challenging and set the context for many of the reports on the agenda. BS drew attention to external discussion in the media and from senior politicians around whether the approach to mental health culture had gone 'too far' which had elicited a strong response from mental health charities. He was concerned about the potential impact on vulnerable individuals who may be concerned around potential increase in stigma in accessing help and support and potential negative impact on access to benefits. The correlation with these issues and the service user story that day were noted. It was confirmed by SY the

communications Cascade continues to focus on encouraging SHSC staff to focus on delivering the best possible care and to championing mental and wellbeing and SM noted similar discussions are taking place in the Staff Networks.

AD noted reference in the spring budget to the importance of digital transformation and asked how the Trust was ensuring it was well placed to access development opportunities in working with its partners. SY confirmed the Trust would need to be agile in responding to opportunities with the initial focus being on delivering a safe transition to its new Electronic Patient Record System (EPR). Discussions are taking place on funding which may be available through digital transformation which may support the Trust in developing its digital maturity.

OFO asked for an update on the national doctors pay offer. CP confirmed the outcome of pay negotiations was awaited. She noted details are not yet known about the timing of further strike action but this had been managed well to date by the Trust which has a good relationship with the local representatives/local branch of the British Medical Association (BMA).

OFO congratulated Helena Fletcher on her joint award as Bill Ronksley Young Trade Union Representative of the year 2024.

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Item 9

Board Committee Activity Reports

The Board received and noted updates provided through the Alert, Advise and Assure (AAA) reports from the Board Assurance Committees for meetings held in February and March 2024 with the following key updates noted by the Chairs of the Committees:

Quality Assurance Committee (QAC) - HS drew attention to the following key issues from her report:

- Risks remain as previously reported.
- There has been positive news in February around a reduction in the number of out of area beds and repurposing of the health-based place of safety (HBPOS) and on patient flow; however this performance had dipped in March and therefore the work put in place was not yet stabilised. She confirmed these issues were being closely monitored at the committee.
- An additional quality and safety risk has emerged related to drainage issues at Forest Close and the committee is kept updated on building works around environmental improvements required.
- Recovery Plans for addressing waiting lists are received, most recently from the memory service, which remains challenging around staffing which will be kept under review, and on Attention deficit hyperactivity disorder ADHD which remains a national issue in terms of demand. However, given actions in place through the Primary Mental Health Transformation, there was an expectation there would be some improvement.
- The Gender Identity service has some good quality improvement initiatives in place which it was hoped will positively impact on the waiting list though the Trust is unlikely to meet the commissioned target this year but will be better placed to do so in the next financial year as a result of action taken.
- The reduction in falls has been sustained as result of the Hush Huddles and data is being rebased.
- The committee has looked at early proposals for an inpatient clinical model – and has urged pace and innovation with updates to be provided to the committee.

SM commended improvements outlined around waiting lists and falls and noted cross referencing to these in the Corporate Risk Register.

SM asked with regard to the alert regarding clinical safety on Maple Ward for clarification if QAC were asking for a Board development session and HS confirmed this was discussed at the February meeting and is referenced in papers in terms of potential resolutions and QAC were not asking for an additional board session.

People Committee (PC) - MD drew attention to the following key issues from his report:

- Sickness levels have increased to 7.5% which remains of concern. The committee have asked for future reports to include comparisons with the previous year's data and with comparable trusts if available.
- Supervision levels have decreased to 65% against the Trust target of 80%. It is expected to improve through the changes being made to Electronic Staff Record (ESR) reporting.
- The Health and Wellbeing Assurance Group and the Organisational Development Group will be merging to provide greater efficiency.
- A good discussion took place around the staff survey and people pulse results, and positive improvements made. The Health Service Journal has shown our Trust to be the most improved around a questions on advocacy. This will need to remain an area of focus as we remain in the bottom 5 Mental Health Trusts despite the notable improvements this year.

HS asked what assurances were expected to come through the AAA reports on E-Rostering improvements required. CP confirmed work was taking place to develop revised Key Performance Indicators (KPIs) around breakdown of headroom and how this was being managed through E-Roster. KPIs will be included in the workforce dashboard. Work is underway with matrons and ward managers to ensure rosters are managed more

efficiently and to provide clarity around governance.

Finance and Performance Committee (FPC) - OMcL drew attention to the following key issues from his report:

- The data in the AAA report was slightly more recent than other financial reporting and it was confirmed the position has deteriorated to a predicted deficit of between £5m and £6m against a planned deficit of £3.3m deficit. This was partly due to not managing staffing sufficiently well and in part around grip and control not having been as tight as required across the financial year.
- The finance plan for 2024/25 is under development and due for submission to the system by the end of April. It was noted there are central system assumptions which are not yet set and the impact of the current financial year on 2024/25 is yet to be fully understood.
- The committee have asked for consideration to be given to reviewing every service line to understand if there is activity which should cease.
- The committee discussed the need to identify the timeframe for reaching break-even which would need to be agreed with the Board.
- The Maple Business Case is under development and due for receipt at the confidential April meeting. It was noted the committee discussed the need for this to demonstrate value for money as well as meeting the requirements around removal of ligature anchor points. Discussion took place at the committee on the use of capital resources as an enabler however the capital available in 2024/25 will be tight and will require planning and prioritisation.

SM noted a meeting had taken place with the Director of Finance and Non-Executive directors to talk them through the financial position in more detail in advance of the meeting; and OMcL confirmed additional meetings had been put in place for Finance and Performance members in advance of formal FPC meetings to provide the latest position.

Mental Health Legislation Committee (MHLC) –OFO drew attention to the following key points from the report:

- There have been concerns raised about access to ward areas by advocates. Quarterly reporting on this is provided to the Least Restrictive Practice Oversight Group. The committee have asked that reports to MHLC include detail on this issue and form of advocacy (whether statutory or non-statutory)
- The committee discussed the importance of capturing protected characteristic data and the Least Restrictive Practice Oversight Group are looking at protected characteristic data (Gender, Ethnicity and Age are included) with plans in place to include others including Neurodiversity.
- Discussion took place at the committee on access to emergency beds and the fact that not being able to access a bed in a timely way may impact on increase in restrictive practice if not addressed.
- There has been some non-attendance at RESPECT training with current compliance at 70% against a target of 80%. Human Rights Training is being reviewed given it is covered in other training areas and the Human Rights Officer is undertaking more visits to community services. A task and finish group is being established to look at Mental Health Act Manager training which is being reviewed in line with the national framework and to support these a Mental Health Compliance workbook is being replaced with an on-line version.
- The numbers of Associate Mental Health Act Managers (AMHAMs) remain a concern as well as diversity and training is provided to improve AMHAM reporting. Lack of AMHAMs has impacted on a number of cases not being reviewed in the required timeframe. The Mental Health Act lead is now meeting monthly with AMHAMs to receive and respond to feedback.
- A deep dive is taking place at Woodland View to assess deprivation of liberty (DOLs) which is a complex issue around assessments taking place. *[A risk related to this is already on the Corporate Risk Register]*
- Annual reports from the two tier II groups reporting into MHLC were received demonstrating positive developments across the year. The committee has asked for operational representation and the Senior Head of Service will be joining the membership going forward.

SMi asked that the reference on the AAA under the alert section to Forest Lodge Mental Health project and the Quality Improvement project should be in the assure section and asked that these be moved in the file copy.

Action AW.

SM noted progress made in the Corporate Risk Register, and at Mental Health Legislation Committee in the financial year, in receiving and discussing Mental Health Act (MHA) legislation risk registers and the inclusion of relevant risks in the Corporate Risk Register.

SM asked for the latest update on progress with addressing issues with access to wards for advocates noting that she thought that this had been referenced in the Board session on the Patient Carer Race Equality Framework (PCREF). SMi explained this relates to advocates trying to visit service users on the wards and

	occasions where the ward takes too long to answer the door. Discussions have taken place with managers around ensuring doors and phones are answered in a timely way.
PBoD 27/03/24 Item 10	<p>Operational resilience and business continuity</p> <p>The Director of Operations and Transformation (NR) drew attention to the Alert, Advise and Assure elements from the report. Alerts focussed on delayed discharges; spot purchasing; performance against the national 12 hour wait target for a mental health inpatient bed and impact of the RIO delay on data related to older adults' services for quality and performance management.</p> <p>BS noted his surprise at the reported decrease in demand for specialist psychotherapy services and asked how this should be interpreted, asking if this was an issue about the criteria used or if there were less people wanting to access the service. NR confirmed whilst there had been a drop in demand there were no themes as yet but there was a need to reflect on criteria. He confirmed demand will continue to be monitored over the coming months.</p> <p>BS asked for clarification on planned partnership working with the voluntary sector in implementing the 111 crisis line, asking for assurance the service will be robust and urgent calls will be answered by those with clinical experience. NR confirmed the Trust is partnering with Nottingham Community Housing who will be the first point of contact for the calls with referrals to the Trust's own line for managing higher risk calls. He assured the Board the response will be closely monitored through the mobilisation phase.</p> <p>AD asked with regard to the 'Better Care Fund' monies which was a two-year programme, what the plan was for funding programmes beyond the end of funding. NR confirmed the Sheffield Discharge Board in Sheffield would be looking at evidence/impact to support building the case for future funding and future proofing, given the whole system has benefitted from the 'Better Care Fund'.</p> <p>SM asked why some initiatives are only just starting and for the next report to outline whether schemes are working together with detail on their impact. She asked if the data in the appendix was related to October 2023/24 and asked that dates be clear in future on any appendices or any similar references. NR confirmed the data related to October 2023 and explained there had been some recruitment issues with regard to social workers which had been raised at the Sheffield Discharge Board. A review has been requested and therefore this would be reflected in future Board papers. Action NR.</p> <p>OFO asked for reasons for the 12-hour breaches in accessing crisis beds. NR explained this occurs when an individual is assessed as needing a bed in emergency departments at which point the clock starts and the national requirement is for the individual to move into a mental health bed within 12 hours of that decision. The data reported in the report related to a particularly challenging month when there was the highest number of breaches but gave assurance the rates had since reduced.</p> <p>OFO asked if protected characteristics were captured in respect of waits. NR confirmed they were, in part ,but work is in train to improve data collection and was dependent upon the information provided to the Trust by the referrer. SM added issues around recording would be addressed in the discussion on the Integrated Performance and Quality Report (IPQR).</p> <p>OFO asked if the Trust was providing information to partners in respect of the 'measles outbreak'. NR explained whilst this Trust did not have an outbreak itself, it was preparing to ensure it could respond appropriately. He confirmed responsibility for sharing information lies with Public Health and was shared with partner organisations.</p> <p>OFO asked if, with regard to the downward trend on delayed discharges, the Trust could look at this in the context of protected characteristics. NR confirmed this was the intention but there was work to do to ensure we are collecting that data which will be discussed under the IPQR report and its further development.</p> <p>SY drew discussion back to the impact on people who are clinically fit to discharge being supported on the right pathways noting it was important to recognise this was not just a transactional process and the focus had been on considering a whole system approach. She noted there were 30% of beds that had people that were clinically fit to be discharged in them when she arrived (in July 2023) which was a fundamental quality issue but following work led by the Director of Operations and in partnership with our local authority colleagues there had been a significant reduction and greater visibility of the challenge around the support an individual needs when they leave SHSC services. She confirmed the structures for delivery are in place with the right partners around the table and a clear focus to moving people out where appropriate, but this required continued focus including broader support required around bespoke arrangements around complex needs such as housing.</p> <p>SM commended the report in providing an operational snapshot on improvements and issues. She noted and commended the improved Emergency Preparedness Resilience and Response (EPRR) position and improvements made in some waiting lists and on targets with further discussion planned on the IPQR.</p>
PBoD	Safe Staffing bi-annual report

SMi highlighted from the report:

- The Trust is compliant with the requirements of NHS England, the Care Quality Commission (CQC) and National Quality Board (NQB) guidance.
- The Board were assured since the last establishment review and uplift there have been no significant issues impacting on patient care or safety in the last six months.
- Excellent work has taken place around reducing restrictive practice.
- Staffing across professional groups continues to be one of the areas of highest risk. There has been no extra resource requested, but the Trust is looking at skill mix with the directorates to ensure we have the staffing in place and that this follows the model recommendations. She noted:
 - Nursing Leadership is key in addressing issues with roster management and how we are able to deliver safe staffing through our resource. Work is taking place around the named nursing model which would benefit from some improvement.
 - The Trust is exploring how it can build a pool model – as there are times when 1:1s are not required but have been maintained in rosters and a more flexible approach is needed.
 - A review is taking place around 12-hour shifts on acute wards which also covers building in supervision and mandatory training.
 - There remain some inpatient areas where staffing is higher and cannot yet be addressed, for example on Maple due to the physical environment in terms of observation and this will be addressed through the move of that ward.

NR and CP added by way of additional assurance that a roster management workshop took place on 25 March attended by managers, service leads and matrons. This was focussed on getting increased grip on roster management, discussing challenges and developing an action plan to address resource management. It was noted consideration is needed around flexible working agreements and how managers can be supported to make decisions around flexible working requests to ensure whilst supporting individuals that our arrangements also meet the requirements of safe and effective management of the services.

SM and HS commended the report and assurance provided in demonstrating increased understanding and grip of challenges and work in place to address these. HS asked for clarification on the key current risk and the timescale for change given the significant cultural shift required. SMi confirmed the plan is phased with some immediate work taking place as outlined to address roster management which needed to progress within two months. The remainder of the work will take a year to deliver in line with national inpatient quality transformation programme expectations. This work, broader than simply looking at nursing, will require Programme Management Support and is focussed on quality indicators rather than increasing staff with focus on wrap around support required.

BS commended the focus on quality indicators and safer staffing being part of a bigger picture and he felt assured senior leaders were moving towards transformation of culture noting verbal feedback he had received on the impact on care related to provision of unescorted leave which he felt was a key indicator around patient experience and the reference in the board committees report to issues with access to wards for advocates which was also a quality concern.

SM stressed the importance of capturing impact succinctly in quality dashboards as one source.

OMcL commended the paper which he felt focussed on the heart of issues needing to be addressed if we are to deliver our plans. He commended reference to addressing the 1:1 nursing care issue in a more flexible way.

SMi explained the need to support leaders to roster their staff effectively and to provide evidence where there are issues which need to be red flagged on the monthly safer staffing dashboard. She advised the Board about improvements made on the busiest female ward in reducing acuity and incidents following actions taken.

OMcL asked what key challenges were raised by staff at the Roster Workshop. NR explained key issues included the importance of empowerment and ownership of budgets. Flexible working is a key issue and there is tension with this, and a balanced response needed. He noted on a recent board visit this was an issue raised by a ward manager in terms of the tension of being flexible and needing to meet the needs of the ward. Being clear about headroom, and whether it is right and needs reviewing. He assured the Board the meeting was optimistic and clarity was given there will be clear management with tighter oversight from the outset of the new financial year alongside expectations around the financial position and managing to budgets.

CP added this was being supplemented by work in train around values into behaviour and the management development programme which will support a shift in culture and will support managers to have difficult

	<p>conversations. By way of contextualisation SMi explained that if 70% of registered workers say they cannot work nights because of childcare the wards will never meet roster requirements and therefore it is about supporting ward managers to work through the issues with their teams to ensure staffing in place is what is required. OMCL agreed it was important to be consistent and fair but that flexible working must meet the business needs of the organisation.</p> <p>OFO stressed the need to understand the cost of extra staffing, agreed with the need for stricter rostering and suggested considering standardising leave so unescorted leave is not ad hoc. SMi confirmed she could not support standardisation of leave as it needed to be personalised and in the spirit of the Act. She noted this paper was focussed on safer staffing and national guidance and finances were covered in the financial reports.</p> <p>OFO asked if 12-hour shifts was a national debate and what the impact of this was on service users and staff. SMi confirmed 12-hour shifts is an ongoing national debate but also impacts on ensuring time for supervision and handovers. The impact is being looked into through a piece of work led by one of the Heads of Nursing before changes are made.</p>
<p>PBoD 27/03/24 Item 12</p>	<p>Patient Safety report – Learning and Safety report (Q3)</p> <p>SMi drew attention to the following points from the report:</p> <ul style="list-style-type: none"> • The Patient Safety Incident Reporting Framework (PSIRF) has been implemented and we are transitioning over to the new system. There has been only one declared major incident since the move to the PSIRF. There are quality improvement plans in place against each element. • In terms of complaints there is some alignment around areas service users are most likely to raise concerns about being access to treatment. It is positive over the year that the number of complaints for SAANs and Gender identity services have reduced following work which has taken place through waiting list initiatives. <p>HS commended work outlined at QAC at which strong challenge had taken place around work to improve communications with carers, and around self-harm. SMi noted it was encouraging to see the development of a more considered trust wide approach to how these are managed.</p> <p>SM agreed the report had been comprehensive and she had attended a daily safety incident huddle to understand in more detail how these are managed. She asked who receives blue light alerts in the organisation and SMi confirmed these were subject dependent but would go to all clinical staff where they are clinical.</p> <p>SM reminded Board about previous concerns raised around the use of the term ‘minor’ as a classification which felt uncomfortable. Whilst nationally prescribed she asked if the Trust could add nuance or acknowledgement of possible psychological impact. SMi confirmed the Trust can make a comment on the document but cannot change the use of the terminology. The issue has been fed back to the national team. She added service users were also able to do their own ratings and connection takes place also through staff network groups.</p> <p>SM asked, with regard to the breach of confidentiality issue reported where patient information was sent to the wrong address on eight occasions, for assurance these had been appropriately reported outside of the Trust to the Information Commissioner and SMi confirmed they had. SM asked for this to be referenced in future reports. Action SMi</p> <p>By way of assurance SY confirmed a visual and a reminder had been developed for sharing in the communications Cascade stressing every time a breach of confidentiality occurs it means a patient, service user or carer have not been treated with respect and dignity. This is also a quality and safety issue.</p>
<p>PBoD 27/03/24 Item 13</p>	<p>Transformation Portfolio Report</p> <p>On behalf of the Director of Strategy, NR presented the Transformation report, noting with the exception of EPR, all programmes were either rated amber or green with good progress having been made. It was noted (post circulation of the paper) that discussions regarding balancing of staffing across community care is reaching a resolution and was planned for collaborative sign off at the Community Mental Health Board and was a good example of effective partnership working.</p> <p>HS asked for clarity about the planned staffing split in the Primary and Community Mental Health Transformation (PCMT) and how this was taking place. NR confirmed the go live date was being finalised and may now be at the end of April transitioning through the mobilisation plan in a structured way through April with the Crisis and Urgent care offer going out earlier in the process.</p> <p>OFO noted the Leaving Fulwood Programme is amber but rated as green in the pie chart on page 5 of the report. PE confirmed the rating will remain Amber until the new plan is re-set and agreed.</p>

<p>PBoD 27/03/24 Item 14</p>	<p>SM asked with regard to Maple Ward if she was correct in her understanding that the current seclusion room on Maple ward would remain open when the decant to the new interim space takes place. NR confirmed this was an option which was being explored and it was noted by SMi this had been reflected in the options presented to the Board in the February development session. A plan is in development which will go through the Quality Equality Impact Assessment (QEIA) process before a final decision is taken.</p> <p>Integrated Performance and Quality Report</p> <p>The IPQR was received and noted. PE drew attention to data from January as outlined in the report and added reference to:</p> <ul style="list-style-type: none"> • IQPR feedback from the assurance committees • Missing data for services which have migrated to the new EPR due to delays in implementing RIO. Work is taking place to mitigate this as soon as possible and impacts on the 72 hour follow up reporting and all data for our Older Adults Services. • Improvement has not been made as expected in regard to out of area bed usage, whilst there has been progress on out of area bed nights in absolute numbers this is not in line with the plans required by year end. • As noted in the People AAA report sickness has increased over the last month and supervision has continued to fall. • These and other drivers are impacting on the financial position and delivery of relevant KPIs. <p>SM noted with regard to the missing data for Older Adults services it was particularly concerning the 72 hour follow up requirements were not being presented to the board. She asked for assurance the Trust is compliant and what is specifically being done to address the data issue and asked why data could not be manually inputted for the report to the Board. PE confirmed in terms of the data the revised plans for EPR incorporate relevant workstreams for the data warehouse and reporting and stabilising of Tranche 1 (Older Adults services) including their data. He confirmed he would come back with precise timescales on when the different elements of data reporting will be in place and would consider the suggestion regarding manually adding to this report and would advise. Action PE to take away and advise.</p> <p>NR confirmed in respect of compliance on 72 hour follow up, wrap around support was in place to review this at ward level but the data is not currently available collectively and he has discussed this with Business Planning Team to ask if there is any way of pulling out the data.</p> <p>SM stressed the importance of being able to confirm for assurance that the Trust is compliant in this critical performance indicator. NR explained the issue had been raised at the Executive Management Team (EMT), has been raised directly with business planning and he would ensure a workaround is in place and would provide an update to the Board in advance of the next meeting. SY confirmed she expected an update to be received at the first EMT meeting in April after which an update will be provided to the Board. Action: NR</p> <p>SM noted the concerns table in the report highlighted a number of areas where recovery plans were not listed and asked for assurance these are in place for all concerns. She also stressed data related to protected characteristics in relation to use of restraint, use of rapid tranquilisation needed to be captured in terms of impact and were intrinsic to the PCREF work. She asked for assurance on action being taken to address this. SMi confirmed she has asked for service team level data to support setting objectives for them and this was awaited from business and performance. This has been followed up with Business Planning and is important to progress. NR added when this data was received, he was expecting trajectories would then be set for each team for improvement in capturing data and performance review would be put in place around this. HS noted the table listing performance concerns still mentions the CQC 'back to good action plan' and asked that board assurance committee oversight for all recovery plans be added in and this be rectified to explain the role of the Assurance Committees in overseeing any remaining 'back to good' actions. Action: PE/NR</p> <p>BS noted the Board did not have assurance that sufficient knowledge was available within the teams with regard to demographic issues and front line staff needed this information to provide truly person centred care. Whilst some data may be available at ward level the Board was not sighted on it and did not have assurance.</p> <p>SM noted with regard to seclusion that the report stated we have no episode length recorded 'as it was prolonged' and asked for assurance that the Trust records the length of a seclusion. SMi confirmed the length of seclusion was being recorded and 'prolonged' relates to time over 10 minutes. It was agreed this should be reflected and clarified in future reporting. Action: PE</p> <p>SM noted Dovedale 2 ward was flagging a number of issues in the report and asked for assurance around</p>
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	<p>support being put in place. SMi cross referenced to the safer staffing report. NR confirmed support and intervention has been made to change and strengthen leadership and staff are feeling more supported and improvements have been evident on the ward. SY assured the Board that the ward had been identified as a 'hotspot' and as such has Executive oversight from SMi and NR with regular updates provided to EMT. Additional work will take place to identify whether 'hot spots' can be identified earlier and to standardise our approach in addressing multi-factoral issues which might come together to identify an area as a 'hot spot'.</p> <p>HS asked for the timeframe for developing the new IPQR report. NR confirmed it is expected to be in place from April but further work was needed with Business Planning on how they will engage with services on putting this in place.</p>
<p>PBoD 27/03/24 Item 15</p>	<p>Financial Performance Report (Month10)</p> <p>PE outlined the financial position for Month 10 noting the following:</p> <ul style="list-style-type: none"> • At month 10 there was a forecast deficit of £4.55m, £1.8m away from plan with recovery plans required to reduce this in order to achieve the planned out turn position of an end of year deficit of £3.3m. • The month 11 position has shown further under performance with the reported forecast deficit increased to £4.8m with a downside risk of £5.5m - with mitigation plans in place to bring this down to £4.5m. If the run rate continues for month 12 the deficit position will increase to over £5m. • Given additional controls in place work is taking place to understand specific details of the downturn in performance. • As noted earlier in the meeting a rostering workshop has taken place to support staff to understand requirements and to support them to discharge their responsibilities well and more effectively from the outset of the new financial year. <p>HS asked when weekly KPIs will be in place and received through reporting. PE confirmed he had received assurance these will be produced from the roster system from April 2024 and reporting will take place through EMT and FPC prior to updating the Board.</p>
<p>PBoD 27/03/24 Item 16</p>	<p>Systems and Partnerships briefings and updates</p> <p>SY drew attention to the following key items from the report:</p> <ul style="list-style-type: none"> • Focus across system and Place on planning for 2024/25 and agreement and finalisation of delivery of the 2023/24 plans. • There remains a significant financial challenge which the Trust is contributing to in terms of transformation through the Mental Health Learning Disability and Autism Collaborative. The Collaborative has agreed priorities to support the system level deficit around the transformation plan for fragile services and is looking at out of area beds where there is lack of provision in South Yorkshire. • An away day has taken place for South Yorkshire MHLDA provider collaborative Chairs, CEOs and Executive teams to focus on priorities and emerging work around improving eating disorder services. • Work is progressing on priorities and working in partnership to address shared challenges. <p>AD asked for further detail on risks and opportunities around system collaboration and brokering around this with the need for the Trust to provide resource into the discussions noting risks of potential duplication of work through different areas. SY confirmed discussions are taking place at system level and there is clarity around work required on out of area beds given demand outstrips supply and this will also remain a trust level focus for SHSC.</p> <p>BS asked if the Board was sufficiently sighted on the 'Right Care, Right Place' discussions and the impact of this model on our service users and whether it was working given issues there had been historically with previous models. SY provided assurance the Board South Yorkshire police have worked hard to ensure a phased approach to implementation and several forums were in place and working effectively at which we have operational and senior colleagues in attendance. We are continuing to monitor the impact. It was agreed the Board should be sighted on incidents and work is taking place across the Integrated Care System (ICS and the Integrated Care Board (ICB), who have been asked to collect this detail and further assurance could be provided through QAC and its onward reporting to the Board. Action HS and SMi to consider for QAC planning</p> <p>It was noted a separate paper on governance arrangements for the collaborative was discussed in private board in February and changes have taken place to the collaborative agreement already in place, to clarify responsibilities of the collaborative board in relation to commissioning and its relationship with specialist commissioning – these changes to the Mental Health, Learning Disability and Autism Collaborative terms of reference were presented and approved.</p>
<p>PBoD 27/03/24</p>	<p>Patient Led Assessment of the Care Environment (PLACE)</p>

<p>Item 17</p>	<p><i>[Helen Crimlisk joined the meeting]</i></p> <p>On behalf of the Director of Strategy NR presented the report and noted results of the self-assessment were disappointing and a clear action has been commissioned by EMT to be led by Estates and Facilities to develop and implement the action plan and to implement a managed process for the delivery of the 2024 PLACE audit. SY assured the Board on oversight of EMT with capturing learning on how the Trust prepared for the process and the action plan would address all issues and come back through EMT, the Assurance Committees and Board. Following discussion, it was agreed this would be received at May Board. Action: JD to take forward through EMT, Board Assurance Committees and the May Board. To note for the forward plans.</p> <p>OMcL noted food was often raised as an issue on board visits when food is outsourced and asked if a review of the value for money for the contracts has taken place. SY confirmed there is variability in terms of food provision and may require a separate detailed review which would be considered as part of the planning.</p> <p>BS noted the unsuitability of inpatient environments for people with neuro divergent needs and this audit did not assess for that. He was concerned about how we are making some of these assessments (outside of the national PLACE scheme) and suggested consideration be given also as to what this audit report was not pointing to in order to identify any further gaps. He suggested it would be helpful to include neuro diverse assessors or for assessors to be trained in how to support service users with neuro diversity before undertaking the assessments in future. SY confirmed it would be important to ensure sufficient planning is put into place and to build a panel of expert lived experience individuals alongside the team of assessors. She stressed it was also important to use the audit as an opportunity to recognise and celebrate achievements as well as identifying issues with a meaningful action plan being created to support us to improve in future audits.</p> <p>NR provided assurance assessments have taken place of environments in terms of the needs of those with neuro diversity as part of the therapeutic environment programme noting the development of the Health Based Place of Safety was fully informed in this respect. SMi added the Trust has also utilised a specialist organisation to support this work made up of people with lived experience with reports having been received through QAC. SMi noted that page 6 of the report suggests there was no representative from nursing on the visiting teams however the first individual mentioned is a nurse and asked that this reference be removed from the report held on file as it was inaccurate. Action: AW and to feedback to JD and the author</p> <p>SY confirmed there was much to celebrate, and it was disappointing to have had a process which had resulted in the Trust being placed in the bottom of national reporting. She asked that some of the additional work this Trust has done and has in place be captured in the next report to be received at Board in May alongside the action plan, to provide context and balance. Action: JD</p>
<p>PBoD 27/03/24 Item 18</p>	<p>NHS Staff Survey 2023 results</p> <p>CP commended the 2023 results to the Board for formal receipt. She noted the survey results had been received through EMT, People Committee, the Collective Leadership Group, the Staff Engagement Steering Group, and the Board Development Session. It was recognised there had been improvements in a number of areas including 6 out of 7 People Promise indicators with the most improved area being around 'advocacy'. In its discussions previously the Board discussed areas requiring additional focus such as discrimination which the Equality Diversity and Inclusion Team are following up. Through discussion with senior leaders 3 key areas for action were identified which will be monitored through our Executive Performance Review process with onward reporting provided through People Committee and to the Board. It was noted results will be formally reported to the next Council of Governors meeting.</p>
<p>PBoD 27/03/24 Item 19</p>	<p>People Strategy 2023-26 annual review, People Plan 2023/24 update Q3/Q4 and 2024/25 People Plan priorities</p> <p>CP drew attention to the following highlights from the report:</p> <ul style="list-style-type: none"> • On track to deliver strategic aims and priorities with key achievements outlined in the summary including work around improving health and wellbeing for staff and achieving menopause accreditation. • Overall the planned % spend on agency has been achieved but it was recognised work is still needed around bank management of temporary staffing. • Sickness issues have specific actions identified. • 17 out of 29 actions have progressed and will continue into Q1 and Q2 of the new financial year. • Work is underway to look at potential cost improvements. <p>OMcL noted it was helpful to see progress made in a number of areas but noted the sickness absence levels remained of concern with no real improvement evident. He asked what will be different going forward. CP confirmed there is a prevention focus and a focus around health inequalities with bids having been submitted for support to progress work with front line staff particularly in lower bands and to understand barriers to enabling people to stay in work before becoming sick. Long term sickness is tracked, and managers are supported to undertake return to work meetings.</p>

	<p>OMcL asked if flexible working and our approach to this required further consideration as although there was a need to embrace it this needed to be done alongside clear requirements and a robust framework to ensure people cannot be off for long periods and asked if the Trust currently has the right balance in its approach. CP agreed it was important to get the balance right and she assured the Board the policies are in place to support that. She confirmed flexible working arrangements for individuals should be reviewed annually, should link with values and should be fairly applied. SY added major pieces of work were in place around how we respond to, and manage, long term sickness and around wrap around support to prevent long term sickness and absence from work. It was recognised a number of those on long term sick fall into lower bands and live in the more deprived areas of Sheffield. As an employer it was important we do everything we can to keep people in work, particularly in areas of deprivation and inequalities, suggesting educational work is needed with leaders around how to use the policies most effectively and how to support people to stay well in work and to remain in work and is an area in which the Trust could become an exemplar.</p> <p>SMi suggested given what we have learned around the lack of skills of managers with regard to e-rostering the Board could not be confident managers are managing sickness well and needed to go back to those fundamentals in the managers development work which CP confirmed will be a priority.</p> <p>SM noted, given the discussion which had taken place, it was clear a focus around sickness did not come across as key in the priorities for 2024/25. SY confirmed this is covered under health and wellbeing but CP suggested the wording around this could be strengthened. She noted the action plan will set out the specifics and will be reviewed at People Committee. Action – CP to strengthen wording around sickness management in the priorities for 2024/25.</p> <p>NR noted there was a significant spike of short term sickness at the Longley Centre and he has asked for People colleagues to undertake a review to identify any potential themes and to support managers in their response to any issues.</p> <p>SM commended the inclusion of the Allied Health Professionals (AHP) plan shared with the Board via IBABs. SMi confirmed there are now plans in place for Nursing, Peer Support, AHP and Psychology with Pharmacy in the process of developing their own separate plan.</p> <p>The Board noted and supported the priorities set for 2024/25 with indicative timeframes. It was noted the detailed project plan would be received at the Board in May following receipt and approval at the People Committee. Note for forward plans.</p>
<p>PBoD 27/03/24 Item 20</p>	<p>Q3 Guardian of Safe Working Report</p> <p>HC presented the Q3 report on behalf of the Guardian who as usual will attend to present the annual report. She noted there had been an increase in reports received by the Guardian during the Quarter related to one particular trainee in one service as a result of having two consultants going on long term sick leave at the same time. Learning was outlined in the report. It was recognised action should have been taken at an earlier point and the trainee was supported to move to another service and will return to complete that element in due course.</p> <p>OFO asked for clarification on the circumstances of the locum spend of £60k in three months and if this benchmarked appropriately. HC explained benchmarking against other Trusts in this respect was not possible as all employ doctors in differing ways but the trajectory would be looked at over time and feedback in future reporting. Action: HC with the Guardian of Safe Working.</p> <p>SM asked HC to pass on the thanks from the Board to the Guardian for the comprehensive report received. HC to note and to take forward [not a formal action].</p>
<p>PBoD 27/03/24 Item 21</p>	<p>Mortality Q3 report</p> <p>HC presented the report and confirmed:</p> <ul style="list-style-type: none"> • During Q3 the Trust completed parts 1, 2 and 3 of the Learning from Deaths clinical audit – with the majority of findings providing assurance robust mortality review systems are in place and recommendations have been made to strengthen the processes further. • The Trust reviewed 100% of all reported deaths during Q3 of 2023/24 and a sample for people who died within 6 months of a closed episode of care. • Processes are in place to continue to review deaths and draw out themes with a new system in place through the Patient Safety Incident (PSI) process. The Trust is continuing to review deaths and draw out themes. New system in place through the new PSI process and is compliant with the 2017 National Quality Board (NQB) standards for learning from deaths. <p>OFO suggested reference within the report to ‘white’, ‘asian’ and ‘other’ were not a good breakdown and ‘black’ and ‘poverty’ should also be referenced. HC agreed to discuss with the team but noted it was her</p>

	<p>understanding 'poverty' was not an element considered as part of this particular reporting, but she would clarify and ask for wording to be updated and reflected as required in future reporting. Action HC to clarify and provide an update to OFO</p>
<p>PBoD 27/03/24 Item 22</p>	<p>LeDeR National and local learning report</p> <p>HC drew attention to the following key points from the report:</p> <ul style="list-style-type: none"> • There are a number of outstanding ICB led LeDeR reports. Local data for 2022 is not yet available but will be later in the new financial year. • There have been some minor improvements in median age at death however the mortality gap remains clear and significant for people with learning disabilities (LD) and intersectionality with deprivation should be noted. • Learning in Sheffield will be drawn out in the Learning Disability Transformation work with a particular focus on case load management and risks with comorbid dementia. There is limited data available regarding Autism and therefore recommendations are preliminary but excess of deaths associated with suicide should be noted. <p>SY thanked HM and HC for the report stressing its importance to the LD Transformation work. She noted the Trust should take a lead and advocate on better care for people with LD recognising there is some way to go in terms of preventable deaths.</p> <p>OFO asked how the Trust compares and if there is anything more it could do to address the issues over and above those outlined. HC explained comparative data is not available but Sheffield data that is available has been captured. Numbers in general are reducing marginally and the Stopping over medication of people with a learning disability, autism or both(STOMP) programme which the Trust is leading on which is helpful. The mortality gap needs to improve but we do know there will always remain a gap given some people with LD have a reduced life expectancy because of co-morbidities.</p> <p>OMcL noted there were some comparison numbers on page 4 of the report which suggest men over index nationally and yet for this Trust it is the opposite and asked what might be the reasons. Action: HC to confirm with a note to be circulated to the Board.</p>
<p>PBoD 27/03/24 Item 23</p>	<p>Operational plan update progress report for 2023/24 Q3</p> <p>PE presented the report on behalf of the Director of Strategy and noted cross referencing with a number of papers received in the meeting. Over and above items already discussed he drew out the following areas in particular which still need to be fully achieved:</p> <ul style="list-style-type: none"> • Introducing employment advisors across our Talking Therapies (IAPT) services • Deliver the 7.5% access standard for perinatal services and provide support to partners by Q4 – red and behind plan but expected to recover in Q4 • Some estate planning deliverables - however it was noted the Trust had secured additional capital brokerage and system capital to enable the Trust to bring forward some works into the current financial year. <p>SM noted the Board has agreed updates on progress will now come every six months. Note for forward plan.</p>
<p>PBoD 27/03/24 Item 24</p>	<p>Annual Operating Plan and priorities for 2024/25 (draft plan, draft quality objectives and draft equality objectives)</p> <p>PE presented the report on behalf of the Director of Strategy noting the documents have been through iterative development and discussion at Board and will come to Board for finalisation in April. It was noted any references to financial numbers would be subject to finalisation alongside the financial planning separate reports. It was confirmed KPIs includes improving the wellbeing of our staff and an outline priority action. Specific KPIs will be drilled down in terms of specific deliverables over timeframes as smarter actions. SY noted following previous discussions with Board whilst specifics are not yet in place for the financials, agreement on the priorities in general was required with the potential to change scope dependent upon the final financial agreements and plans. This detailed scoping work will take place and come back for final approval at the April Board.</p> <p>The Board endorsed the priorities with the caveats as outlined and for final approval at the April Board. Note for forward plan.</p>
<p>PBoD 27/03/24 Item 25</p>	<p>Research Innovation and Effectiveness strategy update</p> <p>HC presented the annual update on the delivery of the strategy noting the following:</p> <ul style="list-style-type: none"> • We are in year 3 of delivery of the strategy with a progress update provided on the first 2 years of deliverables. The majority of objectives have been delivered with others in progress and only a small number (3 of 23) not yet started.

- There are now 234 research champions in the Trust which significantly increased following a successful research event held in 2023/24.
- The Trust has been successful in the Yorkshire and Humber Clinical Research Network awards with a number of our staff and teams being nominated and/or receiving awards.
- Key risks around implementation of strategy were noted as relating to limited resources, with most funding applied to delivery of research projects. Additional funding has been identified [post circulation of the report] to support the roll out of Patient Reported Outcome Measures (PROMs).
- Our Clinical research facility has opened on the Longley site.

BS challenged how well the Board understands what is meant by 'innovation' in this context as the report drew attention to gaps in this area and stressed the value of research suggesting the Trust improve its approach to raising awareness around this and promoting our successes. CP confirmed she had discussed celebration of the 'offer' with the Deputy Director of Research at the conference and she had confirmed this is being followed up. HC confirmed 'innovation' is an increasingly important concept in terms of delivery and funding – there are clear mechanisms for gaining research funding and the Director of Strategy is taking a lead on the innovation workstream. The Trust recently bid for some innovation monies and whilst not successful on that occasion this is an area we will progress and will ensure we are best placed to be ready to respond to future opportunities.

With regard to reputation HC confirmed a large number of staff at the Trust want to be part of research and this was demonstrated through our increase in the number of champions. She agreed, if sold well, and in demonstrating the involvement of people with lived experience, more could be done to raise awareness externally and in her view to build on our role as a member of the University Hospitals Association and potentially, if appropriate in the future, as a teaching hospital if there is appetite to do so.

SM asked for future reports to be clear about the value of being a member of the University Hospitals Association and how this can be capitalised upon in our communications. **HC to note for future reports.**

SMi reminded colleagues discussion had taken place at Quality Assurance Committee around the need to better articulate demonstration of effectiveness and impact of research to support the Trust in demonstrating how it meets the CQC quality statements which the committee have asked be reflected in future assurance reporting. HC confirmed demonstrating evidence led effectiveness is a key theme for year 3 of the strategy.

HS noted given levels of research in those areas the Trust should be able to demonstrate high quality and auditing of impact would be key in the coming year. SY confirmed this is being taken forward by HC and JD and the Board has received the integrated change framework. There will be a strategic approach to innovation, improvement and change so this becomes the Trust's modus operandi and at an appropriate point detail on how this will be supported by corporate teams will be brought back to the Board.

SY noted the strategy review refresh conversations later in the year would pick up on the comments about whether we should consider whether more can be made of our participation in the University Hospital Association or whether we should aim to become a teaching hospital and therefore this is work in progress with a discussion at Board intended to take place in the autumn. **Note for forward plan final timing to be confirmed.**

SM commended the progress made with delivering the research strategy. She asked for more detail on the PROMs funding and the delay due to RIO to understand implications and risks. HC confirmed discussions have taken place on how we maintain momentum despite not yet having RIO through Insight and through paper based approaches. She confirmed funding was now in place to buy an add on to enable RIO to deliver PROMs which support delivery of the work.

SM asked with regard to the £10m research monies if that was included in our £149m turnover or held separately. PE confirmed most would be in our turnover, but he would need to confirm the specific level and it was confirmed this would be taken forward but did not require a formal action. SM suggested it would be helpful to understand the context of this as part of the financial discussions. HC stressed that funding for research is strictly governed which was noted.

SM noted one of our governors has joined the research lived experience group and regularly provides feedback on this to the Council of Governors on the work of the group.

PBoD
27/03/24
Item 26

Freedom to Speak Up Guardian Annual Report progress update

[WF joined the meeting]

WF drew attention to the following matters from the report:

- Continued commitment to raising the profile of Freedom to Speak Up (FTSU) including reference in the CEO induction slot and specific slots for the Guardian at Induction and on the Leadership Development

	<p>Programme.</p> <ul style="list-style-type: none"> • There has been a steady rise in the number of concerns raised year on year including clinical concerns which is demonstrating positive reporting and culture. • 104 concerns have been received in the year to date. <p>HS (NED lead for FTSU) noted progress which has been made with developing and delivering the strategy and discussions have taken place with WF on how to extract learning to generate organisational learning.</p> <p>OMcL asked how the Trust can reach out and provide wrap around support to the 7 individuals who had said in the anonymous survey that they had experienced detriment as a result of raising concerns. WF assured the Board she writes to all those who raised a concern to encourage people to come forward to provide feedback.. She confirmed the majority of concerns are raised without the person's name and she agreed there is a need to understand more around detriment where that has been experienced. SY suggested this talks directly to a cultural shift taking place as a Trust to getting it right every time someone raises a concern. She felt confident executive leads will respond to concerns raised in the right way but needed to be assured this happens throughout the organisation. A rise in numbers suggested elevated confidence which was positive. WF noted she intends to issue a newsletter to be widely shared including to those who have raised concerns to try to support them to feel able to say why they have felt disadvantaged.</p> <p>MD noted discussion had taken place at People Committee and it was felt good progress was being made with the culture changing however it was important to find ways of performance managing issues which arise where individuals feel they have been disadvantaged when speaking up.</p> <p>SY thanked WF for her support in helping the Trust to develop a more open and responsive culture – her aim always was for those who raise concerns to be thanked for doing so and for it to be confirmed we will work with them to address the concerns raised which needs to be a key part of our culture. WF thanked the Board and senior managers for the support provided to her in her role.</p>
<p>PBoD 27/03/24 Item 27</p>	<p>Board Assurance Framework 2023/24 (BAF)</p> <p>DL presented the BAF for 2023/24 following updating with Executive leads, receipt at EMT and at Assurance Committees confirming assurances, gaps, actions and progress against milestones.</p> <p>It was noted scores are unchanged on the BAF risks and at Finance and Performance Committee discussion took place specifically on BAF Risk 0022 relating to failure to break even and it was agreed this should remain on the BAF for 2024/25 with the score reviewed following work on financial planning.</p> <p>It was confirmed work is in hand to develop the BAF for 2024/25 which is due for discussion at EMT in April and Board in May. The BAF will be circulated to NEDs in good time for comment before the final papers for Board are circulated. Action: DL to circulate and to Note for planners.</p>
<p>PBoD 27/03/24 Item 28</p>	<p>Corporate Risk Register (CRR)</p> <p>DL presented the CRR confirming there are:</p> <ul style="list-style-type: none"> • The register has been reviewed at Risk Oversight Group, EMT and Assurance Committees • Currently 18 risks on the CRR a decrease of 5 since January 2024 • There are currently 5 risks on the CRR scoring 15 or above which remain our top level risks, a reduction of 1 since January 2024. • There are 3 risks remaining from the 118 reported in September as scoring 12 or over and not yet escalated onto the CRR. These are expected to be addressed in March. • There were 11 more risks identified since January which had not yet been escalated which have been going through the review process. Following review of the final 3 of these, 1 is likely to be managed at directorate level and 2 are likely to be escalated onto the CRR pending discussion at the Risk Oversight Group. • Further work is underway to look at information governance risks related to storage of information and potential for breach. A group has been established led by Digital and Estates to lead the work with representation from across the directorates clinical and non-clinical. • Further work is taking place on Violence and Aggression risks which have been discussed at Risk Oversight Group and will be overseen at the Violence and Aggression group chaired by the Deputy Director of Nursing. There are currently none on the CRR. • A user-friendly risk management guide has been produced for staff and will be shared with staff following approval at Risk Oversight Group in March. • Work is underway to respond to the annual Risk Related Internal Audit with the report expected in April.
<p>PBoD 27/03/24</p>	<p>Governance Report</p>

Item 29	<p>DL presented the report and noted the following:</p> <ul style="list-style-type: none"> • Champion roles for NEDs and for committees have been updated to include more detailed reference in relation to responsibilities related to security. • The process to call in updated Fit and Proper Persons declarations for the Board of Directors and Council of Governors is underway and work in train to ensure compliance with the new requirements from the Kark Review specifically in relation to Board members in order to support the Chair to confirm compliance. • The process to call in updated Declarations of Gifts, Hospitality and Sponsorship, for Board of Directors, appropriate staff and the Council of Governors is underway. • An externally supported Well Led review is planned to take place in 2024/25. • The NHSE Leadership competency framework focussed around 6 key domains was outlined. The framework for Board members is expected by the autumn and an update was provided on requirements in respect of the Chair's appraisal framework which has been received and planning in hand with the Senior Independent Director and the Council of Governor's Nomination and Remuneration Committee.
PBoD 27/03/24 Item 30	<p>Standing Financial Instructions (SFI)/Standing Orders (SO) and Scheme of Delegation (SoD) annual review</p> <p>PE and DL explained key changes to the documents which have been received through EMT, FPC and Audit and Risk Committee (via e-governance). It was confirmed:</p> <ul style="list-style-type: none"> • EMT will have approval rights up to £1m and Board over £1m. Decision making for BPG up to £500k has been removed but they will continue to have a role in reviewing business cases for submission for approval. • Changes approved by the Annual Members Meeting in respect of the make up of the Board of Directors has been included. • Attached to the paper are summaries of changes to each document through track changes. <p>SM asked with regard to page 6 related to disposal of land and buildings and IT equipment with a value over £100k is referenced as for FPC approval up to £1m and would the Board be advised of this and approve above that level. Action: PE document to be updated for consistency across all references to these approval levels.</p> <p>SM asked with regard to section 12 a – regarding signing of income contracts why there is no reference to anything coming back to the Board. PE explained this sits with officers as outlined in the scheme of delegation, subject to having gone through relevant governance – Action: PE to make it clear it has already gone through governance process ie same wording as for 12b</p> <p>The SFIs, SOs and SoD were approved subject to the minor changes requested being taken forward and actioned as a final version.</p>
PBoD 27/03/24 Item 31	<p>Board work programme 2024/25</p> <p>The Board noted the updated work programme.</p>
PBoD 27/03/24 Item 32	<p>Any other business</p> <p>No additional business was raised at the meeting. Board members are asked to provide any comments or changes to the programme before the end of April 2024 for reporting to the May Board. Action: All</p>
PBoD 27/03/24 Item 33	<p>Reflections on the meeting effectiveness</p> <p>In terms of unconscious bias it was noted Board discussions had taken place on</p> <ul style="list-style-type: none"> • Experience of inequality of access outlined through the patient story discussions. • Ward environments and issues which arise around responding to the needs of those with neuro diversity and being more cognisant of this in discussions. <p>Onward reporting to the Council of Governors. No specific issues noted. DL will draft the regular report for finalisation with the Non-Executive Directors for reporting to the Council of Governors in April.</p> <p>SM thanked those in attendance and asked Governors to remain on the call for any questions to be answered [post meeting note there were no questions raised].</p>

Date and time of the next Public Board of Directors meeting:
Wednesday 22 May 2024 at 9.30am
Format: to be confirmed

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