

Board of Directors – Public

UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 22 May 2024 at Centre Court and via MS Teams

Present: Sharon Mays, Chair (SM)
(voting) Salma Yasmeen, Chief Executive (SY)
Heather Smith, Non-Executive Director (HS) Deputy Chair
Anne Dray, Non-Executive Director (AD) Senior Independent Director
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)

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

Other attendees: Matt Drew, Communications Officer (MD)
Amber Wild, Head of Corporate Assurance (AW)
Raihan Talukdar, Guardian of Safe Working – item 16 (RT)
Jo Hardwick, Head of Population Health and Inequalities – item 19 (JH)
Dr Jaimee Wylam, Public Health Registrar - item 19 (JM)

Apologies:

Min Ref:	Item
PBoD 22/05/24 Item 00	<p>Experience Story</p> <p>The Board heard from an expert by experience and user of our services who outlined their experience of using our services and their work as a volunteer and supporter of coproduction at SHSC by providing their voice as a service user, in particular through the primary and community transformation programme (PCMH). They told the board they had found it difficult to navigate services and get the help they needed in the past, but that the support from PCMH has helped them to be able to contribute effectively as an expert by experience, something they are very proud of and which was inspirational as a story around personal transformation, an improved sense of value and self-worth and recovery. The Board reflected on the person-centred element to the story, the importance of working in partnership with the service user through a values-based approach, building positive and effective relationships.</p> <p>The Board commended feedback received which provided invaluable insight around the benefit of therapeutic care and the importance of new models of care and taking the time to build good relationships between service users, patients, clinicians and care givers and the expert by experience was thanked her for her inspirational story and her involvement and invaluable input.</p>
PBoD 22/05/24 Item 1	<p>Welcome and Apologies</p> <p>The Chair welcomed the Board and observers to the meeting. There were no apologies, and it was noted that HC would be joining the meeting late.</p>
PBoD 22/05/24 Item 2	<p>Learning and Reflections from the experience story</p> <p>Discussion took place on feedback received through an expert by experience story received at the board in the private session including discussion on the person-centred approach which had been</p>

	<p>described; the fundamental importance of having good positive relationships with service users, patients and carers which needed to be championed with all staff. It was noted the story had been a reminder of the importance of family and social networks and the impact of social isolation; and of associated issues such as access to employment and housing. It was noted the story illustrated the values and behaviours that the organisation lives by, and there was a mutuality to the story in which individuals can feel valued in being a part of shaping strategy and services which had been positive to hear in terms of the impact made.</p> <p>The Chair (SM) concluded by noting the thanks of the Board to the service user for their story which underlined the invaluable role played by 'experts by experience' in the work of the Trust.</p>
PBoD 22/05/24 Item 3	<p>Declarations of Interest</p> <p>None specifically noted over and above the regular formal declarations of interests made by Board members.</p>
PBoD 22/05/24 Item 4	<p>Minutes of the Public Board of Directors meetings</p> <p>The Board approved the minutes of the public Board of Directors meeting held on 27 March 2024 as a true and accurate record.</p>
PBoD 22/05/24 Item 5	<p>Matters arising and action Log</p> <p>The Board approved closure of actions as indicated on the actions log and noted the following additional updates:</p> <ul style="list-style-type: none"> • Action 44 – in relation to the timing for receipt of the revised IPQR, it was confirmed that further engagement sessions are taking place with members of the Board prior to a revised version going to EMT in June, after which the revised plan will be received through assurance committees and Board in July. It was noted that this action will be merged with action 22.3 (from 2023/24) which also related to production of a revised IPQR. • Action 47- it was clarified that 'prolonged seclusion' is the term used for periods over 48 hours, and 'prolonged restraint' refers to periods over 10 minutes. It was agreed this would be made clearer on the action log, and that the action could be closed following this amendment for the record. • Action 50 – it was noted that an update on the PLACE actions will be received in the confidential session of the Board, and agreed this action could be closed.
PBoD 22/05/24 Item 6	<p>Questions from Governors and members of the public</p> <p>There were no questions received from the public and governors.</p>
PBoD 22/05/24 Item 7	<p>Chairs Report</p> <p>SM provided an update on her recent engagements noting the following key points:</p> <ul style="list-style-type: none"> • Following positive promotion successful Governor elections have taken place with 12 seats filled through the process. These are now going through due diligence processes and pending successful conclusion of that process the Trust will have the largest number of governors in place for some years with some remaining vacant seats. The Chair thanked the Board, Governors and the Corporate Governance team for their support in the elections process. • It has been a busy time with end of year work taking place both within the Trust and within the system. • The Mental Health Provider Collaborative (chaired by SM) has been busy with updates covered in agenda items. • The Chair has continued to participate at Place, on the Board of NHS Providers and has met with the Chair of Healthwatch.
PBoD 22/05/24 Item 8	<p>Chief Executive's Report</p> <p>The Chief Executive (SY) referred to the report and provided an update of additional key items:</p> <ul style="list-style-type: none"> • The lead up to a general election period is underway with health and care a central theme. • The Health Foundation have published a recent survey with detail planned for inclusion in the next

Chief Executive's report. Key messages from the Health Foundation report include the need to work hard to restore public trust in the NHS through investment in a sustainable model in mental health and in supporting staff and workforce pressures with investment in the workforce plan. It was agreed that a link to the report would be circulated to the Board. **Action JD/AW**

- The NHS Constitution is reviewed every 10 years, and a consultation process is underway with the deadline for responses due by 25th June.

[HC joined the meeting]

BS reported that NHS England have published Culture of Care standards reported at the National Collaborating Centre for Mental Health (NCCMH) conference on 21 May. It was noted there is a focus on the service user voice and key messages around anti-racism, being trauma informed and culturally competent and it was agreed a link to the report would be shared.

HS noted that the Chief Executive's report spoke to the importance of NHS investment and focus on value, and asked what the implications of this were for the Trust in terms of digital transformation. SY confirmed there has been a shift in focus with capital funding becoming available for digital transformation in the NHS in supporting development of sustainable integrated pathways. She confirmed digital transformation will be reflected in the refresh of the SHSC strategy and suggested a board development session be considered around potential leadership in the digital agenda as it would be important for the Trust to be ready to respond to opportunity and to test and innovate. **To note for the Strategy and development work programme.**

JD noted that it is incumbent on the Board to continue to make the case for investment in mental health as national NHS discussions continue to focus on elective and acute physical health care. He added that it would be important to put digital and estates front and centre in capital investments and planning discussions, with excellent examples to build upon such as digital innovation and user acceptance in Child and Adolescent Mental Health Services (CAMHS) services.

The following summary and **actions** were agreed:

- JD to draft a response on the NHS Constitution consultation on behalf of the Board for circulation of feedback and views. **Action JD**
- BS to share the link to the NHSE Culture of Care Standards published in May with AW for circulation. **Action BS/AW**
- JD to ensure digital transformation is reflected in the refresh of strategy discussions planned to take place in the autumn – **to note and take forward JD**
- Discussion on digital transformation to be reflected on the board Strategy and Development work programme **to confirm timing PE/JD to confirm timing for reflection on the work programme.**

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Board Committee Activity Reports

The Board received and noted updates provided through the Alert, Advise and Assure (AAA) reports from the Board Assurance Committee Chairs for meetings held in April and May 2024 with the following key updates drawn to the attention of the Board:

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

- Access to acute care remains difficult with an increased number of breaches in the Health Based Place of Safety (HBPoS).
- Challenges remains in the recording of demographic data.
- The Committee noted improved transparency with respect to data reporting on Safer Staffing – this confirmed there remain periods of time where use of bank and agency staffing on the wards is over 50% of the total which remains of concern.

OMcL noted progress made with recruitment and asked if sufficient progress had been made in areas required to improve ratios on wards with high levels of agency and bank usage. SMi confirmed detail will be reflected in the Safer Staffing report, which reports on staffing on all wards and further work is taking place to consider how reporting can be further refined. NR provided assurance bank and agency usage is tracked on a weekly basis, and there has been a significant reduction in agency use

of registered nurses and a Health Care Support workers. PE added that if the financial plan is delivered, overspending on bank and agency will be brought back in line.

OMcL asked for further assurance regarding the reporting of agency and usage and costs for medical staff and CP confirmed that agency usage and costs are captured on a monthly basis. She informed the Board there had been some reported incidents of overpayment against the price cap and it was agreed detail on cap breaches will be reported through reporting to People Committee. **Action: CP**

SM commended improvements made and reported in the AAA report on the sensory review of environments and positive developments in looking at nuances within the safer staffing data reporting.

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

- Reducing sickness levels is a key focus for HR and clinical teams and is now at a 2-year low with the main reduction being within long-term sickness cases. CP added for further context that whilst sickness in month has reduced and is a positive improvement, it is not yet a trend and requires continued monitoring.
- The number of employee relations cases have continued to decrease.
- There has been positive progress made with alignment of the equality objectives with the Operational Plan and People Strategy.
- The committee raised a concern about progress in relation to mandatory training and supervision targets and suggested that data be broken down further by service line to indicate hot spots.
- The committee received the Gender Pay Gap Report and were advised that good progress has been made in general pay and pay balance within the upper middle pay quartile.
- The committee asked if workforce and finance teams are triangulating the financial dependency of the Financial Plan and progress against it, and it was advised that there are weekly meetings taking place between Finance, Operational teams and Workforce to discuss workforce utilisation and bank/agency usage.

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

- The draft position for the year is being submitted to the system as a planned deficit of £4.9m with the previous planned deficit for the financial year just ended being £3.3m.
- The Committee were assured that the month 1 position is on plan but noted that the plan would become harder to deliver as the year progresses.
- In relation to the improvement programme, it was noted that the Maple Business case is in progress, and Fulwood and the EPR programmes were on the confidential board agendas for further discussion.
- Additional half hour pre FPC meetings take place monthly with members of the committee and the Director of Finance to receive early indications of the latest position. These are open to any board member to attend. Processes continue to be in place to provide weekly rigour on monitoring the financial position with the weekly KPIs used at FPC expected in June.
- A Council of Governors finance workshop was held that week which provided an overview of the position for 2023/24 and planned for 2024/25. Questions were received about the number of beds required, the estate and options, and how the Trust ensures it utilises cash wisely.

Audit and Risk Committee (ARC) - AD drew attention to the following key issues:

- The Emergency Preparedness Resilience & Response Assurance report highlighted that there are challenges with availability of appropriate training for Mental Health and Community Trusts around some specific issues, more difficult for these trusts to comply with (as they are more acute focussed). This is being explored.
- Good progress has been made in increasing the level of compliance with core standards from 10% to 40% with the Trust on track to achieve the trajectory of 60% by September 2024.
- The committee noted the process in place for tracking of internal audit actions is working efficiently attaining good performance levels and a very strong end of year position as noted in the Internal Auditors report.
- As part of the draft Head of Internal Audit Opinion significant assurance was given on risk, the

	<p>Board Assurance Framework and follow up on internal audit actions. It was confirmed the final Head of Internal Audit Opinion was expected to be significant overall.</p> <ul style="list-style-type: none"> • Updates were received on positive progress made with planning for external audit activity, including value for money (VFM). A cross committee referral has been made to the Finance and Performance Committee to consider the section in the VFM related to financial sustainability. <p>PE confirmed that year end progress is going well and there is nothing of major concern to report at that stage.</p> <p>OMcL noted good discussion took place in FPC regarding environmental sustainability and there remains work to do to embed this into business cases and processes as the target date of 2030 draws closer.</p> <p>In relation to cyber security, SM queried Board engagement and visibility of this and PE reminded colleagues the Board had received its annual training session however it was noted Audit and Risk Committee have asked for a more detailed discussion on this topic at their next meeting and it was confirmed further detail will be highlighted through AAA reports to Board. Action: PE/AD</p> <p>SY noted that the digital strategy is being reviewed and asked for an update on timing for receipt of this at Board. PE confirmed that addressing Insight as part of the EPR development has taken primary focus as this is key weakness from an infrastructure perspective and requires ongoing vigilance. He confirmed annual phishing tests take place with the outcome reported to Board through the AAA reports but agreed to give further consideration as to how to provide further assurance on this for Board reporting and will confirm timing for receipt of the digital strategy not for forward plan.</p>
<p>PBoD 22/05/24 Item 10</p>	<p>Transformation Portfolio Report</p> <p>The Director of Strategy (JD) noted that the Transformation Portfolio Board were due to meet on the 23 May and provided an update on the latest position:</p> <ul style="list-style-type: none"> • Good progress is being made on the Leaving Fulwood and the Electronic Patient Record (EPR) programmes and these will be discussed in further detail in the confidential session. • In relation to the Therapeutics Environment programme (TEP), it has been advised that appointment of a preferred provider can be made without financial commitment and this work will be progressed before the procurement deadline of 31 May. • Preparations are underway for the move from Dovedale 2 to Burbage ward. • Plans are on track for addressing the requirement from the CQC Well Led Inspection in 2021 regarding the need for care to be provided in estates that are suitable, clean, safe, private and dignified. • The Primary and Community Mental Health Transformation Programme (PCMHT) has made progress during the last two months and is truly transformational, with positive feedback received from partnerships, and also reflected in the service user 'expert by experience' story to Board that morning. • In relation to the Learning Disabilities transformation programme, HR processes are being worked through to support go live with implementation in the summer. <p>JD noted that there are several programmes moving into their implementation phase and becoming business as usual and the Board will be giving consideration as to the updated key areas of strategic focus going forward, with the Transformation Portfolio reporting due to be updated in the coming months.</p> <p>HS asked if the transformation programme board was able to sufficiently track progress and monitor impact of the programmes and what the reporting mechanisms for this will be. JD explained each transformation programme has its own board to track progress and impact, led by an Executive SRO. The overall Transformation Board brings together the SROs, with support teams such as programme management office, finance and communications, and enables discussion around wrap around support required including support required to deliver milestones and to identify and address potential clashes across the programmes. It was noted the Board is also looking at benefits realisation and a workshop is being put in place to look at this for all programmes. PMO are looking at how to track the benefits through the Transformation Board beyond the delivery phase and</p>

baselines are being captured. NR confirmed that benefits realisation is taking place and is reported through FPC. HS suggested it would be helpful to consider what might benefit from reporting through QAC in terms of impact on quality and safety.

SM asked for further clarification on whether the impact of the programmes is being evaluated and noted the importance of seeking and incorporating feedback from those who are using the service.

SY reiterated work already in place to strengthen the transformation board, with an emphasis on the discipline of closing down projects properly and identifying immediate benefits around experience of service user and staff. A new integrated change approach has been introduced into the Trust with work underway with the Transformation programme team, the Research and Innovation hub and Quality Improvement to ensure there is an integrated approach. She advised by the end of the current financial year, it is expected that a much-improved process will be in place.

HS was assured by the commitments outlined noting the end product of this would provide a strong narrative and powerful messages around the culture of the organisation.

BS agreed that the communications aspects of the transformation programmes are important but suggested this needed to be supported by robust data around the quality of patient experience. He supported the inclusion of regular, routine reporting about quality and service user experiences as part of the TEP review and in providing assurance to the Board on effectiveness and in support of identifying any emerging inequalities.

SMi noted discussions taking place in the Community Mental Health Programme (CMHT) around consideration as to where and when reviews of effectiveness will take place as this moves into the implementation phase, with reporting planned to be brought back at appropriate points in time.

JD suggested the IPQR offers an opportunity for routine reporting, and this can also be used to report on the patient experience. AD asked that consideration be given as to reporting required to the assurance committees on different aspects of the transformation programme and that this includes updates on what has been completed, the benefits achieved and benefits still in train.

SM noted the report to Board will evolve as implementation begins and SY agreed that this would continue to be strengthened noting whilst Healthwatch have representation on all of the programme boards and despite this feedback had been received there is still more to do to improve external communications on progress with the transformation programmes.

OFO asked if consideration had been given to bringing staff along with the changes and JD confirmed that co-production is a key element and engagement was taking place with CP providing assurance all change programmes are considered at the Joint Consultative forum to support those discussions.

SY concluded that whilst there are good examples such as the Primary and Community Mental Health Transformation Programme in terms of engagement and co-production, there remains narrative which suggests this is not sufficiently visible in board reporting and to staff and consideration is being given as to how to improve this further in future. It was noted highlight reports are received at Board and through Council of Governors and there is further focus needed on the best way of providing these including looking post implementation evaluation. **JD to note and take forward for development of future reporting.**

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Integrated Performance and Quality Report (IPQR)

SM commended work which had taken place to improve the report. The Executive Director of Finance (PE) highlighted the following key changes/inclusions:

- Acute 72 hour follow up for Acute wards
- Race equity focus on restrictive practice
- New dashboard improved narrative and analysis

NR assured the Board there is:

- A continuing reduction in the number of people waiting to access core mental health service pathways however ADHD remains a challenge and work is taking place with the MHLDA Provider

Collaborative to explore innovative ways to address this challenge.

- There continues to be a reduction in 12-hour emergency department breaches and whilst there has been a reduction in the performance of 72 hour follow up due to late reporting, this has improved in April increasing to 80%.

The Health Based Place of Safety remains a priority for the MHLDA Provider collaborative, and capacity building across South Yorkshire is being explored.

Good progress is being made in relation to RIO related reporting in Older Adults relating to referral waiting times which has been positive.

SM requested clarity on the data relating to the SAANS service to support understanding of the read across in reporting across the Trust and PLACE and it was agreed that this would be provided outside of the meeting. **Action: NR to provide to SM.**

SM noted that length of stay in wards remains unacceptably long for some patients and asked how this is being addressed. NR confirmed that there are currently 4 people who require a specific, and tailored approach, with this being followed up through discussion with colleagues in partner organisations. There is a need to look at different approaches for meeting the care needs from a health rather than a social care perspective. He added that some care plans for individuals require further engagement with the Ministry of Justice and long stays are discussed within Horizon on a weekly basis. He assured the Board that where length of stay is related to continuing health care needs, additional funding is sought from PLACE. SMi added that clinical executive reviews have been re-established to review individual cases and a member of staff has been seconded into the HOPE(S) Programme to work with teams and to support their understanding of risk for particular individuals. NR provided assurance that delayed length of stay on PICU is significantly improved from the position 3 years ago but remains a key focus. PE added that the Trust engages contractually with the Integrated Care Board (ICB) on funding and where there is agreement in principle to engage on re-assessment this is put in place with agreed back dated funding when relevant.

HS asked for more detail on this to be included in future reports and SY suggested whilst the numbers are small delays are significant and asked for QAC to look at the detail of this as part of the IPQR report discussions. **Action - QAC to consider long length of stay and addressing complex case needs, in IPQR discussion at QAC.**

OFO asked with regard to SAANs data if inclusion of the Derbyshire contract figures is impacting negatively on the data for the Trust's position and NR confirmed that work is taking place to ensure data included does not include inflation from the Derbyshire contract which is currently in the 12-month notice phase.

SMi noted the following:

- Reporting on protected characteristics data at service line has improved since circulating the report and is having a positive impact on teams in terms of visibility of their data.
- A consultation is currently underway with CQC around reporting of restricted practice within 24 hours and of reviewed incidents.
- There has been an increase in falls incidents across older adult services, and in particular in relation to one of the care homes where the falls safety huddles had been stood down and has now been re-established.
- Good progress has been made on development of the sexual safety dashboard and all incidents are reviewed as appropriate and support is provided to individuals.
- An ongoing quality improvement project is in place for accurately recording timing of restrictive interventions, including seclusion episodes and the Least Restrictive Practice strategy 3-year objectives were considered at the recent Reducing Restrictive Practice conference.
- Work is taking place with services to increase the response rate of the Friends and Family test (FFT) through raising awareness via operational meetings and visiting services. Some services have their own feedback mechanisms and discussions are ongoing about how this is captured in a way that is reportable at Board level.

OFO suggested in relation to the recording of protected characteristics that benchmarking in Sheffield requires improvement which is key to addressing culture and inequity. OMCL agreed asking for assurance data is being captured to support planning of services required for future years. SMi

confirmed the data collected is based on a core mental health data set which is a requirement by NHSE. SY suggested further discussion take place on this issue as part of the strategic discussion about health inequalities, later in the meeting adding that Core20Plus 5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. There is a requirement for organisations to collect data on health inequalities to support the delivery of inclusive services and to work with teams to provide culturally sensitive services. HC added that the Trust is currently preparing a bid for 24/7 CMHT based services within the PCMHT and that this bid is based on data collected jointly with the local authority.

BS noted work taking place within the Trust around spirituality and the importance of understanding this in terms of various elements which potentially supports people to keep well. He suggested that it would be helpful to hear more from the chaplains on this work at some stage the Board.

BS noted the challenge of reporting data from teams and services to board and asked whether there are any funding streams that could support digital innovation with this. SMi agreed a digital solution would be a key enabler and confirmed that the Trust is participating in a trial of the Safe2Share tool on behalf of NHSE which includes co-design of questions with service users.

OFO noted that access to treatment and access to medication appeared to be the highest complaint categories. SMi explained that the detail of the complaints will vary around issues raised and would not always relate to access to medication with some complaints related for example to patients receiving non-pharmacological treatment. She provided assurance this information is triangulated through Healthwatch reports and contact is always made from the services receiving complaints with the complainant as part of the resolution process.

SM noted a significant increase in the number of assaults on service users during March 2024, and in particular on Dovedale 2, with 1 person being assaulted 6 times and asked for assurance on how this was being addressed. SMi confirmed all incidents of assault are followed up via safeguarding processes and that the safeguarding team work with the ward staff and service users to ensure that appropriate safeguards are in place and where necessary concerns are escalated. She provided assurance there were very robust safeguarding plans around the individual referenced on Dovedale 2.

Additional updates from discussions on the IPQR at assurance committees were provided by the Executive team as follows:

- In relation to discussion at Quality Assurance Committee on Safer staffing SMi confirmed that there remain periods where use of bank and agency is over 50% on specific wards with further work to do to improvement adherence to the clinical establishment review (CER).
- With regard to discussion at People Committee CP noted that sickness in month has reduced to a 2-year low, with the main area of reduction being within long-term sickness which was a key focus for HR and clinical teams. However, the target of 5.1% is still being consistently missed. Headcount and whole time equivalent (WTE) have increased with the exception of a period of time impacted by transferring of staff through TUPE transfer. The Performance Development Review (PDR) process opened in April and continues through to the end of June and an increase in reporting is expected as a result. Mandatory training is above target however corporate services are slightly below target at 79.95%. A piece of work is underway nationally to look at areas of contention and challenge in relation to mandatory training requirements. HS added that the mandatory training and supervision figures are not yet showing sufficient progress.
- PE confirmed that the update on finances from the Finance and Performance Committee discussion would be dealt with under the finance report.

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Financial Performance Report (MONTH 12)

The Executive Director of Finance (PE) outlined the financial position for Month 12 noting the following:

- The financial position (month 12) showed the Trust ended the year with a deficit of £4.932m which was £1.67m worse than plan.
- The position improved in March allowing the Trust to report the deficit without an adverse impact on system financial reporting which was positive, however further work is needed to ensure that recovery plans are delivered.

	<ul style="list-style-type: none"> • The challenges are partly due to cost of out of area bed usage, rota management and issues related to use of agency and bank staff. We have brought forward cost saving schemes and are working hard to address our financial position with recovery plans being closely monitored by the Executive Management Team, Finance and Performance Committee and the Board. • A session on the finances was held with Governors in April led by the Non-Executive Chair of Finance and Performance Committee Owen McLellan and the Executive Director of Finance Phillip Easthope.
<p>PBoD 22/05/24 Item 13</p>	<p>Finance Plan for 2024/25</p> <p>The Executive Director of Finance (PE) presented an update to the financial plan (attached in the confidential papers) following discussion at Finance and Performance Committee.</p> <p>The financial plan for 2024/25 was approved by the Board in April and the final version submitted to NHS England. Following receipt of non-recurrent income from South Yorkshire ICB the deficit plan has been agreed at £6.52m. We have phased income and expenditure across the year including phasing of savings and budgets are in place and plans currently performing as expected.</p> <p>In relation to the breakdown of the budgets within the financial plan, BS asked whether this was the first time board were seeing this level of detail, and asked why some budgets were increasing in some of the corporate areas. PE confirmed they were being presented for the first time in this level of detail and SY clarified that the increases were reflective of inflation and pay costs rather than an increase in services.</p> <p>SM queried whether the saving plan phasing had been based on current submitted plans throughout the year or just those captured in Q1. PE explained capturing depended on the point at which expenditure reduced in 2023/24 and not all had been reflected in Q1. It was confirmed that the financial plan is currently on track.</p> <p>The Board ratified the move from a £6.8 to £6.52 deficit position.</p>
<p>PBoD 22/05/24 Item 14</p>	<p>Systems and Partnerships update</p> <p>The Director of Strategy (JD) drew attention to the following key items from the report:</p> <ul style="list-style-type: none"> • The Neurodiversity Assessment Review paper provided a review of the current position for neurodiversity (Autism and ADHD) assessments across South Yorkshire, an appraisal of the likelihood of meeting the agreed aim of less than 52 week waits by April 2025 and the recommendations for next steps. • The Board previously received information regarding the process led by the NHS England Specialised Commissioning Hub for South Yorkshire and Bassetlaw to seek expressions of interest in the provision of specialist community forensic mental health services for South Yorkshire and Bassetlaw and further information is included in confidential session of the Board. • The Specialised Commissioning Steering Group for South Yorkshire and Bassetlaw approved changes to its terms of reference which were approved at the Board meeting in March 2024. • The Learning Disability and Autism programme is undertaking market engagement (prior to procurement) for a South Yorkshire Specialist Autism Service. <p>SY added that the following updates:</p> <ul style="list-style-type: none"> • A key focus for the Integrated Care Board (ICB) has been the financial and operational plan for 2024/25 as South Yorkshire has system deficit. • There is focus taking place on equalities work and driving through work on race equality. SY is the sponsor of the joint reciprocal mentoring programme and the Trust is represented at the strategic board. • There has been full support of partners at the MHLDA Collaborative board to proceed with the development of a joint committee to oversee the transformation of eating disorders services. • The Director of Operations has led a piece of work on behalf of the system on Health Base Place of Safety (HBPOS) and one of the proposals being explored is to use additional space at the Trust

	<p>to increase capacity in the system.</p> <p>SM thanked NR for his leadership on the Health Based Place of Safety which has been commended by colleagues in the system and thanked colleagues for their input across the various areas of work underway.</p>
<p>PBoD 22/05/24 Item 15</p>	<p>Gender Pay Gap report</p> <p>[Liz Johnson (LJ) joined the meeting]</p> <p>The Executive Director of People (CP) noted the following key items from the report produced in line with the statutory duty on Trusts to consider and publish its annual Gender Pay Gaps:</p> <ul style="list-style-type: none"> • The general organisation ‘mean’ and ‘median’ pay gaps continue to show a sustained reduction year on year. • There has been an increase in the percentage of women in the Upper Middle Pay Quartile of around 4 percentage points and a decrease for men of 2 percentage points. • There have been changes in the profile of men and women in each pay quartile over time and also between 2023 and 2024. • Benchmarking against seven mental health provider NHS Trusts has been undertaken for mean and Median Pay gaps. <p>HS advised that it had been noted at People Committee that it would have been helpful to include a paragraph on the impact of changes and LJ confirmed that the main driver is the increase in women in senior leadership roles. OMcL asked whether this masks limited progress elsewhere in terms of improvement at lower levels and it was confirmed that most senior roles held by women are in Administrative and Clerical roles and there is a need to keep a focus on senior leadership diversity across a variety of senior roles across the Trust.</p> <p>SY noted that the majority of the workforce at lower levels are women.</p> <p>OMcL asked for clarification on the graph on page 7 of the report in terms of reporting of pay quartiles and how this should be interpreted and LJ explained it represents the pay quartiles (part of statutory requirement) and shows that the upper to middle pay quartile has gone up for women and decreased in the lower pay quartile.</p> <p>HS noted the importance of actively and positively utilising the information in recruitment and workforce planning.</p> <p>The Board approved the Gender Pay Gap and Report for publication.</p>
<p>PBoD 22/05/24 Item 16</p>	<p>Guardian of Safe Working Annual Report and Q4 report</p> <p>The Guardian of Safe Working Raihan Talukdar (RT) joined the meeting and noted the following:</p> <ul style="list-style-type: none"> • The Guardian has attended a range of governance groups to reinforce requirements and to support understanding. • Reminders are issued to supervisors to ensure any exception reports are responded to within 7 days. • Assurance was provided that trainee doctors in the Trust continue to get adequate rest, are not working excessive hours, and that exception reporting is continuing to take place to support safe working and to enable appropriate compensation of additional hours work. • Rota requirements have never been breached which is a credit to medical education in ensuring rotas have remained compliant. • In 2023/24 there were a number of periods of Industrial Action by Junior Doctors which contributed to gaps in the rota. <p>OFO noted concern relating to reduced support reported for an individual due to consultant sickness which impacted on the trainee’s experience. HC confirmed that rates of supervision are extremely good and feedback from the national deanery survey is also good with other mechanisms for reporting and addressing concerns raised by trainees in place, stressing that the core requirement of</p>

	<p>this statutory report was around safe working for which the Trust is compliant.</p> <p>OFO noted that locum spend is high and benchmarking data is not available due to neighbouring Trusts not publishing their locum spend. HC confirmed that locum spend on junior doctors is related to a number of issues such as filling trainee rotas and covering slots, covering leave and covering industrial action. The data is around trainees not around the wider medical workforce.</p> <p>SM noted that People Committee have agreed to have further discussions relating to medical workforce and CP confirmed a paper is due for receipt at the People Committee in July relating specifically to the experience of junior doctors.</p> <p>SY informed the Board that the Trust is the most improved in the region in relation to positive experiences for trainees and although significant work has happened to achieve this result, it remained important to keep focused and to continue to work toward achieving positive results.</p> <p>OMcL asked if the use of locums to cover induction is common and if that should ideally be manageable within existing rotas. HC confirmed that use of locums in this way had been small in numbers, and additional cover was not expected to be required. CP added that the release of staff for training and induction is being looked at more broadly including identifying whether there is a specific issue around attending induction.</p> <p>HS noted the Quality Improvement work taking place and assurance received on the general improvements made in supporting safe working.</p> <p>SM requested a review of the format with regard to the annual report to ensure that the narrative which had been provided in the discussion be reflected in more detail in future reports and suggested consideration be given as to whether it had been necessary to attach to the annual report all the quarterly reports which had already been received to this annual report. It was agreed that this would be addressed in planning for the next annual report from the Guardian of Safe Working. To note and take forward – HC/RT</p> <p>The report was welcomed and accepted by the Board.</p>
<p>PBoD 22/05/24 Item 17</p>	<p>Annual Compliance Eliminating Mixed Sex Accommodation (EMSA)</p> <p>The Executive Director of Nursing, Professions and Quality (SMi) drew attention to the following key items from the report:</p> <ul style="list-style-type: none"> • There were no externally reportable EMSA breaches between April 2023 March 2024 and SHSC is compliant against the Department of Health Guidance outlined in September 2019 and the Mental Health Code of Practice (2015). • Potential EMSA and sexual safety incidents are monitored daily and there is a robust escalation process in place. • Action has been taken in relation to the sexual safety incidents reported during this period. • Single sex accommodation does not eliminate all sexual safety risks and Standard Operating Procedures (SOP's) are in place to mitigate these risks. <p>The Board approved the declaration of compliance statement for publication on the Trust website.</p>
<p>PBoD 22/05/24 Item 18</p>	<p>Quarterly mortality report (Q4)</p> <p>The Executive Medical Director (HC) provided assurance on the following key items from the report:</p> <ul style="list-style-type: none"> • All of the deaths reported by SHSC staff in quarter 4 were in relation to people living in community settings with none related to SHSC acute inpatient or residential care deaths. • There continue to be learning opportunities in relation to unexpected deaths in the community linked to ongoing improvement actions for communication, documentation and to reducing waiting times. • SHSC reviewed 100% of all reported deaths during quarter 4 of 2023/24 as well as a sample of deaths of people who died within 6 months of a closed episode of care at the Trust. <p>The Board noted and welcomed the comprehensive report.</p>

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Item 19

Bi-annual population health update

Jo Hardwick, Head of Population Health and Inequalities and Dr Jaimee Wylam, Public Health Registrar (JM) joined the meeting to present an update on the Population Health and Inequalities strategic plan which had been created in line with SHSC strategic aims and priorities. They drew attention to the following detail:

- Progress between January and May 2024 was highlighted within the report including detail on partnership working and internal work with teams to support increased knowledge around population health and what this means for roles.
- Further work is planned as current strategies are reviewed, to explicitly embed population health and Inequalities in strategies including the clinical and social care strategy where reduction of health inequalities is a core outcome.
- SHSC have had Public Health resource in the form of a Public Health registrar on placement since July 2022 working 60% whole time equivalent. The main risk associated with the work currently is the loss of Public Health expertise in June 2024, due to the end of the Public Health Registrar placement, with no replacement currently identified.
- Further capacity has been built in through the creation of a Head of Population Health and Inequalities role, which has been in post since January 2024. A strategic plan related to this role was developed and approved at EMT on 18th January 2024.

JD noted the value of the work across the strategic discussions taking place; the importance of considering the balance between prevention and delivering great care with further discussions planned at a dedicated Board development session on health inequalities due to take place in June.

BS commended the work noting the need to share data in an accessible way and to socialise knowledge with staff and in supporting conversations in the wider system. HS added that it had been interesting to hear the detail at QAC and the committee asked that the team take forward work to integrated this into other groups and structures.

OMcL commended work taking place in supporting demand planning and agreed that all strategic decisions should be rooted in the data.

CP commended the integration of health inequalities work on the workforce in terms of keeping people well as part of the People Plan.

SY noted the importance of embedding the Core20Plus5 into workforce planning in support of reducing health inequalities and in having a targeted approach to supporting staff in their understanding of population health and inequalities. She added that the work is clearly aligned with the Trust's strategic aims and in demonstrating how using a population health approach will support the Trust in delivering these; with consideration needed on what the framework might look like over the next 12 months to support identifying how best to embed improvement and changes at service level.

SM requested inclusion of the short term aims and metrics as part of the IPQR Review. **Action: PE**

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Item 20

Annual Operational Plan and Priorities for 24-25

The Director of Strategy (JD) confirmed the final report reflected feedback received through previous discussions with the Board, assurance committees and Council of Governors. He noted that the plan remains largely unchanged from that received at Board in April 2024 with changes highlighted as follows:

- With regard to national targets – our final projections are that we are not expecting to achieve the ambition of zero out of area placements by the end of 2024-25.
- With regard to the Financial Plan the content in this report has been finalised following the approval of the Financial Plan by the Board in April 2024.

SM asked, in relation to the capital plan, and review of the estate for older adults services, whether the Trust would be ready to respond to discussions and decisions being held at system level. JD confirmed that NHSE and Estates leads have been invited to visit SHSC sites to understand the

	<p>impact of current estates as well as looking at potential for new estate development. They are supportive of the Trust building a business case with engagement to take place including with local MP's, with a view to developing outline cases by December 2024, alongside work taking place to develop an updated Estates strategy. He added that a 10-year system infrastructure strategy for the Integrated Care system is being developed and the Trust is inputting into this to ensure that the requirements of SHSC are reflected and understood.</p> <p>In relation to eliminating Ligature Anchor Points (LAP), SM asked for assurance risks are being mitigated in older adult wards whilst this work is underway and SMi provided assurance the mitigations in place and reported previously to Board, are continuing.</p> <p>The Board of Directors approved the Draft Operational Plan and priorities for 2024-25.</p>
<p>PBoD 22/05/24 Item 21</p>	<p>Corporate Risk Report</p> <p>The Director of Corporate Governance (DL) presented key items form the report confirming:</p> <ul style="list-style-type: none"> • There are 15 risks currently on the corporate risk register, a reduction of 3 since last reported to the Board. A new risk has been created relating to Value Improvement plans (VIP) for 2024-25, the new risk description was highlighted and it was noted the risk score has been reduced from 20 to 16 given progress made with development of the Value Improvement plans agreed and recommended by the Executive lead. • There are currently no risks on the Corporate Risk register (CRR) monitored by People Committee, with previous risks on the register having been de-escalated. The committee are reviewing their risks in line with the Board Assurance Framework. • A broader corporate risk relating to Ligature Anchor Points has been revised following an amalgamation of two risks, and which has been agreed at Quality Assurance committee. • An overarching corporate risk relating to access to in-patient beds has been created and the Risk Oversight Group (RoG) has requested that further consideration be given to the wording of this risk to clarify cause and the consequence. • A new risk has been added to the register following approval at Quality Assurance Committee relating to a risk that the PROMs (Patient Reported Outcome Measures) project is impacted negatively due to dependencies on the EPR. • Governance for the EPR programme board is being strengthened and the risks being reviewed for receipt through Risk Oversight Board, EMT, Assurance Committees and Board in July. • A risk review of fire safety doors will be taken to the Estates governance and risk group, and the Executive Management Team (EMT) in June with an update presented to the Risk Oversight Group in July. • Monthly monitoring of directorate and team risk registers continue to take place and an extraction report from April 2024 has highlighted no new risks. • Of the 134 risks reported between September 2023 and March 2024, at the time of reporting 7 risks remain which are being reviewed by risk owners with support from the Risk Management Officer. • The Strategic Risk Management Internal Audit report has been received with significant assurance. • A Violence Reduction Group meeting, co-chaired by the Deputy Director of People and the Deputy Head of Nursing met in May and are considering potential escalation of an overarching corporate risk. • Digital and Facilities have jointly set up a records management working group with key stakeholders from across the organisation, from corporate areas to review the physical storage of documents at President Park. <p>With regard to fire doors it was confirmed an update will be provided in the Health and Safety Annual Report to the Board in July and an external report will be commissioned to provide advice and assurance on actions required.</p> <p>SM noted positive progress being made in relation to movement of risks on the register with challenge having taken place at Board Assurance Committees and Risk Oversight Group.</p>
<p>PBoD</p>	<p>Governance report</p>

22/05/24 Item 22	<p>The Director of Corporate Governance (DL) presented an update of key governance matters from the report and noted the following:</p> <ul style="list-style-type: none"> • Declarations of Interest, gifts and hospitality have been received for all Board members and for governors currently serving on the Council of Governors. Updated declarations for the current financial year are continuing to be called in for staff below board with an update due to be received at Audit and Risk Committee. • Annual fit and proper self-attestation forms have been completed for all Board members in line with the updated NHS England Fit and Proper Person Test Framework published in September 2023 and work in place to meet the requirements and support reporting as required by the end of June 2024. • Audit and Risk Committee have been provided with progress updates for monitoring of action plans and Third-Party Assurances, cross committee referrals, end of year review of attendance at the Board Assurance Committees and updates on plans for any revisions required to the Risk Management Framework.
PBoD 22/05/24 Item 23	<p>Board work programme 2024/25</p> <p>The Board noted the updated work programme.</p>
PBoD 22/05/24 Item 24	<p>Any other business</p> <p>No additional business was raised at the meeting.</p>
PBoD 22/05/24 Item 25	<p>Reflections on the meeting effectiveness</p> <p>In terms of unconscious bias and meeting effectiveness it was noted:</p> <ul style="list-style-type: none"> • Increasingly agendas and reports reflect a conscious approach to addressing unconscious bias. • In relation to meeting effectiveness it was suggested that a prompt be given to encourage participants to stand up and periodically move around in addition to breaks factored into the agendas. • It was noted that the inclusion of Alert, Advise, Assure on Board cover reports is helpful and updates from the committees have continued to improve. • It was suggested that consideration be given to time required for discussion on each item. • Board members were asked for reflections on whether there should be any re-ordering on agendas. • The Board noted conscious consideration should be given as to whether any matters form discussions should be reflected in discussion on risk. <p>With regard to onward reporting to the Council of Governors in June by the Director of Corporate Governance and Non-Executive Directors, no specific issues were drawn out and it was confirmed regular reporting would be covered with key issues of interest drawn out.</p> <p>SM thanked those in attendance and closed the meeting.</p>

**Date and time of the next Public Board of Directors meeting:
Wednesday 26 June 2024 extraordinary meeting to be held at 9.30am to receive end of year reporting.
Format: to be confirmed**

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