

Board of Directors - Public

UNCONFIRMED Minutes of the 147th Public Board of Directors held from 9:30am on Wednesday 27 July 2022. Members accessed via MS Teams and the meeting was livestreamed for the public.

Present: Sharon Mays, Chair (SM)
 (voting) Jan Ditheridge, Chief Executive (JD)
 Anne Dray, Non-Executive Director, Chair of Audit and Risk Committee
 Phillip Easthope, Executive Director of Finance (PE)
 Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, Chair of Mental Health Legislation Committee (OFO)
 Dr Mike Hunter, Executive Medical Director (MH)
 Caroline Parry, Executive Director of People (CP)
 Owen McLellan, Non Executive Director (OM)
 Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee (RM)
 Beverley Murphy, Executive Director of Nursing, Professions and Operations (BM)
 Heather Smith, Non-Executive Director, Chair of People Committee and Quality Assurance Committee (HS)

In Attendance: Prof. Brendan Stone, Associate Non-Executive Director (BS)
 (non voting) Pat Keeling, Director of Strategy (PK)
 Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL)

Other attendees: Shrewti Moerman, Deputy Chief Pharmacist (*Item PBod22/05/10*)
 Chris Scott, Manager, Woodland View (*Item PBoD22/05/00*)
 Shonagh Scott, Consultant Psychologist in Older Adults (*Item PBoD22/05/00*)
 Sharon Sims, PA to Chair (SS) - Minutes

Apologies: None received

Min Ref:	Item	Action
PBoD22/05/00	<p>Experience Story</p> <p>The Board heard from a carer whose family member has early on-set Alzheimer's and has been receiving care in trust services. They shared their experience and the sense of loss of handing over a loved one to strangers and the impact that had, had on them personally. Having visited regularly in support of the family member they had then become a volunteer.</p> <p>She shared examples of the activities on offer to those being supported and noted that volunteering had given her a new sense of purpose and feeling of being valued and being part of team through what had been an extremely difficult period. It was noted the pandemic had been particularly challenging due to the restricted access, and relatives needing to be registered as an essential carer giver which is the route she had taken. She felt that more could be done to involve carers/family and would support development of a family support network in this area.</p> <p>The Chair and the board thanked her for sharing her story and for her support to service users as a volunteer.</p>	

PBoD22/05/01	<p>Welcome and Apologies: The Chair welcomed members of the Board to the meeting, together with members of the public observing the meeting.</p> <p>She introduced and welcomed Owen McLellan, Non-Executive Director to his first public Board meeting.</p> <p>No apologies were received.</p>	
PBoD22/05/02	<p>Learning and Reflections from the Experience Story The Chair welcomed learning and reflections from the Board, the following points were raised as areas to explore:</p> <ul style="list-style-type: none"> • Role of a volunteer, how are they selected and supported • Engagement with partners • Inclusion of experience stories to support staff training • Engagement with carers/families, getting to know the patient “this is me”. • Impact on a families when a person moves into residential care <p>It was agreed it would be helpful for a briefing to be shared with board members on the volunteering in place in SHSC and plans for next steps.</p> <p>Action: Briefing on volunteering in the Trust, to be shared with Board</p>	BM
PBoD22/05/03	<p>Declarations of Interest Prof Brendan Stone declared an interest as a Director of Flourish and Professor at Sheffield University.</p>	
PBoD22/05/04	<p>Minutes of the Public Board of Directors meeting held on 25 May 2022 and the Extraordinary Public Board of Directors held on 22 June 2022.</p> <p>The minutes of the Public Board of Directors meeting held 25 May 2022 and the minutes of the Extra Ordinary Public Board of Directors meeting held on 22 June 2022 were approved as a true and accurate record.</p>	
PBoD22/05/05	<p>Matters Arising and Actions Log The Board received the action log, with updates provided noted and the following further update provided:</p> <ul style="list-style-type: none"> • Action1: Safer Staffing Report, Jan Ditheridge (JD) noted that publication of this report is a statutory requirement and it was confirmed the report will be presented to Board in September 2021. <p>The Chair acknowledged the work which had been undertaken in developing the Action Log, she asked that ‘closure’ of action’s be made clearer through the RAG (Red/Amber/Green) ratings and it was agreed a further colour would used to determine ‘closure’.</p> <p>Action: Introduction of BRAG rating for the Action Log for Board and its sub committees</p>	DL/Corp Gov Team
PBoD22/05/06	<p>Chair Report The Chair provided an update on her work since the last Board meeting with the following key issues and activities noted:</p> <ul style="list-style-type: none"> • <u>Board visits:</u> Forest Close and Ward G1, which triangulated with a number of reports on the agenda. • <u>Non-Executive Directors:</u> Owen McLellan (OM) joined the Trust on 1 July 2022, all the NED appraisals, with one exception have been completed. • <u>Associate Mental Health Act Managers:</u> The Chair attended the quarterly meeting with Dr Mike Hunter (MH) • <u>Leadership Programme:</u> The Chair attended the final session of cohort 1 and presented certificates. The feedback from staff had been positive on 	

	<p>the programme.</p> <ul style="list-style-type: none"> • <u>Council of Governors (COG)</u>: induction for the new Governors and a ‘getting to know you’ session, which was the first “in person” governor event since the pandemic, has taken place. A development session was held for COG to receive an update on the Community Mental Health transformation, the session was well attended with good engagement. The Governor “drop-in” sessions have continued, providing a useful forum for Governors to feedback from their constituents and share their areas of interest and for the Chair to link them with the service user and carer experience teams. • <u>External Meetings</u>: The Chair attended the National Recovery Support Conference, with a number of Executives. A positive Recovery Support Programme review meeting has taken place with NHSE/I at the final stage to move out of System Oversight Framework (SOF) 4. The Chair has continued to attend the regional and alliance meetings, with the Integrated Care System (ICS) formally established from 1 July 2022. Work to develop governance structures are moving at pace and the Board will be kept abreast of-developments 	
PBoD22/05/07	<p>Chief Executive Briefing</p> <p>Jan Ditheridge (JD) provided an update on key areas from her report drawing the following to the attention of the Board:</p> <ul style="list-style-type: none"> • <u>Changes in the Cabinet</u>: The Board were asked to be aware of the potential impact, risks, challenges and opportunities changes may present in respect of potential policy changes on day to day operational services particularly in respect of the Health and Social care portfolio. • <u>Health and Social Care Act 2022 (“the Act”)</u> – It was noted arrangements in respect of establishing the Integrated Care System (ICS) and its associated Integrated Care Boards (ICB) are now established providing system leadership alongside the abolition of Clinical Commissioning Groups (CCGs). Formalisation of governance arrangements will take place over the coming year. In preparation for this the Trust continues to be involved in shadow boards and multi-disciplinary training events. <p>In addition to areas covered in the report the Board received the following additional updates:</p> <ul style="list-style-type: none"> • <u>Learning from Lives and Deaths (LeDer)</u>: Publication of the report was noted. Dr Mike Hunter (MH) and the Learning Disability Team will undertake a review to understand implications for Sheffield and the transformation programme and report their findings to Board in September 2022. Areas of focus will include the impact of Covid on ethnically diverse communities and the high percentage of unavoidable deaths of people with a learning disability. • <u>Public Inquiry on Covid</u>: Trusts will be required to contribute to the public inquiry work – this will be led for SHSC by the Director of Corporate Governance • <u>National Pay Award</u>: Work is taking place by SHSC working with Staffside reported through People Committee. • <u>National Agency Spend</u>: There has been a reintroduction of caps and targets post Covid, this will support the SHSC’s work on recruitment and with the cost improvement programme. <p>Discussion also took place on the following areas:</p> <ul style="list-style-type: none"> • Acknowledgement of on-going pressure across health and social care 	

	<p>compounded by long waiting lists, impacting on Primary Care and Crisis services.</p> <ul style="list-style-type: none"> The requirement on Trusts to support the 100 Day Challenge, which sets out expectations regarding the safe and timely discharge of patients residing in an Acute hospital bed, including our own inpatient settings. Working with partners we are adopting the best practice initiatives and supporting our Acute colleagues to ensure that service users with need of a mental health placement or assessment are facilitated in a timely way. A number of initiatives to explore in the Messenger Report, which is focussed on leadership and management in health and social care, are underway. It was confirmed by the Executive Director of People that the approach to considering the recommendations is integrated within the ICS, with so significant risks currently identified <p>Actions:</p> <ul style="list-style-type: none"> LeDer Report to be shared with the Board Review of LeDer Report and progress report on the Learning Disability transformation programme to be received at the September Board. 	JD/Corp Gov MH
PBoD22/05/08	<p>Board Committee Activity Reports and minutes</p> <p>The Board received the AAA reports from the sub-committee chairs and noted the following:</p> <ul style="list-style-type: none"> <u>People Committee (PC)</u>: It was noted the report had been omitted from the pack but had been circulated in advance of the meeting. <u>Quality Assurance Committee (QAC)</u>: Waiting times for community services with unwarranted waits had been escalated as a risk on the Board Assurance Framework (BAF), with a report due to be received on this matter at the September Board meeting 	
PBoD22/05/09	<p>Recovering from Covid</p> <p>Beverley Murphy (BM) provided an update on the Trust's learning during recovery from Covid and preparation for any potential future surges. The following key points were noted:</p> <ul style="list-style-type: none"> Integration with partners on Urgent & Emergency (UEC) recovery plans. Introduction of a dashboard to monitor flow and breaches. Council of Governors received an update on the changes to the delivery of IAPT services. There has been a reduction of 15% in face to face contact which is attributed in some part to choice made by service users in how they engage. Further work to be undertaken in recovery services to understand choice and impact. Focus on 100 Day Challenge to ensure the best care in the most appropriate environment. It was noted there were, at that point in time, no out of area placements for PICU and older adults. Commencement of Winter planning to align with strategic priorities. <p>The following reflections were made:</p> <ul style="list-style-type: none"> The need to understand learning from Covid and the impact on patient experience, supported by evidence-based practice. National reporting of an increase in demand for mental health services attributed to the pandemic but also to poverty, economic deprivation and inequalities aligned to pressures on crisis services. Mental Health Investment Standard workforce expansion, noting the Trust workforce had reduced. Community Mental Health Teams (CMHT) transformation. Following the session with Council of Governors it was acknowledged there was further work to do on service user/carer engagement. 	

	<p>the Trust and from trusts with zero incidents.</p> <p>It was noted SHSC have put in place the 'just and learning' approach which was supporting changes in culture.</p> <p>In response to the points raised SB reported that monthly reporting supported focused training in the areas that required improvement. In relation to the number of incidents, the aim is for zero, but taking the data into perspective the number of incidents equate to .02% of the total administration of drugs. It was confirmed the new governance process of second signatures for controlled drugs had taken some time to implement and led to a rise in reporting for a period of time</p> <p>Action: Data to be included in IPQR on controlled drugs medication errors, with percentages provided against total administration levels to support understanding of the true impact.</p>	MH
PBoD22/05/11	<p>Back to Good Board Programme - Progress and Exceptions</p> <p>Dr Mike Hunter (MH) provided an update on the Back to Good programme noting there are currently 7 requirements in exception which represent a blend of Trust wide and core services with detail provided on these in the report.</p> <p>The report also included an update on the Care Quality Commissions (CQC) Mental Health Act (MHA) inspection of the pathway for 16-17 year olds in Sheffield, following concerns raised. Three trusts are involved - Sheffield Children's NHS FT, Sheffield Teaching Hospitals NHS FT and SHSC's liaison services.</p> <p>Out of 12 actions identified 2 relate to all three trusts</p> <ul style="list-style-type: none"> • sharing the findings with patients and involving patients in the response and • improving communication about access to specialist CAMHS in Sheffield. <p>Discussion took place on the complexity of supervision as an area of focus e.g. the type of supervision required, recording of it and the impact of high usage of agency and bank and of recruitment.</p>	
PBoD22/05/12	<p>Transformation Portfolio Report</p> <p>Pat Keeling (PK) provided an update on the transformation programme.</p> <p>It was noted key areas of risk relate to:</p> <ul style="list-style-type: none"> • Community facilities programme: it was confirmed two teams are to relocate to Wainwright Crescent • Therapeutic Environments: Strategic Outline Case supported by the Hospital Programme Fund to be presented to Board in the autumn. Submission of a £2m Capital Bid for Health Based Place of Safety HBPoS (136 Suite). • Leaving Fulwood: on schedule for the move to complete by the end of September. • Health Roster: on-going work is taking place on this project including resourcing. • Community Mental Health Teams: progression of transformation programme <p>Discussion took place on the importance of stakeholder engagement and the board asked that detail on benefits realisation be included in future reports.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Strategic Outline Case for Therapeutic Environments to be added to the forward plan for receipt in the autumn • Benefits realisation to be included in future reports. 	PK PK
PBoD22/05/13	<p>Integrated Performance and Quality Report (IPQR)</p> <p>Phillip Easthope (PE) talked through the IPQR drawing attention to:</p> <ul style="list-style-type: none"> • continued reduction in restricted practice, including seclusion. • Supervision - requires attention in some areas to reach compliance. • Out of Area - under performance against recovery plans, aligns to Cost 	

	<p>Improvement Programme (CIP) working group</p> <ul style="list-style-type: none"> • Waiting Times - concerns escalated by Quality Assurance Committee (QAC) • Agency Spend – continued monitoring aligns with recruitment <p>Discussion took place on the following:</p> <ul style="list-style-type: none"> • Longer length of stay at Forest Lodge attributed to two service users. • Concerns with regard to an increase in assaults from service users on service users • Concerns around, and impact of, delayed discharges. • Waiting times in acute Emergency Departments of up to 12 hours <p>In response to the points raised Beverley Murphy (BM) assured the board that assaults are looked at in the monthly Directorate Quality and Performance Reviews. Delayed discharges are reviewed on a case by case basis and there have been challenges in G1 due to a reduction in the number of nursing/residential home facilities.</p> <p>Dr Mike Hunter (MH) advised the board that delayed transfers of care is a workstream feeding into the Cost Improvement Group. BM added that a new specification for transport services is going through procurement, as South Yorkshire Ambulance Service do not transfer to mental health facilities.</p>	
PBoD22/05/14	<p>Financial Performance Report</p> <p>Phillip Easthope (PE) provided an update on the Month 2 report which was produced prior to the revised plan agreed at Board in June 2022. He confirmed the position for May 2022 was on target, but not against the newly agreed break-even position. High agency spend has contributed to this and the position also aligns with concerns related to recruitment. He noted the position at the end of Quarter 1 will provide a better indication of the current and forecast position.</p> <p>Discussion took place on the following in which assurance was requested:</p> <ul style="list-style-type: none"> • Concerns on how agency spend could reduce significantly to deliver targets. • Delays in recruitment processes • Clarity required on cash balance given this is showing as ‘green’ in the report which was a discrepancy. • Assurance that the Cost Improvement Plans will be monitored and are expected to be delivered. <p>In response to the points raised PE explained he was not fully assured as yet that the current CIP plans would deliver and post pandemic plans needed to be revised. Caroline Parry (CP) advised the board plans are in place to ensure robust planning on the e-roster system and growth of the bank and provided assurance that only agencies on the approved supplier framework are being used. Beverley Murphy (BM) added when available, data by teams, would support identifying vacancies and better workforce planning by clinical leaders, whilst aligning to the CIP Programme Board.</p> <p>Action: Clarity and assurance to be provided on the cash balance position which is showing as £2 m below plan</p>	PE
PBoD22/05/15	<p>Mortality Annual Report</p> <p>Dr Mike Hunter (MH) presented the Mortality Annual report and confirmed</p> <ul style="list-style-type: none"> • The Trust has engaged with the National Mortality & Learning from Deaths Team in regard to developing the mortality dashboard, to be rolled out in August 2022. • All deaths of those with a learning disability have been reported to the LeDer Programme, and there is evidence to suggest that following the pandemic years the “usual” pattern of deaths has returned. • Workshops are taking place to support learning from Substance Misuse 	

	<p>services (opiates) focused on periods with high death rates during the maximum lockdown of the pandemic and to understand the impact of confinement, of being away from groups, has had; together with the increase in use of opiates and alcohol attributed to a number of deaths.</p> <ul style="list-style-type: none"> • Work around these areas can then be fed back into teams. <p>Discussion took place on the following areas in which the board asked for further assurances:</p> <ul style="list-style-type: none"> • The approach being taken by the Homeless Assessment and Support Team (HAST) • Further development required on engagement with service users in Substance Misuse Services <p>It was noted there had been improvement in learning in this area including links to the 'Better Tomorrow' Programme, board members asked for evidence of change to be included in future reporting and for confirmation support is being provided to staff and teams who have experienced high death rates</p> <p>In response to the points raised MH reported that a multi-agency approach has been in place with HAST, the connection with the Local Authority is strong around this area. He confirmed that support is and will be given to teams who have experienced trauma through the pandemic.</p>	
PBoD22/05/16	<p>Ockendon Report and Paterson Review</p> <p>Beverley Murphy (BM) presented the report and noted the key highlights, it was explained whilst Ockendon's primary focus was neonatal and maternal deaths, there was learning for all healthcare providers related to investigations and learning for improvement to protect the service user. There is connectivity with the Paterson Review and therefore these had been presented together, as themed learning had been identified. The recommendations from the review were discussed and endorsed by Quality Assurance Committee (QAC). The Board are asked to support the Quality Team taking the recommendations forward.</p> <p>Discussion took place on the 18 recommendations and in particular those that particularly sat with the board.</p> <p><i>Recommendation 1 – A specific question was asked of Quality Committee members with regards to Board being sighted on Serious Incidents (Patient Safety Incident Investigations) each quarter with an overview of the key issues for scrutiny, oversight and transparency. Members of the committee strongly supported this suggestion and this should be received as a recommendation via Quality Committee to Trust Board.</i></p> <p><i>Recommendation 8. Board should evaluate their learning from listening to lived experience stories and voices and consider having a shared developmental session with the Lived Experience and Coproduction Assurance Group</i></p> <p>It was noted the language in the report suggested what was presented was 'reassurance' and triangulation across board committees would give 'assurance' it was recommended the rating of significant assurance for clinical audit should be re-considered and how it could be used more effectively in future.</p> <p>There was acknowledgement of the work taking place to improve quality whilst being mindful of the cultural change and the impact on service users, their carers and families.</p> <p>In response to the points raised Jan Ditheridge (JD) noted much of the work is already covered by the Back to Good Programme and QAC and recognised the need for triangulation. It was confirmed agreement was being sought for the two Board related actions and for there to be a review of clinical audit assurance rating.</p>	

	<p>The board supported the recommendations following endorsement at QAC.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Board Development Session to be put in place with the Lived Experience and Co-Production Assurance Group – timing to be advised by BM and the Quality team for reflection in the board forward planner • Actions to be mapped across to the Back to Good programme and to Board Committees to provide clarity on governance arrangements. 	<p>BM/DL</p> <p>BM/DL</p>
<p>PBoD22/05/17</p>	<p>Complaints Annual Report</p> <p>Beverley Murphy (BM) presented the annual complaints report and noted the key highlights. She reminded the board the Care Quality Commission (CQC) raised concerns with the Trust's approach to complaints in 2020, an action plan was implemented and a significant amount of work has been undertaken to close long standing complaints. She acknowledged that the investigation process was still lengthy, and the learning needed to be extrapolated. A change the culture was important in moving forward to ensure a person centred approach to each complainant. The ways in which complaints can be submitted has been changed and there has been a rise in the number of complaints partly as a result of making the process more straightforward.</p> <p>Discussion took place on:</p> <ul style="list-style-type: none"> • The importance of the leadership model in creating a culture of openness and transparency. • It was suggested it would be helpful for detail on benchmarking and percentages to be included to provide a clearer overall picture of the current position. • It was noted support is being provided to staff in responding to complaints. • It was noted that learning from complaints is also supported through interaction with service users on board visits and this was an area where more could be done to capture this to support triangulation as well as through the Friends and Family test feedback. • Clarification on the availability of a Patient Advice and Liaison service (PALs) available. <p>In response to the points raised Jan Ditheridge (JD) advised that benchmarking data tended to be against larger trusts and it may be helpful to consider benchmarking in other ways. BM added that considered was being given to using experts by experience as advisors and it was confirmed that service users have access to an advice and liaison service.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Future reporting to include further detail on feedback from learning from complaints • Consideration to be given to include more interaction with service users through the board visits programme • Report to be updated to amend reference to Patient Advisory Liaison Service (PALS). 	<p>BM</p> <p>BM/Team</p> <p>BM</p>
<p>PBoD22/05/18</p>	<p>People Plan Update</p> <p>Caroline Parry (CP) presented an update on the People Plan and confirmed</p> <ul style="list-style-type: none"> • Activity over the last six months is on track for Quarter 1 in each of the five areas. • The refreshed Key Performance Indicators (KPIs) are tracked through the Integrated Performance and Quality Report (IPQR) and include sickness, turnover, PDRs and supervision. • It was noted sickness absence is on a downward trend at 5.6% against a target of 5.1%. staff health and wellbeing support was attributing to this. • Vacancy rates maintain static at 11% against a target of 8%, with hotspots across in-patient wards. 	

	<ul style="list-style-type: none"> • A survey has been undertaken with staff on the TRAC recruitment system. • Staff engagement had improved significantly with sessions and away days and the first cohort of the leadership development programme had been delivered. • Formal casework numbers have reduced, including those numbers involving ethnically diverse colleagues and this is attributable in part to the 'just and learning' approach being utilised and to training to support leaders. Over the next six months the focus will be on delivery of the pay award, delivery of the plan through Quarters 2 and 3, improvements to data quality and reporting and a refresh of the strategy. <p>Discussion took place on the following:</p> <ul style="list-style-type: none"> • Impact of the pay award • The need for clarity on staff turnover – particularly with regard to Allied Health Professions and Admin and Clerical. • Staff benefits - shopping discounts, leisure vouchers and sports memberships. Recruitment - understanding pinch points and expediting the processes. <p>There was acknowledgement of the work to date, and intention to include in future reporting further detail on challenges, impact and risks e.g. long term sick, caseloads, recruitment and the TRAC system, equality, diversity and inclusion.</p> <p>In response to the points raised CP advised that the increase in turnover for Allied Health Professions related to contractual changes and TUPE transfer of staff. In relation to Admin and Clerical, the Recruitment and Retention Assurance Group have this on their agenda, but it was noted there is competition to attract those with specialist skills and experience, and pay rates, flexible working and career progression need to be considered. In relation to staff benefits it was confirmed "Connect" had a recent feature on staff benefits.</p> <p>Action: Circulate to Board links/detail on the range of staff benefits.</p>	CP
PBoD22/05/19	<p>Clinical Excellence Awards (CEA) 2021/22</p> <p>Dr Mike Hunter (MH) presented the Clinical Excellent report, he noted that he had not declared an interest as he was not eligible. The report detailed the process of CEAs for achievements up to April 2021, it was noted the agreement between the NHS and the British Medical Association (BMA) had been for an even, non-competitive process during the pandemic years and the Trust followed this policy. Discussion is taking place on the future approach which is expected to revert to payments for 'above and beyond' in improving patient care.</p>	
PBoD22/05/20	<p>Estates Strategy Update</p> <p>Pat Keeling (PK) presented an update to the Estates Strategy approved in July 2021. The key highlights to note were:</p> <ul style="list-style-type: none"> • Inclusion of the strategy on a page, ten key areas supporting the Clinical & Social Care Strategy and enabling the Sustainability Strategy. • Overview of key investments - 85% of ligature points removed, progress on moving Trust headquarters, strategic outline case (SOC) for acute wards, improving the estate and developing community facilities, provision of 100% ensuite bathrooms at Beech and development of a plan for Forest Lodge. • Overview of enablers – development of compliance dashboard to identify backlog, (roofs, cost improvement plans, third party lease properties and development of the Estates team. <p>Discussion took place on the following:</p> <ul style="list-style-type: none"> • Capital focus - Acute wards SOC will be scrutinised by Finance & Performance Committee (FPC) it was stressed the expectation is that the plan will be flexible agile and deliverable. • The need to include timelines for the targets <p>Action: Inclusion of timelines for targets in future reporting</p>	PK

PBoD22/05/21	<p>Governance report</p> <p>Deborah Lawrenson (DL) presented an update on governance matters drawing attention to:</p> <ul style="list-style-type: none"> • Fit and Proper Persons Test - annual declaration of compliance • Annual Members Meeting (AMM) – due to take place Tuesday 20 September (PM). • Register of Sealings - received for assurance and Chair sign off. • Committee Annual Reports and Terms of Reference - the committee annual reports are in train for receipt at the board sub committees and will be received at the September Board alongside the review of effectiveness Following this the review of standing orders as part of the annual review of SFIs, Scheme of Delegation and Standing Orders will take place for receipt at Audit and Risk Committee. <p>The Terms of Reference received to date for Board approval have been through Committees. It was confirmed further work will take place to review consistency across all sub-committee terms of reference for receipt with the annual reports from the committees at the board in September.</p> <ul style="list-style-type: none"> • A Review of compliance against the new Code of Governance (once launched) will take place during the Autumn, for reporting through Audit and Risk Committee. The timing for this work is dependent upon the national launch. <p>Discussion took place on whether the AMM should be held in person, online or through a hybrid approach. It was considered hybrid may be worth consideration but that the options would be explored in more detail.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Consideration to take place on the options for the Annual Members Meeting in terms of whether it should be held face to face. Advice to be sought from Infection Prevention and Control with regard to large gatherings. • Committees annual reports and review of effectiveness to be presented to Board in September 2022 • Updated Terms of Reference post consistency checking to be received at the September Board. • Board approved the Register of Sealings for the Chair to sign off. 	DL Exec leads DL Chair/ Corp Gov
PBoD22/05/22	<p>Board Assurance Framework (BAF) 2022-2023</p> <p>Deborah Lawrenson (DL) presented the updated BAF for 2022-23 for approval, following the Board session in June 2022, further engagement with Executive leads, and discussion at board sub committees. The revised format was received at Audit and Risk Committee (ARC) and with minor adjustment was endorsed.</p> <p>ARC also received the outcome of the risk review and recommendations will be considered by ARC in October 2022.</p> <p>The board acknowledged the work which had taken place to develop the BAF and noted and approved the BAF 2022/23.</p> <p>It was agreed committees would give further consideration to inclusion of BAF risks against agenda items and in the AAA report and that the Strategic Objectives should be termed ‘Priorities’. It was noted risk appetite will be discussed at the Board development session in August.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Change reference to Strategic Objectives to ‘priorities’ • AAA reports to reference relevant BAF risks for issues reflected • Consideration to be given to reflecting relevant BAF risks against agenda items. 	DL Chair and Exec lead

PBoD22/05/23	<p>Corporate Risk Register (CRR) Deborah Lawrenson (DL) presented the updated Corporate Risk Register (CRR). She noted there were 29 on the register, following review, nine had scored below the threshold of twelve and should be de-escalated. The Risk Oversight Group (ROG), chaired by DL will hold its first meeting in August 2022, part of their remit will be to review the CRR through confirm and challenge. The summary highlighted the risks broken down by committee.</p>	
PBoD22/05/24	<p>Board Work Programme Deborah Lawrenson (DL) reported that the work programme is under development in readiness for receipt at the September Board.</p> <p>Action: circulate updated work programme to Board for comment</p>	DL
PBoD22/05/25	<p>Any Other Urgent Business No other business was discussed.</p>	
PBoD22/05/26	<p>Reflections on the meeting effectiveness The Board were invited to reflect and consider any preferences or bias that could have influenced decisions/discussions with the following observations made:</p> <ul style="list-style-type: none"> • Mortality Review – generic statement on the summary, need to be mindful of the impact on different groups/communities. • The benefit of ‘unconscious bias’ training <p>The following were key issues it was agreed would be raised in the report to the Council of Governors (Oct 2022):</p> <ul style="list-style-type: none"> • Progress on staff survey activity • Service user story learning • Estates strategy refresh and progress • Complaints report (publication) • Learning from Ockendon Report and Paterson Review • Committee reporting “top 3” from each Committee • Covid Update and Winter Planning • Waiting Lists (escalation) • LeDer report 	
	<p>The Chair thanked Board members and attendees for the contributions and closed the public meeting.</p>	

Date and time of the Public Board of Directors meeting:

Wednesday 28 September 2022 at 9.30am

Format of meeting: MS Teams

Deborah Lawrenson, Director of Corporate Governance (Board Secretary)

deborah.lawrenson@shsc.nhs.uk

Apologies to: Amber Wild, Corporate Assurance Manager amber.wild@shsc.nhs.uk