



Board of Directors – Public

UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 27 September 2023 via MS Teams

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

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

Other attendees: Kirsty Dallison-Parry, Head of Nurisng (KDP)(deputy for Salli Midgley)
Holly Cubitt, Head of Communications (HC)
Amber Wild, Head of Corporate Assurance (BD)

Teresa Clayton, Head of Engagement and Experience (item 00)
Rachel Grellier, Expert by Experience (item 00)
Vin Lewin, Patient Safety Specialist (VL) for items 10 and 14
Simon Barnitt, Head of Nursing (SB) for item 15

Apologies: Owen McClellan, Non-Executive Director (OMcL)
Salli Midgley, Executive Director of Nursing, Professions and Quality (SMi)

Min Ref:	Item
PBoD 27/09/23 Item 00	Experience Story The Board received an inspiring story from a Patient Safety Partner who, following an acquired brain injury, now volunteers with the Trust as a patient safety specialist with lived experience. Discussion took place on her input into our co-production work, which was greatly appreciated, including the development of the new Patient Safety Investigation Reporting processes. It was stressed there are challenges with carrying out genuinely effective co-production, which it was suggested work best when developed from within rather than through externally imposed programmes of change; and it was noted successful outcomes are dependent upon people giving time, focus and energy which is often challenging for people with lived experience.
PBoD 27/09/23 Item 1	Welcome and Apologies The Chair welcomed the Board and observers to the Public Board of Directors meeting held via MS teams. Apologies were noted from Owen McClellan, Non-Executive Director and Salli Midgley, Executive Director of Nursing, Professions and Quality. Kirsty Dallinson-Parry who was deputising for Salli Midgley was welcomed to the meeting.
PBoD 27/09/23 Item 2	Learning and Reflections form the experience story When reflecting on the story the Board suggested the Executive team give consideration as to next steps around embedding the excellent examples of co-production underway within the Trust and through its partnership work, and to identify ways of celebrating this. Executive team to note for taking forward
PBoD 27/09/23 Item 3	Declarations of Interest Profession Brendan Stone declared an interest in respect of items on the agenda as a member of the Board for Sheffield Flourish and Professor at Sheffield University; and Dr Mike Hunter declared an interest as national Chair of the National Restrictive Practices Oversight Group for the Use of Force Annual Report.

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Minutes of the Public Board of Directors meetings
The Board **approved** the minutes of the public Board of Directors meeting held on 26 July 2023 subject to amendment to consistent use of initials for Olayinka Monisola Fadahunsi-Oluwole (as OFO) and typos to be addressed on page 4 (to read 'emerging'), and on page 11 (to read '2023/24').

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Matters arising and action Log
The Board approved closure of actions as indicated on the actions log. The following additional updates were provided, and these actions were also agreed to be closed:

- **Action 13b from July 2023** – Transformation Report – EPR risks have been discussed and added to the corporate risk register albeit with some additional work taking place to refine them at the request of Finance and Performance Committee.
- **Action 16 from July 2023** – relating to the risks not yet escalated on to the corporate risk register for which work is underway. Monitoring of progress will take place through regular reporting to committees and Board.
- **Action 6 from May 2023** relating to eliminating mixed sex accommodation. An update had been provided in the AAA report from Quality Assurance Committee (QAC) on sexual safety and QAC have requested action plans for specific areas.
- **Action 11a from July 2023** relating to the closure report from the Back to Good programme. It was confirmed that the report would be coming to Board in November to ensure alignment with the ongoing system oversight and next steps around this. **Note for forward plan.**

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Questions from the public
None (note a question was asked by the Governor observer at the end of the meeting which related to the statutory drivers for change of the delegated duties from SHSC to Sheffield City Council; and it was agreed that a response would be sent following the meeting).

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Chairs Report
The Chair informed the Board of the sad passing of Nev Wheeler, OBE who had been involved in work at the Trust for many years as a governor and a volunteer. The Chair attended the funeral with Brendan Stone, Associate Non-Executive Director and Ben Duke, Deputy Lead governor.

Updates were provided on the Chair's recent activity in the following areas:

- The Corporate Governance directorate and communications team were thanked for their organisation of the Annual Members Meeting and Governors and colleagues across the Trust were thanked for their participation.
- Board visits to services have continued and the Chair most recently visited the Sheffield Adult Autism and Neurodevelopmental Service (SAANS) with the Executive Director of Nursing, Professions and Quality.
- Participation in local, regional, system and partnership meetings with further updates provided through the Chief Executive's report.
- The Chair has joined the Board of NHS Providers.
- The Chair has taken over as chair of the Mental Health Learning Disability Autism Provider collaborative. A development day was held in August with a focus on working together and making progress in the priority areas.
- Participation in national events on Quality Improvement.
- The Chair participated in the NHS Providers aspiring chairs programme.
- The Deputy Lead governor elections have been finalised and the outcome of these will be made public at the upcoming Council of Governors meeting.
- New governors were welcomed to the Trust at a facilitated development workshop in September covering role of the governor, statutory duties and representing and engaging with the membership. Colleagues from research, volunteering and the engagement/ experience team were thanked for their participation in the session to support discussions and planning for the development of a refreshed membership engagement strategy.

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Chief Executive's Report
The Chief Executive (SY) drew attention to the following matters from her report:

- The Board and the organisation have paused to reflect on the outcome of the Lucy Letby verdict and its findings to further deepen our resolve in having a transparent culture which prioritises safety, quality and openness. A further discussion was planned to take place in the confidential Board session with the Freedom to Speak up Guardian and further reflection will continue to take place to identify any action required to further strengthen our arrangements.
- The new Fit & Proper Person Test (FPPT) framework has been put into place in response to

recommendations from the Tom Kark KC 2019 review. This is applicable from 30 September 2023 and the Chair of the Board is being supported by the Company Secretary (Director of Corporate Governance) and the Executive Director of People to implement the requirements. Alongside this, NHSE are working towards co-producing a Leadership Competency Framework (LCF) for Board level roles which is due imminently together with a new Board appraisal framework expected to be in place by March 2024 which will be applicable to all Board members.

- The NHS Sexual Safety Charter and Sexual Safety in Healthcare Organisations framework has been launched. This asks employers to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. Our response to this is being led by the Executive Director of People working closely with the Executive Director of Nursing, Professions & Quality, to review current policies, procedures, and practice to ensure that the requirements of the Sexual Safety Charter are met by the July 2024 deadline and updates will be provided to Board via committees.
- The Trust continues to play its role in both in place and at system level and in the Mental Health Learning Disabilities and Autism collaborative with updates provided to the Board.
- The scale of the challenge for all organisations is significant. We are ensuring we play our full part across place and the system to influence how we approach this challenge collectively and to ensure we raise the profile of mental health, learning disability and autism services as part of transformation planning.
- A board-level South Yorkshire Equality Diversity Inclusion (EDI) Leadership Group is being established, which will be chaired by the Chair of the ICB. This will address the six high impact actions set out by the national NHS Equality Diversity Inclusion (EDI) Improvement plan. The Director of Operations & Transformation will represent the Trust on this board and will provide regular reports to the Board as this group develops.
- An away day was held in August to revisit the vision and ambitions of the South Yorkshire Mental Health Learning Disabilities and Autism Provider Collaborative (MHLDA PC) to include whole system redesign of Eating Disorders pathways, improving Learning Disabilities and Autism pathways and care, improving Urgent and Emergency Care pathways including health-based place of safety
- NHS England has recently announced that it is bringing forward the Flu and Covid19 vaccinations programme in England and vaccinations will begin in the Trust from 11 September.
- Industrial Action has continued throughout the summer and colleagues continue to work together to ensure the safety of service users and those staff on duty, while supporting medical colleagues, and the usual command structure is in place during any action to ensure business continuity.
- The strategic transformation programmes and projects continue to progress with key areas of progress and risk reporting into the Transformation Board and into Finance and Performance Committee

The Board **agreed** that Sheffield Health and Social Care NHS Foundation Trust will sign up to the NHS Sexual Safety Charter and that the Executive lead will be the Executive Director of People.

Board Committee Activity Reports

The Board received and noted updates provided through the Alert, Advise and Assure reports from the Board Assurance Committees for meetings held in September with the following actions noted following discussion:

- Quality Assurance Committee (QAC)
- Finance and Performance Committee (FPC)
 - **Action PE/AW** - Capital plan received at FPC be shared with the full Board.
- People Committee (PC)
 - **Action MD/CP** – Committee to look in more detail and report back through the next AAA report on supervision compliance and numbers of staff off with mental health/stress related issues
 - **Action all** - members of the Board were asked to ensure they are fully up to date with mandatory training including new modules.
- Audit and Risk Committee (ARC)
 - **Action: AD** The committee assure is to assure itself through its discussions at the next meeting that the Head of Internal Audit Opinion is not likely to be impeded by decision making around internal audit core audit planning discussed at FPC and planned for receipt at ARC.
- Mental Health Legislation Committee (MHLC)
 - **Action: Executive Team** - Executive team to take forward issues raised in the report around Health Based Place of Safety and ensuring a joined up approach to addressing issues concerning re-purposing; and with regard to issuing of notices as a result of issues with attendance of Associate Mental Health Act Managers at some tribunals.

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Operational resilience and business continuity

The Director of Operations and Transformation, Neil Robertson (NR) drew attention to the following matters from his report:

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- Increased demand for the short-term education programme due to increased accessibility through our Primary and Community Mental Health Transformation.
- Quality Assurance Committee (QAC) is receiving regular reports on management of waiting lists and work in place to support people to 'wait well'.
- Work is taking place with partners to look at ways to collectively improve access to social care placements and improve mental health hospital discharges.
- Funding has been received through the Better Care Fund to support ongoing work with voluntary, community and social enterprise partners to improve service delivery.
- The Flu and Covid vaccination programme is underway.
- The Trust continues to respond well to the challenges of industrial action. In terms of impact there have been no serious incidents as a result of industrial action however there were 247 appointments rescheduled across 2023, 18 of which were in response to the junior doctor and consultant strikes in August.
- The Trust responded appropriately to an internal critical incident in August after routine water sampling found presumptive high levels of legionella bacteria in the water at the Lightwood site.
- Winter planning is underway to mitigate patient safety risks through industrial action and working with partners to strengthen our collective capacity.

BS noted with regard to supporting individuals to 'wait well' he had discussed this with colleagues from the Gender Identify service at the Annual Members Meeting and heard positive feedback about the approach of the Trust. He asked if the Trust was looking at learning elsewhere particularly around recovery services and NR confirmed reflection on learning takes place in the rehab and specialist directorate and the Gender service is part of the Quality Improvement project on 'waiting well'.

HS asked for more detail to be included in future on the cover sheet to draw attention to risks and implications to support understanding on where focus is required in the discussion. **Action:** All to note for board paper drafting.

AD asked if additional funding was expected in respect of the 'enhanced' Better Care Fund. NR confirmed not however funding is being sought to support evaluation work to help understand underlying issues. In terms of delayed discharges discussions are underway with system partners to look at transformative solutions. SM asked that when further detail is known about the Better Care Fund that this be shared with the Board to support external discussions about impact on delays in A & E and on use of out of area beds. **NR to note and take forward.**

AD asked that the trajectory for addressing the 20% of adult beds occupied by delayed discharges be included in the next report as well as an increased focus on risks, gaps and opportunities. **Action NR to note and take forward.**

OFO asked if those who work with vulnerable children such as health visitors are working with the 0-19 service at the Children's trust. NR explained whilst there is not a formal contracting relationship the Trust team are experienced and linked in with the right people at the Children's and provided support where needed.

OFO asked if the admin support issue she had raised previously about a particular area had been addressed and NR confirmed it had.

SM noted the Trust had an individual in PICU who had been there for over 950 days and it was important they are in the right environment for their needs. It was agreed discussion would take place outside of the meeting around potential escalation.

NR explained there is a cohort of patients with similar characteristics where there would be safety concerns were they to be managed in the community and therefore discussions on these cases were needed collectively with colleagues. SY added assurance she had raised these issues and she would be interested in the Trust taking forward discussions with South Yorkshire Housing Association to support planning. It was noted the Board needed to understand the scale of the issue. **NR take forward in discussions with SY**

Learning and Safety report Q1

SMi with VL, the Patient Safety lead outlined the learning and safety report drawing attention to the following matters:

- The Trust continues to have good reporting of patient safety incidents – with the majority remaining low/no-harm.
- Key themes requiring focus on improvement and learning are around self-harm, falls prevention and sexual safety; communication systems and processes and risk assessment and documentation.
- Quality improvement plans, developments and projects are taking place to support improving patient safety and experience.
- All organisations will move to the new PSIRF arrangements from 1 November 2023. The Board will be asked to approve the Trust plan in November following further discussion at the development session in October.

BS asked in respect of the significant event analysis (SEA) included within the report, if the Board could be assured staff understand SEA 4 related to drugs being taken onto a ward or suspicion of drugs and searchability, are adhering to requirements and are sensitive to potential cultural sensitivity issues around searching (as a safety and human rights issue). VL confirmed this is a complex area and whilst he could not provide assurance around all staff following requirements there are daily safety huddles at which issues would be raised and this includes the lead for 'least restrictive practice'. KDP added by way of assurance that search training is part of RESPECT Level 3 training and that includes lived experience feedback on how to conduct searches sensitively.

AD commended measures in place but noted consideration made be needed on whether or not the right questions are being asked through the process, for example around harm related to racial abuse.

OFO asked how the Trust can, or is able to, mitigate against out of city harm. SM asked if there were measures in place to quality assure these. NR confirmed there are robust systems in place and where there are concerns the Trust is proactive in its decision making.

HS commended the progress continuing to be made in learning and safety reporting. She asked for future reports to start to outline in more detail what has changed as a result of learning. **Action: SMI and VL to take forward for the next report.**

DL asked if the PSIRF required Board approval and VL confirmed not but that it would be taken through EMT, QAC and Board for discussion. SY asked that take place before the document is finalised. **Action: Discussion to take place at October Board development session.**

NR asked how the Trust is benchmarking in terms of complaints suggesting further consideration be given as to how compliments are reflected in terms of benchmarking and learning for both. It was agreed complaints should be broken down by protected characteristics where possible identifying potential gaps in terms of feedback. SY confirmed this would be addressed through EMT.

SY asked that the People directorate consider what more is needed around Equality and Inclusion, respect and kindness. **CP to note and take forward.**

OFO asked how the Trust ensures the use of hospital passports where applicable. VL confirmed all feedback is given to the Community Learning Disability team. MH added by way of explanation the LEDER reviews for deaths related to individuals with a learning disability, are led by the ICB but cover all agencies involved. And it was confirmed learning is shared with the Community Learning Disability Team.

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Transformation Portfolio report

NR provided an update on progress with the transformation programmes and key risks specifically around EPR and number of inter dependencies and concerning the delay in planning permission for Fulwood which will impact on timing of receipt of funds.

PE, SRO for the EPR programme noted detailed work underway and governance in place to oversee delivery of the EPR programme in readiness for go live for Tranche 1 at the end of October. He provided assurance good progress being made around training, testing and data migration planning and the launch remained on track.

MD asked for the Board to be provided with a clear plan for taking forward elements not covered for Tranche 1.

It was confirmed this would be overseen through reporting to Finance and Performance Committee(FPC).

KDP noted the Executive Director of Nursing had asked for further consideration to be given to the timeline for the Maple Ward related moves to enable moves to take place prior to January 2024 if possible. NR explained the plan had been to start the first stage of the three moves required to support this, in November 2023 but this would clash with EPR launch which is a significant clinical safety related change project and therefore carries risk; as would undertaking ward moves in the lead up to Christmas. Therefore the proposal was for the decant to move back for Maple ward itself to the new year. It was noted the full business case is due for receipt through Finance and Performance Committee (FPC) and Board of Directors in December. SM asked that assurance is provided to the Board around management of the risk. SY asked that the clinical executive trio bring assurance back through EMT for onward discussion at committees and Board. **Action: NR/MH/SMi**

SM asked for the learning disability model to be brought back to the Board when it is finalised, post discussion at committees, with the timing to be confirmed for reflection on the forward plans and to confirm timing for this to be taken through to the Council of Governors (at either December or February). SM asked that it also outline how this model links across into the work of the Mental Health Learning Disability and Autism Provider Collaborative. **Action: MH to confirm timing for the forward plans for QAC, Board and Council of Governors.**

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Systems and Partnerships update

SY provided an update on system and partnership work drawing attention to briefings provided from the Mental Health Learning Disability and Autism Collaborative meetings held in July and September and the Sheffield Health and Care Partnership Board meetings. An outline of key partnerships for the Trust was also provided.

It was noted:

- the MHLDA collaborative is continuing at this stage to meet in private whilst the arrangements continue to be developed. It is anticipated it will move towards meeting as a 'Committee in Common' in the new year at which point it would become a sub-committee of the Boards involved.
- The Trust will continue to play an active role in PLACE noting significant challenges and increased anticipated need for our services in the future.
- A new Director of Strategy will be joining the Trust in the coming months which will support scoping out of opportunities and identifying and managing system related risks.

SM noted there had been an increase in references in the board papers to working collaboratively and in partnership with further discussion planned at the board development session.

BS asked for assurance around the Trust partnerships with voluntary sector organisations, particular the smaller ones to ensure they are fair and equitable. He asked if any checks and balances were in place around protecting this. SY confirmed the Trust is ambitious to develop in the area of working together for transformative benefit for our communities and driving this forward through partnership working with organisations rooted in communities to develop a shared strategic approach to measure impact and benefits. This will require additional investment into our business intelligence functions and it was noted in addition to this, by MH that recruitment is taking place for a Head of Population Health role which will support us in having an evidence led approach around decision making. It was noted the Primary and Community Mental Health Transformation programme is a three-way partnership with MIND as a touch point host to engaging with smaller organisations.

SY informed the Board about recent discussions with Chairs, Chief Executive's and Directors of Finance around the scale of the financial challenge in the health system. This will require a system approach which the Trust will need to contribute to and discussion as a board will need to take place on this between our public board meetings. PE added for context that Trusts have been asked to share financial and savings assumptions and the efficiency requirement for the system and for other partner organisations such as Local Authorities is significant.

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Integrated Performance and Quality Report

PE commended the IPQR to the board for information. It was noted recovery plans are in place and being received through committees in line with requirements. Key areas of concern currently are out of area placements and repurposing of the Health Based Place of Safety. The report included for the first time detail on the long term plan and how the response to this will be developed at system level with regional KPIs and progress to be included in reports in the future.

With regard to medical appraisals, MH provided assurance there has been good compliance on appraisals and

medical revalidation as reported to the Board in July. Work will take place with PE on how this is presented in future reports.

CP noted with regard to the update from People committee the second sentence should read '*supervision recovery plans*'. **Action: PE/AW to update paper.**

SM noted a concern about the continuing long length of stay for some individuals. She noted a recent visit to the SAANs services and suggested all reporting, including in the IPQR be split out for ASD and ADHD NR confirmed splitting of this data had already been requested and is in train and DL noted the related corporate risk has also been separated out.

It was confirmed TUPE will have an underlying impact and there was a need to understand the underlying turnover figure not including TUPE, in future reports. **Action: PE**

SM noted in terms of work taking place to review the approach to the IPQR she and SY have noted duplication across documents. She asked that the initial focus be on ensuring the performance report is reviewed and then considering changes required to other reports. She asked that consideration be given to work required on reframing of the IPQR and that this include discussion with Non-Executive directors and to reflect on timing related to capacity to do the work required. **Action: PE to develop plan for re-framing the IPQR and confirm timeframe for the board forward plan.**

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Annual Mortality report for 2022/23 and the Q1 report for 2023/24

MH presented the annual mortality report and the report for Q1 which outlined learning and plans underway.

With regard to the Q1 report for 2023/24 it was confirmed the Trust is compliant with standards and reflects learning. It was noted most deaths are in the community and from natural causes. It was confirmed the Trust looks at all deaths reported via its incident reporting system together with a significant proportion of deaths which occur once individuals have been discharged but who die within 6 months of their last contact with the Trust and in doing this liaises with families/carers and significant others. It was noted data currently includes substance mis-use deaths and an explanation of the impact of this on the data will be outlined more clearly in the next report. It was noted the data from the national confidential inquiry referenced in the report is from 2017-19 to supplement this we need to build a system where we can see internally mortality in real time to better support us to make changes to improve patient safety.

BS drew attention to a case referenced in the report to the death of a service user in the community where there had been a lack of contact with the care co-ordinator being a potential warning sign and asked if there was flex in the system on how contact is offered and if we are sure those who are taken out of services are done so appropriately. He noted he had received feedback from colleagues that of a lack of flexibility in approach. NR confirmed discharges are a multi-disciplinary team decision but he stressed the importance of ensuring we have the best possible data on EPR and as part of reviewing caseloads we need to capture where there is a need for others to consider what is the next step for the individual. MH added this also speaks to the importance and value of having an active outreach team. SY suggested feedback received from BS should be fed into the community transformation work and be reflected in our Board visits briefings – **Action NR/SMi to take forward.**

KDP asked if there are plans for Trust wide learning events and VL confirmed discussions would take place with MH to support preparing for this. It was agreed dates should be shared with the Board to attend if available.

Action: MH/VL to share with DL/AW for circulation

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Safe staffing bi-annual review and declaration for December 2022 to July 2023

SB talked through arrangements in place for monitoring safe staffing arrangements; and where numbers have not been achieved and there has been reduced quality, how this is being addressed. It was noted a nurse lead is now in place for bank and agency and nurse preceptorships have started which should help to reduce the need for bank and agency once they are fully trained. Work is progressing well in terms of the development of the band 2 and 3 pathways which has been well received by staff.

AD asked if more detail could be brought out in future safe staffing reports on inclusion and in having representative staff. **Action: SMi/SB**

OFO had concerns about the potential for unconscious bias around agency staff due to their lack of knowledge and would like to understand the percentage of staff coming from bank rather than agency and how we ensure they are trained. SB explained sometimes agency staff will just work one shift at a time – but gave assurance he personally checks all CVs and qualifications for registered nurses. Although there is not the opportunity to

ensure all agency staff receive training before they start, any who are with the Trust for longer periods of time will undergo mandatory training and bank workers are supported to do so.

NR stressed the need for caution around use of language in the reports as whilst there are great agency staff that the Trust works with, we cannot be as assured around the skills and competence of them as we can for our own staff and there will be quality issues without control mechanisms and support being in place. KDP added by way of assurance work underway around 'valuing bank staff' which includes development of a comprehensive induction package with input from bank staff. It was confirmed internationally recruited nurses had received significant support and a buddying system is being explored.

It was noted the Trust has done well in converting agency staff to permanent and the process has been made straightforward to support that.

SM asked that the People Committee look in more detail at bank and agency, training, support, opportunities and ethnicity to provide further insight framed in an assurance paper to be received at People Committee and then reported up to Board through the AAA report. **Action: CP/SMI/KDP – to take forward and note for People forward plan.**

OFO asked as a point of clarification about a reference in the report to staff not 'wishing to work at Forest Lodge' if this was accurate and if so how it was being addressed. It was explained this was a historical issue which had been addressed.

PE noted the report currently did not provide assurance around the 'so what' elements but he assured the Board Executives are driving this forward and further work is taking place which will support understanding of variances in order to understand the validity of the planning.

HS stressed the importance of having evidence-based assurance and clarity on where we are trying to get to - for example for diversity and inclusion in terms of goals. However she recognised the Trust has gone beyond national requirements in terms of its reporting in safe staffing which was commended.

NR noted for completeness that with regard to a reference in the report to the closure of Buckwood, that this could be interpreted as the Trust 'losing staff' when in fact a large number were re-deployed with the Trust.

It was noted there has been a significant improvement in registered nurse cover over the last 6 months on the previous 2 years which provided assurance on progress made with recruitment.

SY suggested it would be helpful to understand when we expect to address the clinical areas with high bank and agency use and where they are over establishment. SM added it was concerning one ward area was reporting it was 3 times over establishment. She asked for clarity on reasons, controls, checks and if this related mainly to healthcare workers. NR confirmed controls have been strengthened and there are much more robust arrangements in place for rosters. There has been a reduction in health care support agency usage, and the area referenced by the Chair had been rectified. CP outlined the work of the agency reduction group including work taking place to improve the experience of our bank staff. The work also looks at trends and identifies where different action is required. She confirmed she would capture this in a report for People Committee. HS asked that this also include detail on impact to support answering the 'so what' question. **Action: CP to take forward to note for People Committee forward plan.**

It was noted by KDP the staffing monitoring dashboard shows impact on quality metrics and she needed to consider how we bring that into our care homes which she would be discussing with SB.

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Q1 Guardian of safe working report

The Board received and noted the Q1 Guardian of Safe working report which provided assurance around arrangements for ensuring trainee doctors are working safe hours. It was confirmed exception reports are produced and result in timely and satisfactory resolution. It was noted of the four exceptions reported in the quarter all had been successfully resolved and that the Chief Executive's report outlined progress made by the Trust in moving to 3rd in the GMC survey for trainees in terms of satisfaction which was commended.

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Safeguarding Annual Report (adults and children)

The Board received and discussed the annual Safeguarding reports and assurance was received around ongoing scrutiny and oversight of our statutory functions. Safeguarding Adult Level 3 training is at over 80% compliance which closes our Back to Good action related to this issue. Compliance of 90% against the NHS intercollegiate document will be monitored via our Safeguarding Assurance committee. Safeguarding

supervision compliance remains low and is a key priority this year. 6 staff have completed training which will support delivery of the Safeguarding Supervision policy. It was confirmed all external referrals as at the 31 August 2023 had been closed following the review of delegated duties.

The Board approved the annual report.

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Use of Force Annual Report

The Board received and discussed the annual Use of Force report. MH declared an interest as a member of the national restricted oversight group. The Board was assured the Trust has met its legal duties in respect of the Use of Force as outlined in the Act (2018) and good progress has been made in delivering year 2 of our Least Restrictive Practice strategy. It was noted three wards have ceased use of seclusion.

BS commended the report. He noted it raised broader issues in terms of the work of EPIC with the Pakistani Muslim Centre noting the Board and its committees see less detail in the reports received around the cultural needs (including religious and faith based) of those visiting our services, which he stressed can be integral in an individual's recovery journey. He asked for more detail on this to be shared in reporting to Quality Assurance Committee. **SMi to note and take forward.**

SM noted a similar discussion had taken place with Governors in their development session. SY confirmed this was an underdeveloped area in many mental health trusts and we are working towards a more inclusive approach looking at our offer around spiritual care ourselves and through our community partners.

The Board commended the progress which has been made. SY noted the Trust is in a positive in comparison with many other trusts in the North of England. She suggested it was timely to undertake a comprehensive review. It was noted a Board development session on this topic was held in 2022/23 and the work of the Trust had national visibility.

The Board approved the report for publication.

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Financial Performance Report (Month 4)

Phillip Easthope (PE) outlined the financial position for month 4 noting the following:

- The year-to-date deficit position is £1.182 m with the forecast deficit remaining as £3.262m and on plan.
- Our delivery of recurrent efficient savings is on plan.
- Cash balances remain healthy.
- Our revised capital plan is underspent by £0.28 m year to date due to timing of works. Our forecast spend for the financial year remains £12.791 m and is forecast to be spent in full however this is dependent upon the next stage of the sale of our Fulwood site.
- Within South Yorkshire Integrated Care System (ICS) the system is £2.4 m behind plan driven mainly by provider overspends.

SM asked with regard to a reference in the paper to NHS pension costs of c£5 m why there had been none listed for the current financial year. PE explained organisations are under instruction on how this is accrued with a requirement for this to move in and out of budgets at the month 12 point.

SM asked if there were any areas of particular concern on budgets. PE confirmed the financial position is becoming more challenging, there is some reduction in agency usage but there are areas where additional resources have had to be deployed and there was a need to be clear around understanding of time limited decisions with further scrutiny required around both clinical and corporate savings contributions. His key concern however was around the system position and mitigating actions which could potentially impact on the Trust and over which it had no control.

HS asked how much grip and control around staffing expenditure is build into the monthly run rate. PE confirmed whilst reflected we are starting to see overspends in areas where there have been no previous concerns. SY assured the Board that this is an area of collective leadership challenge for the Executive team with discussions planned for their next meeting. SM acknowledged challenge and progress made in improving processes noting the level of work required to address challenging savings programmes such as out of area costs.

SM stressed the importance of ensuring parity flows through system discussions and to support that she asked

that clear narrative be developed regarding the Trusts own position- MD asked for future forecasting to include detail on gaps and learning to try to prevent issues currently being experienced recurring. **Action:** PE to reflect in future reports.

PBoD
27/07/20 **Operating Plan Q1 report**

The Q1 operating plan update was received and noted which triangulated with discussions which had taken place in the meeting. The performance at that point in time compared positively with the previous year and was noted as an improvement. PE explained key issues being worked through by the Executive team included potential impact of scheduling of the ward moves and the capital plan reset. It was noted there is some inconsistency in peri mental health target reporting but there has been a slight improvement in performance.

SM noted the key priorities of the MHLDA Collaborative included Eating Disorders which had not been included in the list in the report. She asked that this be corrected. **Action: PE/DL/AW to update the paper for the records.**

SM commended the work outlined around research and work in place with the University around workforce noting this would be reflected into the work at the MHLDA Collaborative.

PBoD
27/07/23 **Finance Strategy annual review**

Item 21 PE outlined progress made in a number of areas including implementation of the new finance system and the development of finance business partnership capacity. Whilst support is being provided to clinical and corporate areas there has been some delay, and this is a key area of focus in the coming weeks.

SM thanked finance colleagues for the comprehensive update and progress made.

PBoD
27/07/23 **Data and Information Governance Annual Report (including the SIRO and Caldicott assurance)**

Item 22 PE presenting the Data and Information Governance Annual report for 2022/23 received at Audit and Risk Committee in April 2023 – explaining it had since been updated with additional sections added related to the SIRO/Caldicott Guardian assurance and the cyber security position. It was confirmed key elements referenced in the report had been received as appropriate at board assurance committees. FOI/SARs continues to be an area of challenge with the position having worsened. The Trust has sought advice from the Information Commissioner who has asked for additional information. It was confirmed a recovery plan was due for receipt at EMT in October which will include discussion on mitigation required.

SM asked Audit and Risk Committee to keep abreast of the FOI/SARs issues and for the Board to be alerted to any discussions post discussion at ARC – **AD/PE to note for AAA report.**

It was confirmed the Annual Report for Data and Information Governance (incorporating the SIRO and Caldicott Guardian assurance) for 2023/24 will be timetabled for receipt at an earlier stage and the names of those holding the roles of SIRO and Calidcott Guardian will be included – **Note for forward plan – May/July 2024 Board post receipt at Audit and Risk Committee**

PBoD
27/07/23 **Annual Mental Health Act scheme of delegation**

Item 23 Following discussion at Mental Health Legislation Committee the MHA scheme of delegation was received. MH explained this document is received at the Board as the Corporate entity responsible in respect of delegations related to the Mental Health Act. It was confirmed on the advice of the MHA lead and the committee no amendments were needed at the current time as there have been no changes to current mental health legislation. It will be updated in due course when any changes to legislation are received.

The Board received with assurance the MHA scheme of delegation.

PBoD
27/07/23 **Corporate Governance Report**

Item 24 DL provided an update on the following key issues in addition to those already covered in the Chairs update and reflected in the report:

- New arrangements in respect of application of Fit and Proper Persons test requirements
- A closure report for the Back to Good programme will be brought to the next meeting following discussion at Quality Assurance Committee
- The Board review of effectiveness for 2022/23 was received and noted.
- The updated Risk Management Framework will be received at the next meeting following receipt at Audit and Risk Committee

PBoD **Board Assurance Framework**

27/07/23
Item 25

The updated BAF was received and noted following discussion at board assurance committees. DL informed the Board the top strategic risks remain unchanged as follows:

- BAF 0022 – related to failure to achieve Break Even (15)
- BAF 0025a- related to failure to deliver essential environmental improvements for reduction of ligature anchor points in inpatient settings (16)
- BAF 0025b – relating to failure to deliver the therapeutic environment programme at required pace (16)
- BAF 0026 – related to slippage of transformation projects (16)
- BAF 0029 – relating to failure to deliver access to the right community care at the right time (16)

It was noted in the next review of the BAF:

- Any changes to scoring required as a result of the new Risk Management Framework will be reflected.
- A new BAF risk is expected to be added by the Executive Director of Finance on environmental sustainability, for receipt at EMT in December and Finance and Performance Committee in January.
- Consideration will be given by the Executive Director of Finance as to whether the DPST outstanding actions (with exception of those judged as low risk) are sufficiently reflected in the CRR and the BAF.
- EPR risks scores will be updated to reflect the position post implementation of the Go Live of the new system.
- System risks and those for the MHLDA collaborative will be reflected when received.
- Digital capability of staff will be reflected in work to develop the digital roadmap in due course and will be reflected in digital risks where required.

The Board agreed to a new cycle of reporting for the BAF which will now be received quarterly.

PBoD
27/07/23
Item 26

Corporate Risk Register

DL talked through the latest position on the Corporate Risk Register and work underway to review risks currently scoring above 12 not yet escalated with reporting on this being taken through EMT and the assurance committees with oversight at Audit and Risk Committee.

It was confirmed progress is being made with those scoring 15 and above and not yet escalated as this had been the primary area of focus, with this expected to move on for reporting to Audit and Risk Committee in October and deep dive work planned around the remainder. This will be supported by a new Corporate Risk Officer joining the team in November.

With regard to the Corporate Risk Register, she advised at the time of reporting there were 15 risks on the CRR (a reduction of 9 since the start of the current financial year). It was confirmed work is underway with risk owners and Executive leads to address with any overdue reviews and actions. It was confirmed risks are monitored regularly at the Risk Oversight Group, EMT and at the board assurance committees and a further review will have taken place by the time the CRR is next received at Board of Directors in November with further traction expected.

The current top risks remain - demand for some specialist services outweighing capacity and resources (gender identity/SAANs); waiting times for single point of access services and risk of harm as a result; and risk of harm due to access to potential ligature anchor points. These are reflected across into the BAF risks.

It was confirmed:

- The Risk Oversight Group terms of reference have been updated and are due for approval at Audit and Risk Committee in October. Membership has been extended.
- Actions from the internal audit risk review are on track for completion by the end of September 2023 with evidence having been submitted to internal audit for review.

SM asked that Audit and Risk Committee look at the plan for closing off the risks of 12 not yet escalated as a key area of focus in order to provide assurance to the Board of Directors on the progress with this for reporting through the AAA report in November. **AD/DL/PE to note for November AAA report.**

PBoD
27/07/23
Item 27

Board work programme for 2023-24

The Board noted the work programme. It was noted EMT will be looking at this in more detail for updating of the planner for receipt at the November Board. After review at EMT it was agreed it would be shared with the Non-Executive directors. **Action: DL**

PBoD **Any other business**

27/07/23 There were no items of AOB
Item 28

PBoD **Reflections on the meeting effectiveness**

27/07/23
Item 29

Board of Directors noted overall feedback from the self-effectiveness review was extremely positive that arrangements in place are appropriate and effective.

AD commended continued improvements to the papers and cover sheets. She asked that this be further enhanced through more up-front reference to risks. **EMT members to note and take forward.**

It was noted by OFO as referenced in the meeting there was potential for unconscious bias in relation to agency staffing and use of language in reporting. This was acknowledged and reflection will take place for future reporting by the Executive. **EMT members to note and take forward.**

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

Wednesday 22 November 2023 at 9.30am

Format: to be confirmed

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