

Board of Directors – Public

UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 22 November 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)
Owen McClellan, Non-Executive Director (OMcL)
Dr Mike Hunter, Executive Medical Director (MH)
Phillip Easthope, Executive Director of Finance (PE)
Salli Midgley, Executive Director of Nursing, Professions and Quality (SMi)
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: Holly Cubitt, Head of Communications (HC)
Amber Wild, Head of Corporate Assurance (BD)
Linda Wilkinson Director of Psychological Services and Chin McGuire, Programme Lead for item 21
Vin Lewin, Patient Safety Specialist for item 15

Apologies: None

Min Ref:	Item
PBoD 22/11/23 Item 00	<p>Experience Story</p> <p>The Board received a story from a service user and a staff member from Forest Close - outlining the importance of culturally appropriate hair care provision on in-patient wards and the negative impact not having this in place can have on mental health and recovery. The story talked of collaboration on progressing understanding around cultural awareness and challenging assumptions about mental health recovery and what is important to the individual around this particular issue. Welcome packs are being developed for service users in inpatient settings, as well as learning, training and support sessions for staff to help service users to meet their hair care needs.</p> <p>Discussion took place on the value of this person centred approach and how important meeting an individual's needs around this, and similar issues can be to their mental health recovery journey. It was noted the PCREF, Human Rights and the Clinical and Social Care Strategy updates on the agenda also speak to the importance of cultural awareness and responsiveness. The service user and the staff member were thanked for bringing this important issue to the attention of the Board and for their efforts in trying to improve the experience of service users.</p>
PBoD 22/11/23 Item 1	<p>Welcome and Apologies</p> <p>The Chair welcomed the Board and observers to the Public Board of Directors meeting held via MS teams. It was noted Tom Watson from 360 Assurance the Trust's internal auditors was observing the meeting along with Deputy Lead Governor Ben Duke.</p> <p>There were no apologies.</p>
PBoD 22/11/23 Item 2	<p>Learning and Reflections form the experience story</p> <p>SMi thanked colleagues for their engagement with the service user experience story heard in advance of the meeting, and for considering the importance of cultural competence and awareness in ensuring a person centred approach in supporting the personal needs of individuals.</p> <p>In a reflective discussion the following key points were made:</p>

	<ul style="list-style-type: none"> • The value of many of our service users working with us to support our staff to improve their awareness and skills in working wherever possible in a person-centred way and the value of this example in demonstrating how awareness through our governance has captured quality improvement through sharing of learning, training and raising of awareness across teams. • Correlation with issues raised with reports on the agenda around finance, human rights, the PCREF and the Clinical and Social Care Strategy. • How critical care for oneself, and support in this, are to mental health recovery noting discussions such as these provide an opportunity to reflect on our responsiveness as a service provider in meeting the cultural needs of our communities. <p>SY confirmed the Trust is committed to embedding a Quality Improvement culture and the Executive team would be considering how learning from the discussion could further support this and this would be amplified through the regular cascade and through support from the Quality Improvement Team.</p> <p>The following actions were agreed:</p> <ul style="list-style-type: none"> • SMi/PE to work with Executive team to look at ways in which funding can be provided (including potentially use of Charitable funds) to support roll out of welcome packs for hair and skin care for service users in, in patient units and further roll out of training for staff in respect of specific cultural support needs. • Bitesize training developed to be shared with the Board for information. • Messages around the value of clinical areas considering opportunities for making a difference to experience to be shared through Cascade and via the Quality Improvement Team
PBoD 22/11/23 Item 3	Declarations of Interest None specifically noted.
PBoD 22/11/23 Item 4	Minutes of the Public Board of Directors meetings The Board approved the minutes of the public Board of Directors meeting held on 27 September 2023 subject to minor amendments provided in advance of the meeting by AD: <ul style="list-style-type: none"> • Page 1, penultimate paragraph, item 2 - the heading should say 'from' not form • Page 2 final bullet point should say 'participation' not participated • Page 3 item 8 should read 'the committee was asked to' • Page 10 final sentence in paragraph 1 should say 'peri natal' mental health target reporting Action – AW
PBoD 22/11/23 Item 5	Matters arising and action Log The Board approved closure of actions as indicated on the actions log. The following additional updates were provided, and these actions were also agreed to be closed: <ul style="list-style-type: none"> • Action19.2 related to inclusion of the trajectory for addressing delayed discharges in future reports was also agreed to be closed as in hand with progress made and reflected in the Operational Resilience report.
PBoD 22/11/23	Questions from the public - None received. Questions from Governors - Deputy Lead Governor Ben Duke asked if the Electronic Patient Record includes detail on whether or not an individual is known to safeguarding and if there was a mechanism to identify if an individual had been subject to adult safeguarding in the past asking if staff were trained to know what to do and where to refer issues to. [post meeting note – a response was provided confirming that appropriate arrangements are in place and being followed with robust information sharing agreements in place. If there were an active safeguarding issue, then as a partner in the delivery of care we would expect to be informed by the safeguarding partnership of any concerns].
PBoD 22/11/23 Item 6	Chairs Report The Chair (SM) provided an update on her recent engagement with the following key points noted: <ul style="list-style-type: none"> • The Gender identify clinic were commended for being awarded a Chief Officer's commendation from South Yorkshire Police for their work with the force. • Trust staff who provided psychological support in respect of those requiring support who witnessed the very sad death of the ice hockey player were commended. • Board members were asked to promote the staff 'Shine Awards' and to encourage nominations by 13 of December. • Board members were asked to encourage staff, through their visits and engagement, to participate in completing the staff survey. • The Board were supporting safeguarding awareness week that day in support of the white ribbon campaign, with a video and blog being shared

	<ul style="list-style-type: none"> • New Governors were welcomed and inducted in September at an engagement session with the Council of Governors. • It was noted the Chair and Chief Executive are looking at the development of a wider strategy around inclusion and consideration will be given as to how membership will fit into this as the membership strategy is currently under review.
<p>PBoD 22/11/23 Item 7</p>	<p>Chief Executive's Report</p> <p>The Chief Executive (SY) drew attention to the following matters from her report:</p> <ul style="list-style-type: none"> • The challenging political and financial environment with three key areas of focus for the NHS finances, working as part of integrated care systems to deliver planned financial positions and focus on winter readiness maximising capacity and working in partnership as systems with a strong emphasis on collaboration and partnership working. • Work is taking place across the system to ensure operational readiness for winter with additional resources secured to support Mental Health crisis pathways working with the voluntary sector and focus on delayed discharges. It was noted the position on delayed discharges is improving as a result of collaborative work taking place. • Work continues with the flu and Covid vaccination campaigns. • Changes coming into operation from 1 January in respect of how services are procured through a new provider selection regime. A briefing paper will be brought to the February Development Workshop. <p>Note for forward plan.</p> <ul style="list-style-type: none"> • The first phase of the RIO (the new Electronic Patient Record system) went live as planned at the end of October. It was noted learning from this is being taken forward to support planning for the launch of Tranche 2 with a separate discussion taking place on readiness in the confidential session. • James Dury has been appointed as the new Director of Strategy. He brings a wealth of experience and his most recent role has been as Interim Director of Strategy at South West Yorkshire Foundation Trust. It was noted James will take over executive leadership of transformation, estates and facilities from January 2024 and will participate in induction meetings including an Executive time out during December. • Patient and Carer Race Equity Framework (PCREF) was launched in October with the Trust having been an early adopter. <p>AD asked if PCREF key targets would be visible in the Integrated Performance and Quality Report (IPQR) and SMi confirmed there will be a Race Equity dashboard, currently in development, which will be part of the IPQR.</p> <p>MH informed the Board the draft Mental Health Bill did not feature in the recent Kings speech and there were some key issues which had been proposed in the Bill to limit laws to detain people with Learning Disabilities and to put in place measures which provide for tighter oversight of care plans for those under detention. He assured the Board these issues would be discussed at the Quality Assurance Committee and the Trust approach captured in a report on the planned enhanced community offer, due to be received at Board in January.</p> <p>SM asked that an update on the provider regime changes be provided in public board in due course. Note for forward plan.</p>
<p>PBoD 22/11/23 Item 8</p>	<p>Board Committee Activity Reports</p> <p>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 key updates noted by the Chairs of the committees:</p> <p><u>Quality Assurance Committee (QAC)</u> - HS drew attention to the following key issues from her report:</p> <ul style="list-style-type: none"> • Focus on - out of area beds; discharge; flow and waiting lists; ADHD screening will remain under pressure but there is a plan for a tiered approach which appeared promising; and receipt of the Health Inclusion team recovery plan. The committee are keen to see that safeguarding concerns are under control. • Other issues discussed included the experience of those on waiting lists and 'Waiting Well' and a continued focus on health inequalities which will be discussed in more detail at the next meeting; and an improvement is being seen in waiting times in some areas notably Single Point of Access and the Emotional Wellbeing services and the committee is considering the measures it needs to see in order to sign off their recovery plans. • There has been a reduction in falls – which is monitored through the daily safety huddles. • Improvements have been made in reduction in restrictive practice on Burbage ward which has provided additional assurance in this area. The committee have asked how restrictive practice is monitored for those patients placed out of area and asked that this be raised at the Mental Health Legislation Committee. • The committee noted some concern about lack of significant progress with regard to volunteers and have asked for more information on this to come to a future meeting. • The committee has looked at the new clinical model for acute inpatient services and given feedback. Further

iterations will be received at the committee in the coming months and reported to Board through the AAA reports.

- The Freedom to Speak Up ambition and strategy update.
- Further assurance has been sought around developing a more focussed plan on drug discrepancies.
- The committee have asked for more detail on the Quality Improvement framework and to see further pace and urgency around this.
- The committee received the PSIRF, Mortality report, Back to Good closure report and Clinical and Social Care Strategy updates in advance of receipt at the Board.

SM commended the demonstrable focus on assurance around waiting lists and assurance the committee received around the robustness of the Quality and Equality Impact Assessment (QEIA) process.

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

- A good discussion took place around sickness levels which have been increasing particularly around mental health/stress/and anxiety and further reporting will come back to the committee on this in January.
- The annual Health and Safety report was received and a good and focussed discussion took place on reasons why violence and aggression on staff is high as well as other forms of abuse experienced by staff. The committee was assured the levels are in line with other trusts and it was noted it was positive to have a high reporting culture, visibility and transparency but this issue remains a concern.
- The committee received an update on good work which has taken place on international nurse recruitment. It was confirmed it is not financially viable to continue with further international nurse recruitment at this time. It was confirmed focus is taking place to ensure those recruited feel valued and supported.
- The committee received the Freedom to Speak Up ambition and strategy update – noting the work is on track and being re-assessed based on the Lucy Letby verdict to identify if any changes are required to the policy.

CP added there was a focus at the meeting on the health and wellbeing report which included detail on actions being taken to market the health and wellbeing offer to staff so this is clearly understood.

SMi added with regard to international nurse recruitment the issue was around the financial viability of pursuing this in isolation and further recruitment might be possible in future were the Trust able to partner with others to support managing costs.

SM asked with regard to sickness rates, if there was a concern the position could worsen further given the onset of the winter period. CP confirmed there tended to be an increase in sickness due to viruses in the winter and the vaccination campaigns are underway for staff. The marketing of the well-being offer ensures staff have access to care and support and work is taking place by the People directorate with the health and wellbeing partners to look at health inequalities and what additional action might be needed, in particular in supporting those in patient facing roles at bands 2 – 5.

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

- Emergency Preparedness Resilience Response (EPPR) new standards – the Trust submissions (as with other providers) have been challenged – an action plan will come to the board in December for approval and a further update provided in public board in January. It was noted some of the training required by providers on new areas in the standards is not yet available and this requires a system solution.
- Subject Access Request (SARs) and Freedom of Information (FOI) requests – significant progress has been made with the backlog as the Trust has been non-compliant with regulations. Progress is reflected in risk reporting with the risk score having reduced.
- Risk Management Framework received and approved for onward endorsement by the Board.
- Internal audit review cycle and analysis on gaps in core audit coverage. The committee and Finance and Performance committee have discussed this in detail, with core elements identified as being covered in other work, and with agreement of internal audit it has been agreed to continue with the current internal audit plan and to work to ensure any requirements are reflected in the plan for 2024/25.

SM asked for confirmation the committee were assured the internal audit plan position would not have a negative impact on the Head of Internal Audit Opinion and AD confirmed it was her understanding it would not given the approach had been agreed with Internal Audit.

PE added with regard to SARs/FOI that progress has been monitored by Executive Management Team and the position updated to the Information Commissioner's Office in line with requirements. Monitoring will continue to ensure the improved position is sustained.

	<p><u>Finance and Performance Committee (FPC)</u> - OMcL drew attention to the following key issues from his report:</p> <ul style="list-style-type: none"> • The month 4 and month 5 financial performance was as expected however the position became more challenging in month 6 with further discussion on this planned for the confidential meeting. • Launch of electronic patient record (EPR/also known as Rio) – phase 1 has gone live in older adults services with work taking place to prepare for the final phase. Further discussion on progress with this planned for the confidential meeting. • The committee discussed capital planning and a need for a more strategic approach to this in future. • The committee were advised on quality issues in terms of potential impact on the gender identity services waiting list following the closure of the Tavistock clinic (national impact) and had received some assurance on this and how patients are being supported whilst they wait. <p>SM asked for an update on progress with the external audit review work to be provided in the confidential meeting.</p>
<p>PBoD 22/11/23 Item 9</p>	<p>Operational resilience and business continuity The Director of Operations and Transformation (NR) drew attention to the following matters from his report:</p> <ul style="list-style-type: none"> • There has been some change in activity in terms of demand for crisis service but this was not unusual at this time of year. • There is good, ongoing work around delayed discharges with partners, with the numbers significantly reduced in recent weeks. A trajectory will be provided to support ongoing monitoring of progress. • It was confirmed in respect of the Emergency Preparedness, Resilience and Response (EPRR) submission that since reported to board a second submission has been made with an improved position. It was confirmed the Trust is not an outlier locally or regionally in terms of mental health providers. <p>HS asked that further detail be provided in future cover reports on delayed discharges movement and risks, as the latest position had not been reflected. NR explained this had progressed since drafting of the report.</p> <p>SMi confirmed latest flu (40%) and Covid vaccination (34%) levels for staff at that point in time, adding that additional mobile provision is being put in place. SM asked if the mobile clinics were expected to improve uptake. SMi confirmed there should be some improvement, the dedicated van is in place until early January with mobile support provided over and above this. OMO commended progress made with vaccination. She asked with regard to those staff working twilight shifts if vaccination was being offered in those hours. SMi confirmed mobile clinics are provided beyond midnight with a particular focus on bank staff. NR explained vaccination is focussed in particular areas due to the nature of the business or because of service user acuity.</p> <p>AD asked with regard to the ‘Better Care Fund’ and two-year funding attached, for clarification on what would happen after that pump prime funding ends. NR confirmed this was provided to support challenges across systems some elements will continue and some will cease having had the required impact. He confirmed discussions will continue with strategic planners around the areas we wish to continue noting it had been disappointing it had not been possible to secure funding for formal evaluation. Given this, the Trust is exploring how this might be addressed through internal resource to demonstrate added value and to support continuous learning.</p> <p>OMcL asked for assurance staffing decisions would not be made to maintain quality at <i>any</i> cost. NR explained there have been significant challenges in recruiting registered nurses with the Trust reliant on new registrants but work is underway to look at financial planning and impact of recruitment. SMi explained planned over recruitment took place from September (in terms of preceptee roles) with the intention of recruiting into vacant nursing associate roles noting but the Trust was short on preceptees (who generally receive multiple employment offers). There are two intakes a year and if the Trust did not take advantage of the intake in June it would potentially cause an issue with safer staffing required levels. Therefore the Trust ensured as many offers as possible were made without over establishing. MH explained planned over recruitment had been part of the strategy (and was a low-risk safety and quality approach) contrasted with significant over establishment taking place as a result of use of agency staff which was a quality, safety and financial risk. OMcL thanked him for this clarity noting concern that the Trust is over staffed in some areas and the importance of not using over recruitment to offset retention and management of vacancies in general which was noted.</p>
<p>PBoD 22/11/23 Item 10</p>	<p>Patient Safety Incident Response Plan SMi confirmed the PSIRF plan had been co-produced and was discussed, through its development, at Quality Assurance Committee and Board meetings and the plan was required, by the system, to be implemented by 1 November and this had been actioned following the October board workshop discussion. It was confirmed no major changes had been made and the plan was presented for formal approval.</p> <p>SM queried whether the planned review date of May 2024 appeared too early in demonstrating impact. SMi explained this was required to enable an early six-month review on highlighted areas of harm and would be a</p>

	<p>focussed and rapid review with the outcome reported through to Board via the Quality Assurance report in July and referenced in the Quality Assurance Report AAA report.</p> <p>SM drew attention to reference in the plan to investigations requiring on average 450 hours (56 days) which seemed excessive. SMi explained organisations were required to use the NHSE standard template and this referred to the number of hours required for external investigations. She assured the Board internal investigations are completed in a much shorter timeframe.</p> <p>SM commended reflection in the document on learning, support for families and input received from them through co-production in its development and the document was approved.</p>
<p>PBoD 22/11/23 Item 11</p>	<p>Back to Good year 2 closure report</p> <p>The Board received and discussed the closure report for the programme put in place to address issues raised through the CQC inspection. MH reminded the Board all regulation issues were dealt with by the beginning of the calendar year with the result being the Trust moved out of special measures. It was noted the last system oversight meeting with the Trust had suggested a move from system to PLACE based, Sheffield, oversight and therefore it was recommended it was the right time for closure of the programme. It was confirmed the three outstanding issues related to areas regularly discussed at Board around training, supervision and estates. For these issues, which are not regulatory or compliance related, but are complex and require attention, it was recognised it would now be appropriate to move to business as usual oversight through the board assurance committees, with onward reporting taking place through the AAA reporting to Board.</p> <p>It was confirmed MH was planning to audit embeddedness of the actions and it was confirmed assurance would be provided on this through the Quality Assurance reports. SMi noted the fundamental standards visits programme in place covers the key issues and an update on this was planned for the report in January.</p> <p>AD asked how the Trust could demonstrate where learning has been taken into account in other programmes and MH explained learning is incorporated in the Trust programme management approach and associated documents.</p> <p>SY reminded the Board the Back to Good programme was a specific turnaround piece of work but confirmed the new Director of Strategy would be reviewing governance arrangements for the priority transformation programmes and she expected any learning from 'back to good', together with any other key learning, to be reflected in that.</p>
<p>PBoD 22/11/23 Item 12</p>	<p>Transformation Portfolio Report</p> <p>Given a number of items from the report had specific reports on the agenda NR drew attention to:</p> <ul style="list-style-type: none"> • Development of the learning disability model which had received positive feedback from the Clinical Senate with recommendations from them being followed through. Detailed update planned for January Board meeting. • The Therapeutic environments programme – it was confirmed hand over from contractors of Stanage ward and the Health Based Place of Safety was imminent with snagging issues being worked through and at that stage not understood to be material. <p>BS asked for clarity about a reference in the paper to a potential risk referenced in the report around movement of patients back to primary care, about which concerns had been expressed from some Primary Care Networks. He asked for confirmation of the scale and severity of the risk. NR explained there had been concerns from some Primary Care Networks about individuals being referred back to primary care. A positive meeting has taken place with Primary Care Sheffield to discuss their concerns with clinical leads and agreement has been reached on planned pathway changes with specific wrap around support to be provided by the Trust around particular individuals. OMO asked if further support was needed in educating GPs around pathways and NR stressed the issue for the GPs was about ensuring they have access to support they need for particular individuals and the Primary and Community programme is addressing that. MH added it was around effective communications and supporting colleagues to understand the rationale and providing support and advice where required. SY stressed the importance of pathways being integrated in a way that the service user should not be aware of transition between services. It was confirmed HS as Chair of the Quality Assurance Committee would work with Executive leads for quality to ensure oversight of pathways and the patient experience. To be noted and taken forward.</p> <p>BS asked about timescales for the split of the SPA/EWS services noting there had been some discussion on these at Finance and Performance Committee. NR confirmed a plan has been developed to put some intensive support in place to support reduction of waits and to support safe transition to the split of the services towards the end of Q4 in this financial year.</p> <p>BS asked if mitigations of the risks discussed would come back to Board for approval and it was confirmed reporting would continue through Quality Assurance committee, and reported through the AAA reports and the</p>

	<p>Transformation Report to Board. SM asked that he ensure this is reflected in reporting to QAC and the next AAA report to the Board.</p> <p>HS asked for the recovery plan for SPA/EWS to be updated if required and for the transformation report to demonstrate links across the transformation programme and for any co-dependency issues to be reflected so that recovery plans were not viewed in isolation.</p> <p>HS noted there were a number of areas marked in the report as expected to move to a green rag rating in November and asked if these were on track. NR confirmed Community Mental Health has moved to green since drafting the report, the development of the new crisis service is amber and in terms of EPR an update on this was planned for discussion in the confidential Board. OMO suggested it might be helpful in reports where rag rated actions were due in the month a report has been written, to confirm expected movement to have taken place by the time of the Board meeting in the narrative which was noted.</p> <p>SM asked what remained to be completed for the community facilities programme and PE explained ongoing requirements are being reviewed, there are aspects which will continue around estates and monitoring movement of teams as part of the estates programme and work is taking place to close down controls and move them within existing governance arrangements. He confirmed he was expecting the current programme to step down in the coming months and at that point it would no longer be included in the Transformation report.</p> <p>PE confirmed discussions will continue on the capital prioritisation work and as a result there may be additional projects or programme boards set up as required.</p> <p>Actions:</p> <ul style="list-style-type: none"> • Update to be provided in the next report on mitigation of risks around patients moving back into primary care, highlighted to QAC, and reflected in the AAA report to Board – NR • Report to include reference to co-dependencies across programmes and ensure this is highlighted in recovery plans with reflected in terms of impact also to be included – NR
<p>PBoD 22/11/23 Item 13</p>	<p>Systems and Partnerships</p> <p>SY drew attention to updates provided from key meetings and work taking place to continue to strengthen partnerships including:</p> <ul style="list-style-type: none"> • A recent visit from the CEO and the Director of Adult Services from the Local Authority to the Trust A & E liaison team to hear and understand first-hand the challenges for flow and discharge following disaggregation of some elements of health and social care. • An Executive-to-Executive meeting held with Primary Care Sheffield to share strategies and discuss ways in which the strategic relationship and conversations around care outside of hospitals can be taken forward. A further meeting will take place in the new year to look at potential additional pathways for frailty and dementia. <p>SM advised, as chair of the South Yorkshire Mental Health Learning Disability and Autism Collaborative that collaboratives will be asked to consider how we can work more efficiently together to improve care and meet our collective financial and service challenges.</p> <p>HS asked for assurance quality of care for service users is being maintained following the move of the alcohol and substance misuse service from the Trust. MH confirmed he had raised a similar point at the delivery group and suggested this could be captured in reporting through Quality Assurance Committee. SM added the need to consider continuity for the service user noting feedback received from a recent visit to the homeless service of the impact this has had.</p> <p>AD asked how the Trust will be able to measure how effective partnerships are in addressing issues and to judge its own level of input and impact. She asked if collaboratives would be developing annual reports on impact and gaps. SY explained there would be some measurement through specific pieces of work looking at baseline measures before and after interventions. She advised the Board in support of the Trust's own input and impact she had commissioned the Good Governance Institute to provide some support in reviewing our engagement with strategic partners which was expected to conclude in March with the output brought to a board workshop thereafter to support discussion on future focus. SM confirmed the CEOs of the collaborative have agreed some measures which will go to the collaborative Board in December for approval and an annual report is also planned. OMO noted it was telling to read that elective admissions have increased in the most deprived areas and SY explained the primary aim and emphasis of integrated care systems is to address health inequalities and that will be the greatest measure over 5 years with a focus on the least served communities. It was confirmed the delivery group of the collaborative is undertaking planning for the next year and working hard to influence setting of strategy and interconnections. As part of this there will need to be measurement of impact and it was confirmed this is a topic for discussion through the next planning round.</p> <p>SM suggested it would be helpful for the Board to understand how the new population health post might</p>

	<p>support the Board in focussing its agenda. MH confirmed EMT will receive a presentation in December which could then be shared with the Board. He confirmed the work will take place through a clinical and sociological lens on where we can make the most impact and it would help focus our strategies and where there is disparity support resource discussions. SY added the role will also support implementing requirements around 'core 20 + 5' in addressing issues around the deprivation index data and ethnicity.</p> <p>Actions and items for board forward plan</p> <ul style="list-style-type: none"> • MH/AW to share presentation shared with the Executive to be shared with Non-Executive Directors post December. • MH/SY/SM would have a discussion on health inequalities in advance of planning a session for a board development session on population health. • SY to confirm timing for an update on the new provider selection regime at board development – note for planner. • Update to be timetabled in following CEO discussions with CEO of the Citizens Advice Bureau regarding partnership working. • MH/NR to consider points raised around impact of the loss of the alcohol and substance misuse service on other services and how this should be reflected in reporting to QAC.
<p>PBoD 22/11/23 Item 14</p>	<p>Integrated Performance and Quality Report The report was received and noted with key issues having been discussed through earlier agenda items.</p> <p>PE drew attention to an improvement in restrictive practice on Burbage which was commended.</p> <p>SM asked for an update on work taking place to address delayed discharges in PICU given there had been minimal movement in this area. NR explained the position for PICU had deteriorated but provided assurance every patient is being reviewed as part of the delayed discharge work. There are some particularly challenging issues for some individuals in terms of suitable placements where an out of area placement has been required as they cannot either go into a mixed sex environment or for other very specific reasons.</p> <p>SM asked for confirmation of progress being made with addressing long length of stay for a particular individual stressing the importance for the individual to get the right care in the right place and suggested the need to seek an arrangement with the commissioners if we are not able to address this. NR/MH confirmed issues in finding a suitable provider have been escalated to ICB, PLACE and system level.</p>
<p>PBoD 22/11/23 Item 15</p>	<p>Mortality Report Q2 2023-24</p> <p>MH noted the report describes compliance with requirements and has been received at Quality Assurance Committee who had been assured. He advised with regard to the rates of death by suicide per 10,000 people in our care he confirmed there had been progress and a reduction as follows:</p> <ul style="list-style-type: none"> • The November scorecard showed 8.65 deaths per 10,000 people in our care which placed us high in terms of deaths by suicide. There were two issues we needed to understand, these were the level at which this was impacted given we were a provider of substance and alcohol misuse services, and the fact the information at that point was 3 – 5 years old. • The next report will explain have now received the 2018 – 2020 data which showed a reduced rate to 7.8 deaths per 10,000. The question remains around how we can take out the data related to alcohol and substance misuse and how we get more real time data. • Having undertaken calculations ourselves, at this point in time, the rate would go down to 6.99 deaths per 10,000 without including those deaths related to alcohol and substance misuse. Whilst there is a reduction we don't yet have the national data to compare this against. <p>SM thanked MH for this additional information and looked forward to this being reflected in more detail in the next report; and commended the inclusion of learning.</p> <p>AD asked in terms of the 'better tomorrow' work coming to an end what was expected to come out of this by way of continued work nationally. MH explained the Trust had been part of the team supporting the development of the national Mental Health dashboard which was positive. A legacy of the work will be a network for shared learning and continuous improvement with the Trust in a strong position to bring some leadership in terms of cross checking of our incident reporting and analysis of data.</p> <p>SMi informed the Board she would be taking a presentation on the external homicide review to EMT in December and for reporting through Quality Assurance Committee in January and onwards to Board through the AAA report. She confirmed a detailed update could be provided to confidential board if required. Note for QAC forward plan.</p>

	Vin Lewin left the meeting.
PBoD 22/11/23 Item 16	<p>Q2 Guardian of safe working report</p> <p>The Board received and noted the Q2 Guardian of Safe working report which provided assurance from the Guardian of Safe Working around arrangements for ensuring trainee doctors are working safe hours. It was confirmed there were two exception reports during the reporting period confirming these were resolved in a satisfactory and timely way. MH reminded the Board he presents quarterly reports on behalf of the Guardian unless there is something contentious or a deteriorating position to report (the Guardian presents his annual report directly to the Board). It was also noted the Guardian has direct access to the Chair and Chief Executive as required.</p>
PBoD 22/11/23 Item 17	<p>Financial Performance report (month 6)</p> <p>PE outlined the financial position for month 6 noting the following:</p> <ul style="list-style-type: none"> • The year-to-date deficit position of £2.692 m and £5.384 extrapolated forecast deficit – is a worsened position in Month 6 of c£1m in the year-to-date position and a worsening positioning on out of area which triggered discussions on recovery plans and the need for these to be refreshed. • Increased grip and control has been put in place led by the Executive • The plans in the Cost Improvement Programme were largely back ended for major schemes for delivery in the latter part of the financial year. As a result targets in Q1 and Q2 had been relatively straightforward. The deteriorating position was discussed at Finance and Performance Committee and Board in Q3 and in September there have been increased pressures which have resulted in an escalation of the forecast out turn. • EMT discussed the detail in advance of Finance and Performance Committee and agreed a number of controls that needed to be put in place to increase grip and control which were outlined. • Subsequently further confirm and challenge has taken place by the Executive Director of Finance and the Director of Operations and Transformation on recovery plans and to look at areas which could move further faster, with additional challenge from the CEO. • There has been national and system escalation with regard to financial requirements for organisations to minimally deliver initial plans and meetings have taken place with the Chair and CEO to support understanding of this with further discussion planned in the confidential session. <p>OMcL confirmed the discussion at the last Finance and Performance meeting had been very robust as the committee sought to fully understand the position around the pace at which the position worsened between months 5 and 6. He noted:</p> <ul style="list-style-type: none"> • Overspends were largely operational rather on failure to deliver the CIPs. It was noted at the meeting that a detailed recovery plan had not been received and whilst the points outlined were discussed the committee have asked for that detailed plan and associated numbers to be provided and a need for additional grip. • The committee also looked at financial planning for the next financial year and did not consider this to be sufficiently transformational around CIP, with separate discussions taking place around issues with the sale of Fulwood receipt and the Maple Business case costs which have significantly increased. <p>HS asked if there was a satisfactory explanation of why the movement between months 5 and 6 had been so dramatic. PE confirmed there are issues within that which have been discussed previously and which have come into play such as the impact of the pay award settlements and undertaking final calculations. He suggested the key issue was around a worsening of cost pressures offset by CIPs and an increased requirement to meet the gap. OMcL agreed this was discussed but noted there was awareness the CIP plan was more challenging in the latter stages of the financial year and as Finance and Performance Committee talked through the plan it was evident plans to date are insufficient to meet the requirement.</p> <p>HS asked for clarification on the meaning of the phrase ‘not working to CER and rota’ PE explained this related to clinical establishment rotas which are over established and which has been seen through reporting to Board. HS asked if this over establishment related to higher levels of acuity of patients (i.e. patients being more unwell) and if so if budget was set aside for planning for this and where this budget was held. PE confirmed there are levels of additional budget set out in establishment held in ward budgets. He confirmed acuity can be a contributory reason and through the recovery plans going forward that will be challenged to ensure it is clearly explained and justified. He stressed the need for budget managers to manage budgets effectively and MH added in his view the issue was not about acuity but was about leadership and grip at every level stressing a ward shift that is dramatically over established is not going to be a quality environment.</p> <p>HS asked for clarity with regard to out of town PICU bed usage, and the number of observations put in place</p>

	<p>for those out of area beds, asking what agreements, governance and oversight arrangements the Trust had in place with these providers to ensure these are appropriate. MH confirmed this is being gripped and it had been agreed assurance around this will route through reporting to Quality Assurance Committee. NR added these relate to spot purchase beds for which the Trust does not have the same contractual agreements in place as it does with its own contracted beds. He confirmed the Executive had agreed there should be more push and challenge around observation levels and this is now in place. With regard to acuity, he agreed the issue is about systems and culture on wards and the work he and the Executive Director of Nursing put in place a year ago had not been sustained which is being challenged.</p> <p>SMi confirmed the approach to staffing on wards, could on occasion speaks to staff anxiety rather than patient need, with some over observations taking place on our own wards. She assured the Board a quality improvement piece of work is taking place around senior nursing leadership review with an absolute focus on ensuring the systems and processes put in place a year ago, which have been eroded are enacted and sustained, and holding local leaders accountable. MH stressed this is around multi-disciplinary leadership and ensuring they are containing and managing anxiety. SMi confirmed professional leads have been pulled in to support the discussions and leaders asked for assurance an MDT approach is used particularly where patients are especially vulnerable. The Executive trio (Medical Director, Executive Director of Nursing, Professions and Quality and the Director of Operations and Transformation) are modelling that MDT approach and asking collectively for that focus.</p> <p>AD suggested going forward that the Trust needed to plan for over delivery on Cost Improvement plans to build in headroom which was noted.</p> <p>MD noted there had been robust discussion at Finance and Performance Committee around next steps and recovery of the financial position whilst being mindful of the need to protect safety and quality and he felt next steps could have been clearer in the report. He advised the Trust look at all avenues in terms of potential of use of technology to support reduction of costs in future years.</p> <p>SY confirmed there was some learning in terms of the weighting of the CIP programme across the year which had carried risk couple with a clear challenge nationally and within systems to deliver savings plans and to do this the Trust must go further and faster in the remaining months of the financial year. She assured the Board weekly grip and control meetings have been put in place for the Executive to receive revised plans with increased governance around this. The Executive will be discussing additional measures required.</p> <p>OMcL asked for the timeframe for when the revised plan will to be provided to the Board. SY confirmed this would need to be developed between committees given the level of risk being carried and she would discuss what is required with the Chair of the Board and the Chair of Finance and Performance Committee.</p> <p>SM summarised the discussion noting the Board were agreed around the need for additional grip and control and meetings have taken place to support this with a need for more focus on day to day operational issues. SY reinforced assurance that the Medical Director and the Executive Director of Nursing, Professions and Quality would be ensuring all plans are safe and assurance around this would be provided to the Board. SM asked the chair of Quality Assurance Committee to ensure this is reflected on the QAC agenda planning in order for QAC to provide onward assurance to the Board and it was confirmed this would be provided through the regular standard QEIA reporting which is reflected on the forward plan.</p> <p>Action:</p> <ul style="list-style-type: none"> • SY/SM/OMcL and PE to meet and agree approach to providing regular check ins for FPC on the developing financial position.
<p>PBoD 22/11/23 Item 18</p>	<p>Q2 Operating Plan report</p> <p>The Board received and discussed the Q2 plan post Finance and Performance Committee. Key areas of concern were reported as the 5-year capital plan and plans for Maple and Leaving Fulwood which will be discussed in confidential session. It was noted there were some areas where there was confidence activity could be recovered before the end of the financial year.</p> <p>HS observed one of the recommendations on cover sheet of the paper was for the Board to take assurance risks have been identified and appropriate plans in place, however given issues raised in the discussion it was not felt this assurance could be taken which was agreed.</p>
<p>PBoD 22/11/23 Item 19</p>	<p>People Strategy (delivery plan Q2 progress report)</p> <p>CP confirmed the plan is largely on track to deliver by the end of the financial year. She drew attention to:</p> <ul style="list-style-type: none"> • Turnover rate which is above target however with the removal of the staff who have TUPE transferred

	<p>this would bring it down closer to target.</p> <ul style="list-style-type: none"> • Health and Wellbeing – some additional posts have been added to support marketing the wellbeing offer and to work with the health inequality leads to look at aspects of this in relation to staff to feed into further actions. A health and wellbeing assessment has been completed to identify gaps. • A number of sessions have taken place with leaders around workforce planning and the People directorate are working services on a one-to-one basis to support development of plans by the end of the financial year. <p>BS asked for further detail on how the Trust is supporting disabled staff around 'access to work' support and other support available to them and how to apply for it. CP explained the 'reasonable adjustments' trial has been in place for some months which included cross organisation representation to look at this holistically including any potential blockers with a report planned to be received at People committee in January following completion of the trial, she confirmed the staff disability network group is fully involved.</p> <p>AD noted she had struggled to interpret the KPIs as presented and asked if the approach to this could be reflected upon in terms of future reports. It was agreed CP would engage with AD on this outside of the meeting and reflect in future reports.</p> <p>HS noted a key point made at the People committee discussion was for the summary paper to be clearer around key risks and mitigations and this had not been reflected in the report to Board. SM reminded colleagues that wherever possible feedback received from discussions at the committees should be reflected in the updated reports then received at Board which was noted.</p> <p>SY noted turnover rates remain high and suggested this could be an indicator around culture. She asked what was taking place to capture reasons for staff departures to understand whether the right interventions were being made to support retention. She suggested in updating the approach to KPIs that it would be helpful to more clearly understand the 'so what' in terms of impact made and that this be clear in reports to Board. CP confirmed reasons for leaving is captured through a range of approaches and this could be included. SY asked that discussion on this take place at EMT prior to receipt at Board. Note for EMT forward plan.</p>
<p>PBoD 22/11/23 Item 20</p>	<p>Annual Equality and Human Rights report</p> <p>CP explained the report is provided on an annual basis to demonstrate progress against objectives with refreshed objectives expected to be received at the March Board. Note for forward plans for EMT and Board. Timing to be built in for board engagement in this at a development session in advance of Board.</p> <p>CP confirmed work is taking place to improve recording of ethnicity data and data for disabled staff; good progress has been made on the development of the PCREF and from a workforce perspective on the WRES in particular around disparity ratios.</p> <p>BS suggested a need to understand how potential changes discussed in the autumn statement around work capability assessments may impact people who use our services including minority groups who already experience significant disadvantage and was of concern. He noted charities such as MIND have issued corporate statements around this. SY welcomed the raising of this issue noting the impact austerity and the financial climate is having on people with Mental and Learning Disabilities and agreed additional measures were likely to cause additional anxiety. She noted, as referenced earlier in the meeting, that she is meeting with the CEO of Citizens Advice Bureau to consider what more can be done in partnership and an update on this will be provided to the board in due course.</p> <p>AD noted coverage is better for the workforce than it is for service users and there was a reference in the paper to health inequalities not being captured on the risk register. She asked if the organisation was capturing data required and if not where this was covered in statutory duties. CP agreed to look into this with the equalities lead in order to respond. SY noted generally EQIA's are proactively shared at service level every three years or annually and that feeds into a board committee if an equality committee is not in place, in advance of board. She suggested the process needed further development in line with the population health role with a more strategic focus over the next year with support from the Director of Strategy.</p> <p>SM asked for clarity to be given on the role of the statutory responsibilities for the board and what and how this should be covered. This can be reported back to Board through the Governance report.</p> <p>MH asked how disparity ratios (which were referenced in risk 5160) were informing our approach and focus. CP confirmed this is covered in the workforce race equality reporting through to Board but agreed to double check this with the equality lead.</p> <p>SY suggested a further discussion would be helpful with the Board around how WRES data is challenged and utilised; noting whilst the Trust data is similar to the national picture it would be helpful to be clear about the areas requiring most focus and our ambitions around improving this in the coming years and suggested a deep</p>

	<p>dive take place at EMT with a further discussion then brought back to Board. Note for EMT and Board planners.</p> <p>SMi drew attention to the nursing plan which talks to diversity of staff at each level in the organisation for nursing roles confirming there is good representation up to band 6. The Trust has commissioned external support using Higher Education England (HEE) funding to support ethnically diverse nurses to build their confidence and to develop into more senior roles and it was recognised strategic focus beyond nursing required further consideration.</p> <p>SM asked for an easy read version with key messages to be developed and shared alongside the document. It was also agreed messages will be shared with staff through the cascade. SY suggested for the next report that it include a Chair/CEO introduction. CP to note for future reports.</p> <p>Approved</p> <p>Actions:</p> <ul style="list-style-type: none"> • Ensure discussion on refreshed equality objectives takes place in advance of receipt of the final version at the March Board (currently on the board planner) and in advance of this a deep dive at EMT. Note for EMT and Board planners • Confirmation to be sought and provided on the Board's statutory responsibilities in respect of this report, equality and health inequalities. To be outlined in the next governance report. CP/DL • Easy read version of the report to produced with key messages published alongside the report on the website with key messages shared through the cascade. CP
<p>PBoD 22/11/23 Item 21</p>	<p>Clinical and Social Care 2021-2026 Strategy annual review</p> <p>MH was joined by CMcG and LW. The background to the development of the strategy was outlined and an annual update provided. It was noted it had been co-produced at scale with involvement from c 800 people and provided the foundation in ensuring all strategies are person centred and trauma informed with key drivers and focus around improving quality and reducing inequality and making a difference, which links across to routine use of outcome measures.</p> <p>LW outlined the structure in place to develop outcome measures noting the need to find a structured way to move away from CPAs in becoming more evidence led. It was confirmed there is a fully established trauma informed care pathway across the system and a framework was provided in the report which outlined assessment, treatment intervention outcome and delivery.</p> <p>MH added with regard to the rag metrics which are currently red against benefits realisation that a robust discussion took place on this at Quality Assurance Committee which has asked for more detail on what has been done and evidence of impact to be provided. It was explained this was red because this strategy is the compass which supports pointing enabling strategies in the right direction and in avoiding re-traumatisation. It was confirmed the next update would pay more attention to linkages with the other strategies and on benefits realisation and impact.</p> <p>OMcL suggested 139 objectives as referenced in the report was not deliverable and asked how prioritisation would take place. MH explained teams across the Trust had been asked to identify objectives to support its delivery and therefore these sit locally and are not specific objectives for oversight in delivery of the strategy confirming this would be clarified in the future reports. LW added this approach had added value in ensuring the strategy is genuinely embedded.</p> <p>SM reminded colleagues the service user experience story received at the outset of the meeting had talked about the importance of increasing quality of support in a person centred culturally aware way and the differences that can make which linked with the discussions on this strategy.</p> <p>It was confirmed MH would take forward reflections made in the discussion into the next version.</p> <p>[LW and CmG left the meeting]</p>
<p>PBoD 22/11/23 Item 22</p>	<p>Annual Health and Safety report 2022/23</p> <p>The annual report for Health and Safety for 2022/23 was received for approval post receipt at People and Quality Assurance Committees (its oversight committees). NR confirmed regular updates were provided to those committees throughout the year including areas which required key focus as a board. It was confirmed the report had been well received.</p> <p>OMcL asked how 'near misses' are recorded and responded to with respect to Health and Safety he suggested there may be cultural issues why staff may not have confidence to report them and offered to share his experience of this outside of the meeting. NR confirmed from a patient and quality perspective systems are in place through incident reporting and good systems in place in terms of quality perspective. SMi confirmed the</p>

	<p>Board see detail on shared learning from all incidents in the learning lessons report and a good reporting culture is in place with the vast majority being 'near misses' mostly due to patient care and there is proactive work in place to address this. She confirmed those related to staff are received at the Health and Safety group and daily huddles are in place to pick up and address issues as well as specific programmes of work for example around violence against staff which has had additional focus. She offered to discuss how this might be more clearly reflected in the Health and Safety reports with the lead for that area and NR explained there may be nuances in terms of corporate teams which needed to be confirmed.</p> <p>SM asked with regard to the 360 internal audit completed in March 2023 and a reference in there to an action related to fire safety requiring improvement on board level oversight, if that had been actioned, it was confirmed that it had. [Post meeting note- internal confirmed that they closed this on receipt of the AAA report from the Health and Safety Committee to QAC which included the relevant Fire Safety data.]</p> <p>NR provided assurance more robust structures are in place to look at fire compliance which have been in place for some time and there was a greater level of confidence which had been demonstrated to Internal Audit through provision of structures, meeting minutes and agendas and regular reports are received at the Board Assurance Committees around key areas, which has included fire safety updates.</p> <p>SM asked that future annual reports be clear about how we comply around fire safety and that this is reported at Board noting that corporate assurance committees are providing board level oversight with AAA reporting in place for escalation of key issues or areas of concern.</p> <p>The Annual Report was approved for publication subject to inclusion of confirmation on fire safety compliance and board level oversight has been met. Action: NR</p> <p>It was confirmed the Annual Report for 2023/24 will be brought through governance in Q1 of the new financial year. Note for People, QAC and Board forward plans.</p>
<p>PBoD 22/11/23 Item 23</p>	<p>Risk Management Framework The Risk Management Framework was received for approval following receipt through Risk Oversight Group, Executive Management Team and the Audit and Risk Committee.</p> <p>The document was approved subject to amendment of an error in the rag rating used in a table in section 21. AW to take forward.</p>
<p>PBoD 22/11/23 Item 24</p>	<p>Corporate Governance Report DL provided an update on the following key issues in addition to those already covered in the Chairs update and as reflected in the report:</p> <ul style="list-style-type: none"> • The process for development of the Annual Report and Accounts for 2023/24 is underway and reporting through Audit and Risk Committee. The value for money element has commenced. • Gap analysis against the new Code of Governance is underway and has been shared in draft form with Audit and Risk Committee and the Chair and Chief Executive. This will support reporting required in the Annual Report. • All outstanding declarations of interest below board level for 2022/23 have been received and the call for declarations for 2023/24 will be issued shortly.
<p>PBoD 22/11/23 Item 25</p>	<p>Corporate Risk Report DL talked through the latest position on the Corporate Risk Register (CRR) and confirmed:</p> <ul style="list-style-type: none"> • There are currently 17 risks on the CRR • Current top risks remain centred around demand, capacity and waiting lists for gender identity services and ADHD services; and risk of harm due to potential access to fixed anchor points on inpatient wards with mitigations in place and it was noted the risk related to delivery of the CIP programme had risen from 12 to 16 and had become a top risk. • Quality Assurance Committee had approved an amendment to the wording of risk 3679 related ligature anchor points. <p>SM asked why there remained risks on the CRR scoring below 12 and DL confirmed the rationale for these was outlined in the report:</p> <ul style="list-style-type: none"> • one related to a Quality Assurance committee risk around 'fall from height' which is under review and will be discussed at the next meeting; • two relate to People Committee risks which the committee had agreed to retain until review in December post completion of the staff survey and to reflect latest position on the use of the apprenticeship levy and it was confirmed they were expected to be de-escalated, and • two relate to risks monitored at Finance and Performance Committee related to Electronic Patient Record (EPR) which the committee agreed to retain until post planned launch of Tranche 2 and were

	<p>subject to review.</p> <p>DL advised the Board of the 18 risks which had been reported to the Board as scoring 15 or above but which had not been escalated onto the CRR by risk owners, a review had taken place and all risks with the exception of 1 had been either closed or de-escalated. The remaining risk is scoring 16 and is subject to review by the Executive lead and Risk Oversight Group and may escalate onto the CRR in December.</p> <p>DL confirmed a plan for addressing the risks identified as scoring 12 on team or directorate risk registers and not yet escalated is under development and expected to be received in December at the Risk Oversight Group and Executive Management Team for onward reporting through Audit and Risk Committee in January.</p> <p>SM asked if these had been reviewed to confirm if any appeared urgent and DL confirmed this would be reflected in the plan and assured the Board work on reviewing the 12's had already begun with progress made with the numbers having reduced and further movement expected in December.</p>
PBoD 22/11/23 Item 26	<p>Board work programme</p> <p>The Board noted the updated work programme.</p>
PBoD 22/11/23 Item 27	<p>Any other business</p> <p>There were no items of AOB. SM noted the corporate calendar for 2023/24 had been shared with the Board and asked for any comments to be provided back to the Director of Corporate Governance. All to note.</p>
PBoD 22/11/23 Item 28	<p>Reflections on the meeting effectiveness</p> <p>The following key observations were made:</p> <ul style="list-style-type: none"> • It was noted it had come across in the service user experience story that there can be misconceptions around someone taking care of their appearance and why that may not always be possible. The Medical Director confirmed he would be taking that back to discuss with his colleagues. It was noted the story the value of remembering 'every behaviour is caused, looking beyond what you see and demonstrating kindness and compassion'. The Executive were commended for bringing this story to the attention of the Board and it was confirmed there was learning which would be taken forward in our staff wellbeing conversations and around guidance to support staff in their cultural awareness training. • It was felt the meeting had been well managed and enabled focussed discussion on key issues. • It was noted there had been a number of cross references between papers and around lessons learned which was helpful • There remains some duplication across operations, transformation and finance reports and therefore more could potentially be done to sign post across these papers to more detailed information provided rather than having to repeat it. • It was noted the AAA report from Audit and Risk Committee did not have risks listed in the final column so there was a need to consider if this works for all committees. • The report to the Council of Governors will cover key areas and will be circulated to Non Executives for their input by the Director of Corporate Governance; and the Chief Executive with support from communications will reflect in her regular communications with staff. <p>SM thanked those in attendance.</p>

Date and time of the next Public Board of Directors meeting:
Wednesday 24 January 2024 at 9.30am
Format: to be confirmed

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