

# Board of Directors – Public

**UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 24 January 2024 via MS Teams**

**Present:** Sharon Mays, Chair (SM)  
(voting) Salma Yasmeen, Chief Executive (SY)  
Heather Smith, Non-Executive Director (HS)  
Anne Dray, Non-Executive Director (AD)  
Mark Dundon, Non-Executive Director, (MD)  
Owen McClellan, Non-Executive Director (OMcL)  
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)  
James Drury, Director of Strategy (JD)

**Other attendees:** Holly Cubitt, Head of Communications (HC)  
Amber Wild, Head of Corporate Assurance (AW)  
Ben Duke, Deputy Lead Governor (BD)  
Helen Crimlisk, Deputy Medical Director (HC)  
Hassan Mahmood, Consultant Psychiatrist and Clinical Director for the Learning Disability Service (HM) for item 16  
Melanie LarderLee, General Manager, Learning Disability Service (ML) for item 16  
Tom Watson, 360 Internal Assurance (TW)

**Apologies:** Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director, (OFO)

Min Ref:	Item
PBoD 24/01/24 Item 00	<b>Experience Story</b> The Board received a story from a service user about their experience of care through the Learning Disability service.
PBoD 24/01/24 Item 1	<b>Welcome and Apologies</b> The Chair welcomed the Board and observers to the meeting. It was noted Tom Watson from 360 Assurance the Trust's internal auditors would be attending to observe discussion on the Board Assurance Framework.  Apologies were noted from Non-Executive Director Olayinka Monisola Fadahunsi-Oluwole and from Salli Midgley who was absent for the first part of the meeting.  The Chair welcomed James Drury, the newly appointed Director of Strategy to his first Board meeting and Helen Crimlisk, Deputy Medical Director.
PBoD 24/01/24 Item 2	<b>Learning and Reflections form the experience story</b> The Board reflected on the discussion which had taken place in advance of the meeting in response to a service user experience story. This was focussed on the value of a person-centred approach in providing meaningful psychological intervention for service users with learning disabilities, including provision of arts therapy, alongside meeting physical and mental health needs. It was agreed and confirmed:  <ul style="list-style-type: none"> <li>It would be helpful in due course to hear about the work being undertaken by the University of Sheffield to look at the impact and value of new roles being put into place in healthcare settings. <b>Note for</b></li> </ul>

	<p><b>forward plan for People Committee.</b></p> <ul style="list-style-type: none"> <li>• Best practice and evaluation of new roles is being shared across teams and the approach to Peer support is an example of a model which has been effectively replicated.</li> <li>• The story had shone a light on the strength based person-centred approach used and the impact and value of skills demonstrated by the team supporting the individual as well as the benefit which will be delivered through the new Community Learning Disability transformation programme in supporting improved experience and outcomes.</li> <li>• The value of partnership working with organisations such as Flourish.</li> <li>• The value of considering how access to specialist art therapies might be extended to a wider range of service users.</li> </ul> <p>It was noted further consideration is being given as to how the Trust might lead the way in South Yorkshire around creative health including supporting improvement in social inclusion and wider access to specialist therapies, with a discussion paper planned to come back to a future Board meeting. <b>Note for forward plan.</b></p>
PBoD 24/01/24 Item 3	<p><b>Declarations of Interest</b></p> <p>None specifically noted.</p>
PBoD 24/01/24 Item 4	<p><b>Minutes of the Public Board of Directors meetings</b></p> <p>The Board <b>approved</b> the minutes of the public Board of Directors meeting held on 22 November 2023 subject to minor amendments to typos and grammar, provided in advance of the meeting by AD: <b>Action – AW</b></p>
PBoD 24/01/24 Item 5	<p><b>Matters arising and action Log</b></p> <p>The Board approved closure of actions as indicated on the actions log and noted the following updates:  Action 28: Bitesize training in relation to cultural personal care packs will be shared by the end of January  Action 31: The presentation on population health has been circulated to Board members and this action can now be closed.</p> <p>Action 34 in relation to the Annual Health and Safety report 2022/23 – it was noted that the narrative does not clarify how confirmation on fire safety compliance and board level oversight has been met and it was noted that confirmation has been received from internal audit which has been shared and it was agreed that further discussion would take place outside of the meeting prior to closure of this action. <b>DL/SM</b></p> <p>Action 22.3 in relation to the IPQR – it was noted that timing for receipt of plan for re-framing the IPQR will be confirmed following the completion of Tranche 2 of the EPR rollout. A meeting with the Head of Performance and the Non-Executive directors is planned for February for an engagement session with the reviewed KPI's and a revised timeline for the IPQR will be noted on the workplan.</p>
PBoD 24/01/24 Item 6	<p><b>Questions from Governors and members of the public - None received.</b></p>
PBoD 24/01/24 Item 7	<p><b>Chairs Report</b></p> <p>The Chair (SM) provided an update on her recent engagement noting the following key points:</p> <ul style="list-style-type: none"> <li>• The Medical Director who was attending his last meeting before going on secondment was thanked for his service to the organisation and his contribution to the Board.</li> <li>• The Deputy Medical Director will become acting Medical Director and was welcomed to her first Board meeting.</li> <li>• Regional Chair and CEO meetings are gathering pace with a particular focus on the challenging financial position.</li> <li>• The Chair has been invited to participate in a national NHSE Chair advisory group with the first meeting having taken place that week.</li> <li>• The Chair and members of the Board have continued with regular visits to services with the Chair having most recently visited the Gender service.</li> <li>• The Chair has met with colleagues and visited community services at 'Aspiring Communities Together' to learn about their work, following an introduction from the Chief Executive.</li> </ul>
PBoD 24/01/24 Item 8	<p><b>Chief Executive's Report</b></p> <p>The Chief Executive (SY) drew attention to the following matters from her report:</p> <ul style="list-style-type: none"> <li>• The complexity of the external environment.</li> <li>• Work is continuing with operational planning although national planning guidance is yet to be received. Trusts have been asked to continue to focus on the Long-Term Plan priorities and the Trust will continue to set out its priorities in terms of organisation, system and PLACE with a paper on operational planning for 2024/25 expected to be received at the February Strategy Board in advance of finalisation at the Board meeting in March.</li> <li>• The Trust is taking forward guidance provided by the Integrated Care Board on 10 key actions to support people with serious mental health issues (noting one of the case studies included in their guidance is from SHSC focussed on a joint project with primary care around health checks).</li> <li>• The Learning Disability mortality review (LeDeR) will be received at the March meeting. Key findings centre around an improved position on the median age for death of people with Learning Disabilities, however it</li> </ul>

	<p>was recognised there is more to do to improve this for people from ethnically diverse communities where the position remains less positive.</p> <ul style="list-style-type: none"> <li>• Recruitment is underway for the role of Director of Operations.</li> <li>• Day to day delivery has continued to be challenging and staff were thanked for their continued dedication in meeting ongoing pressures alongside delivering transformation priorities.</li> <li>• The Trust has re-launched its staff awards with over 170 nominations received. The celebration event will take place in February.</li> <li>• The communications team were thanked for their organisation of the virtual Trust to Cleethorpes charitable cycle ride and colleagues across the Trust were thanked for their participation in this event which raised funds to support provision of cultural care products in inpatient units. This followed on from a service user story received at the Board in November.</li> <li>• Helena Fletcher from the Engagement and Experience team was congratulated on being awarded the Unison Eric Roberts award for young campaigners.</li> </ul> <p>Discussion took place on the maturing of capturing data on populations served by the Trust including data related to inequalities and deprivation. It was noted the Trust has appointed an inequalities lead, and a public health specialist to support this work. It was confirmed a framework with associated tools is under development to support staff to capture data in a proactive and coherent way. Twice yearly reporting will be received at Quality Assurance Committee and Board. <b>Note for forward plans.</b></p> <p>In response to a request for clarification from HS it was confirmed data in respect of the LeDeR resource bank, the impact on addressing inequalities and eating disorders (priorities for the Integrated Care Board) and national initiatives in this area and the Trust response to this, would be captured in future reports and in particular in respect of new policy and emerging guidance. It was confirmed a report on LeDeR will be received at the March Board. <b>Note for agenda.</b></p> <p>SY confirmed the Medical Director, and the Executive Director of Nursing, Professions and Quality were reviewing all regulatory guidance to identify where the Trust stands against these and to identify areas requiring further focus to support building connections across reports to Board.</p> <p>AD commended the development of the CEO report drawing attention to a reference to improvements in physical health checks which had doubled in number since the Trust received a limited assurance Internal Audit report two years previously.</p> <p>She noted there were references within a number of papers to action taking place both within the Trust and across the Integrated Care System and asked if a table could be provided outlining this. It was confirmed the Director of Strategy would be developing this and would be providing detail in a Strategy Board to support further understanding of alignment of Trust and System priorities. <b>To note for forward plan.</b></p>
<p>PBoD 24/01/24 Item 9</p>	<p><b>Board Committee Activity Reports</b></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 December 2023 and January 2024 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"> <li>• Waiting lists remain a concern in a number of community services. Recovery plans are received and monitored with a focus on reducing waits and improving the quality of experience for those waiting.</li> <li>• Inappropriate use of out of area beds and repurposing of HBPOS and long stay for a number of individuals through delayed discharges remains a concern however positive work is taking place to address this including working with the Local Authority.</li> <li>• Discussion has taken place at the committee on how the Trust quality assures the experience of individuals placed by the Trust in Out of Area beds for example around medicine safety, availability of translators, safeguarding and so on.</li> <li>• Encouraging work in community teams replacing the CPA approach with a patient related outcome measures approach.</li> <li>• Improvement in responses to complaints.</li> <li>• Improvements around restrictive practice and around reduction in falls.</li> <li>• The committee has asked for more pace around delivery of the sexual safety work plan and improved mechanisms for gathering feedback from service users. The committee has asked for a deep dive discussion</li> <li>• The committee has raised issues around the impact of the EPR delay related to training and supervision which are reflected in discussion at People Committee.</li> </ul> <p><u>People Committee (PC)</u> - MD drew attention to the following key issues from his report:</p>

- Concern remains around the sickness absence levels which remains high – the committee has asked for further segmentation of data to understand this in more detail.
- Levels of aggression and violence which is of concern, is being monitored by Health & Safety committee with updates provided.
- There will be a refreshed look at mandatory training and supervision in terms of outstanding actions required an update on this will be received at the next committee meeting.
- The Allied Health Professionals plan was received demonstrating positive work taking place including peer support work. It was noted the value of this had come across in a recent Board visit and it was positive to see that work progressing.

CP noted the committee had discussed a focus on workforce planning which should be completed by the end of the financial plan, reporting will take place through Executive Management Team and People Committee

SM noted it was encouraging to see a reduction reported in turnover.

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

- On the recommendation of the Committee the Board will be asked to approve wording in the finance report confirming the Trust as a 'Going Concern'
- An update on progress with delivery of the Emergency Preparedness Resilience and Response (EPRR) requirements was received with an update provided separately on the agenda. Future reports will include clear trajectory dates for achievement of each action
- The committee have agreed to reduction in the internal audit plan days in the current financial year due to impact of the Electronic Patient Record (EPR) delay and will be reflected in planning discussions for 2024/25
- The committee noted continuous improvement with the Board Assurance Framework and were assured this is being used as a live tool. Discussion is planned at the February Strategy Board and development session where the Board will be asked to consider strategic risks to consider for inclusion in the BAF 2204/25.
- The committee received a breach report on Standing Financial Instructions and Standing Orders – there are improvements year on year however there are processes which require tightening and the committee have asked for risks to be quantified and action clarified.

PE added by way of clarification Trusts have not yet received national guidance for Going Concern and the guidance to support development of the Annual Report and Accounts which, when received may require reflection on work in place to finalise these documents.

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

- The end of Month 7 showed a £2.6 m deficit against the full year plan of a planned deficit of £3.2 m. The management team have agreed a detailed plan to address the gap, which is beginning to have an impact but there remain risks around out of area expenditure. He explained until evidence of delivery is reflected on the profit and loss sheet full assurance could not be taken the plan is fully delivering but progress on this was expected by the end of the month with further discussion planned at the committee in February.
- The receipt for the sale of Fulwood will not be received the current financial year. Work is ongoing around capital prioritisation and in line with the CDEL requirements but it was confirmed capital plans are likely to be impacted to some extent by the delay in receipt of these funds.
- Planning for the next financial year is underway and a key area of focus.
- The Sustainability strategy was received and agreed for submission to the Board. The committee noted a need to further embed sustainability in ways of working however it was recognised the priority needed to be quality and safety first followed by finances and sustainability.
- The committee is receiving verbal updates on the latest financial position in advance of committee meetings which was supporting increased visibility.

Mental Health Legislation Committee (MHLC) – On behalf of OFO, MH drew attention to the following key points from the report:

- There had previously been concern about the numbers of AMHAMs in place however successful recruitment had taken place with a watching brief continuing to ensure sufficient resources are in place.
- There is a concern around explanation of rights which appears to be a gap. A task and finish group has been established with improvements expected in time for reporting to the next committee meeting.
- The committee received a paper providing assurance around the legality of use of the Health Based Place of Safety
- The committee was advised during Q2 two legal directions were received this related to failure to

	<p>submit reports in the required timeframe and in one case failure of a staff member to attend a tribunal. Issues have been discussed with teams and individuals concerned.</p> <p>SM asked with regard to the process to explain rights if this were an issue picked up through the fundamental standards visits to inpatient units and MH understood that it was and it was his understanding the issue was most likely one related to recording given there is the expected number of individuals applying for tribunals and AMHAM reviews were taking place at the expected rate.</p>
<p>PBoD 24/01/24 Item 10</p>	<p><b>Operational resilience and business continuity</b> The Director of Operations and Transformation (NR) drew attention to the following matters from his report:</p> <ul style="list-style-type: none"> <li>• There has been an increase in the perinatal case load.</li> <li>• Discharge work and winter planning is embedded.</li> <li>• The Trust is compliant with the principles of health command training and (EPRR) and a tier II group has been established reporting into Audit and Risk Committee to provide additional oversight.</li> <li>• Staff from Talking Therapies were commended for their response, in partnership with the Integrated Care Board, in providing support those who witnessed the very sad death of an ice hockey player at Sheffield Ice Stadium.</li> <li>• There has been an increase in demand and presentations of those with Mental Health illness through A &amp; E have increased significantly since the summer. The Trust is working closely with Sheffield Teaching Hospital around these issues.</li> <li>• The Trust response to recent Industrial action has been effective through the business continuity plans and there were no serious incidents as a result.</li> <li>• The Trust is continuing with the flu vaccination programme with staff being encouraged to take up the vaccine.</li> <li>• There have been no major incidents or critical incidents declared since last the last public board.</li> </ul> <p>BS asked for clarification on the reference within the report to 'Right Care Right Person' and escalation being required, asking for further detail on the issues. NR confirmed this related to initial requests for support from the police when individuals have gone absent without leave. An update on 'Right Care Right Person' will be received at Executive Management Team and is being kept under review. BS asked for assurance service users were not being disadvantaged or put at increased risk because of the changes in place as a result of RCRP and NR provided assurance, whilst there was a risk, the particular issues had been addressed following escalation and the Trust was maintaining a good relationship with the police. SY added by way of further assurance that the South Yorkshire system was fortunate in having an Integrated Care Board which was leading positive discussions in managing risks appropriately, with positive engagement from police colleagues, and this would continue to be monitored at Executive Management Team.</p> <p>AD noted the report had asked that the Board confirm its level of assurance on the points raised in the report and asked for clarification on the level of assurance it could take from the updates provided. NR explained the Board could take assurance around management of winter planning, plans for engagement around breaches in A &amp; E departments and work taking place at system level, which the Trust is participating in, around the Urgent and Emergency Pathway with a reduction in breaches. Further consideration will be given in future reports in terms of clarifying the 'ask' of the Board through the recommendations.</p> <p>SY added by way of assurance, consideration was taking place as to how best to reduce the board papers where data is sufficiently reflected for example in the Integrated Performance and Quality Report.</p> <p>HS suggested the paper was well written, but that it might be time to move into sharing more information within it on how the Trust is integrated in wider system issues in terms of the quality of care provided. SM also commended the report which provided useful operational detail for Non-Executives, but welcomed further reflection.</p> <p>SM asked in respect of breaches in A &amp; E and steps being taken to address data accuracy if more work was taking place over and above the detail outlined in the report. NR confirmed further detail would be provided in the next report which would follow from work taking place via a city-wide group feeding into the Urgent and Emergency Care pathway which he was co-chairing, with meetings taking place with Sheffield Teaching Hospital to take stock on the service offer and further refinements in approach collectively required. He explained there is a need to understand the data in more detail particularly for those cases where individuals are waiting for long periods of time.</p> <p>[SMi joined the meeting]</p>
<p>PBoD 24/01/24 Item 11</p>	<p><b>Quality Assurance Report – Q2 and Q3 2023/24</b></p> <p>SMi commended the report to the Board which provided an update on recent Quality Assurance activity; progress with delivery of the milestones in the Quality Strategy; progress with delivery of outstanding Back to</p>

	<p>Good actions and work in place to respond to the new Care Quality Commission regime.</p> <p>BS asked if a plan had been received at Quality Assurance Committee to explain progress with delivery of actions in response to escalation of issues related to work referenced in the report (section 2.6) in the South Recovery Team. SMi confirmed by way of assurance, that after the Board visit in December at which the issues were raised, the team were asked to develop an action plan but provided assurance issues which were found on that day were immediately addressed.</p> <p>OMcL commended improvements made to the board visit process. He asked with regard to the reference in the report to safe sharps practice if that related to the Health and Safety Executive (HSE) sharps incident in 2022 noting an issue had been raised in a Board visit from staff about the new bins getting full and not working well. SMi confirmed it took time for use of new equipment to embed but assured the Board the medical devices officer actively engages with teams on issues and would continue to do so. She confirmed the new equipment is safe and did relate to the actions put in place following the HSE notice in 2022/23.</p> <p>AD asked for an update on when the outcome of the PLACE visits would be received and NR confirmed a separate report would be received on this, with finalisation of feedback taking place and a report expected to be received through Quality Assurance Committee and Board in March.</p> <p>SM commended the continuous involvement of the report and in particular the provision of assurance around fundamental standards of care.</p> <p>[PR joined the meeting].</p>
<p>PBoD 22/11/23 Item 12</p>	<p><b>Lived Experience Report (including the annual update on the Carer and Young Carer Strategy and on Service User Engagement bi-annual report)</b></p> <p>SMi noted the Lived Experience report was being received for the first time and combined updates on progress with delivery of the Carer and Young Carers strategy and the Service User engagement bi-annual report. It was noted the report provided positive updates on progress with work over the last six months including partnership working and an action plan in place around the Friends and Family test. It was confirmed the report will be received six monthly.</p> <p>OMcL suggested it would be helpful in future to include more detail on how service users placed out of area are supported to ensure their needs are met and quality of care assured. SMi assured the Board a process is in place for monitoring of clinical care. This report confirms there is explicit engagement with service users via the engagement team in providing an opportunity to listen to any concerns the service user might have. It was confirmed teams calls were offered but generally there had been a preference for phone calls.</p> <p>HS commended the quality of the report and use of the alert, advise, assure approach on the summary. She noted the Board was able to see how Tier II groups are working in support of the Board Assurance committees to provide assurance and in demonstrating delegated leadership around governance which was encouraging.</p> <p>SM reminded the Board that on previous visits the board had not been regularly sighted on experience and the improvement to the approach and inclusion of further detail on the report had been a helpful development as had detail shared on partnership working. She asked in respect of the service user involvement pathways outlined in the report for detail to be drawn out in future of the links between this and the governor and membership engagement work. <b>Action: SMi</b></p> <p>SM commended inclusion of follow up detail from the Board stories and follow up actions noting these were positive examples to capture for Well Led. <b>Action: SMi/DL</b> to capture for Well Led.</p>
<p>PBoD 24/01/24 Item 13</p>	<p><b>Patient Carer Race Equality Framework (PCREF)</b></p> <p>It was noted the Trust was an early adopter of PCREF and the Board was updated on work in train to develop a co-produced delivery plan. Discussion took place on the need to continue to ensure the Trust engages strongly with the inequalities agenda and SMi asked that a Board conversation on how best to do this be reflected in the Board forward plan. She explained governance arrangements would need to be explored given there was an expectation Inequality Advisory Boards will be established within trusts to oversee the work. She confirmed further thought will be given to development of a proposal for receipt at the Board. SY added the Board will need to consider strategically its approach to engaging with the inequalities agenda building on work already in place; noting the ambition and governance to support this needed to be developed including consideration of linkage with priorities and planning for drawing in insight from communities in a more systemic way. She suggested a broader, externally supported discussion, take place around inclusion, alongside agreement on governance arrangements – the approach and timing to be confirmed with the Chair. <b>Note for forward plan.</b></p>

	<p>SM sought clarity on planned reporting to Board, and involvement required by the Board as this work develops. SMi confirmed the Inequality Advisory Boards were not expected to be established until March 2025.</p> <p>The Quality Assurance Committee has agreed to receive separate update reports on progress with PCREF every six months with onward reporting provided to Board. <b>Note for forward plan.</b></p> <p>SM asked for an update on progress with the review being led by the University of Sheffield on PCREF to be received at the appropriate time. SMi confirmed funding has been received for the work and a report would be provided to the Board in due course. <b>Note for forward plan.</b></p> <p><b>Action:</b> Delivery plan for the co-production workshop dates to be shared with the Board - SMi</p>
<p>PBoD 24/01/24 Item 14</p>	<p><b>Quality Improvement bi-annual progress report</b></p> <p>The Board received and noted the bi-annual Quality Improvement (QI) progress report. It was noted to date over 250 people in the Trust have received some form of QI training with 70 new projects registered, including collaborative projects around waiting lists and flow (which include work with external colleagues) and evidence of a QI approach demonstrated in learning disability services.</p> <p>MH informed the Board a session on reducing inequalities is a key element of work which will be reflected in a board development session. <b>Note for forward plan.</b></p> <p>SY thanked PR for her drive and delivery of a QI approach in the Trust, and in supporting its embeddedness. She was also commended for her contribution to the national QI assessment which will be shared with the Board at a future meeting alongside a strategy session focussed on next steps with the new change framework led by JD and PR. <b>Note for forward plan.</b></p> <p>PE confirmed his support for the development of the new integrated change approach for 2025 noting a key element of this would support improved outcomes and reduction in waste and links across to the work on Sustainability.</p> <p>MH noted the reducing Health Inequalities MHA QI project as a good example of a project which also supports building cultural change. It also offers the potential for a conversation between the Board and the organisation in terms of what is required for success and how learning can be shared more widely.</p> <p>PR assured the Board the approach for improvement taken by the Trust was aligned with the approach taken by the Integrated Care System with considerable work taking place around 'ward to board', around front line improvement and around connecting with partners including co-presentation with partners at national conferences.</p> <p>SM commended progress made and noted improvements as a result of QI had been visible on Board visits, and referenced by staff, demonstrating cultural changes as a result of a QI approach. She reminded the Board of the significant progress made since the QI board development session in 2022 and how positively this has been embraced across the organisation.</p>
<p>PBoD 24/01/24 Item 15</p>	<p><b>Transformation Portfolio Report</b></p> <p>The Board received an update on progress with the Transformation Programmes. It was noted good progress has been made on the programmes for Community Mental Health and Learning Disability and Autism services. Work is continuing on the remaining programmes including work with partners on the Primary and Community Mental Health Transformation and in addressing delays with the Electronic Patient Record programme which it was noted is a key risk with a separate discussion planned in confidential session. NR informed the Board the consultation for the SPA/EWS services has been re-opened to ensure more meaningful engagement.</p> <p>It was noted by HS the report asked if the Board were sufficiently assured around structure of the transformation programmes and it was not sufficiently clear from the paper how risks were being managed in order to provide that assurance. JD assured the Board the approach to the Transformation Board and governance arrangements around the programmes is under review with discussion planned at the next Transformation Programme Board which will impact on future reporting to the Board, and will include strengthened detail on management of risks.</p>
<p>PBoD 24/01/24 Item 16</p>	<p><b>Learning Disabilities Transformation Progress Report</b></p> <p>The Board received and discussed the Learning Disabilities Transformation progress report. MH reminded the Board it commissioned work in January 2022 to look at the provision of Learning Disabilities services at which point a challenge was set to consider how we might move away from a traditional inpatient model to a more appropriately flexible integrated community offer. The paper presented the outcome of that work following detailed engagement and co-production internally, with experts by experience and with partners across</p>

	<p>Sheffield. It was noted the presentation to the Clinical Senate (from outside of the region) had been positively received.</p> <p>The paper outlined next steps around organisational change, training requirements, policy changes under development and process. It was confirmed future reporting (as part of the transformation report) will include updates on progress with implementation, and tangible benefits.</p> <p>Discussion took place on the patient story received at the outset of the meeting which involved feedback from a service user with learning disabilities who had benefitted from the music therapy offer and more generally the value of creative therapeutic therapies. BS asked if this specialist intervention would also be available to a broader range of service users. SMi confirmed an Allied Health Professionals strategy, due to be launched shortly, would reflect future provision of specialist therapeutic services.</p> <p>SY noted the approach to involvement and engagement used in this programme had been commended by the PLACE partnership board as an example of good practice and commended the team for their leadership of the work and improvements made.</p> <p>SY suggested, with regard to investment in creative and cultural therapies to support people to live more fulfilled lives, that this should be considered as part of the wider cultural offer by PLACE and consideration would be given as to how best to engage with colleagues to support the Trust in its delivery of the AHP strategy as it develops.</p> <p>AD commended the report but asked that future updates include milestones for implementation and achievement of outcomes to provide visibility of impact. It was confirmed this detail had been included in the more detailed report received at Quality Assurance Committee and would be shared with AD. <b>Action: AW</b></p> <p>SM congratulated the team on the progress made. She asked for clarification on funding and re-allocation of existing funds asking if the plans were fully funded. MH confirmed the existing budget was being augmented with additional fully funded budget to support delivery of phase II of the plan – a 7 day a week offer.</p> <p>SM noted the risk share was still to be negotiated in terms of balancing potential need for inpatient beds and use of out of area beds. She asked that in looking at this that the Trust ensure it understood the financial risk to the Trust. MH confirmed this issue was being reviewed at provider level and the Trust's own requirement for specialist beds was expected to be very low, but agreed this may not be the case in other parts of the system and therefore there was a need to be mindful of that in terms of identifying risks and benefit.</p> <p>OMcL confirmed discussion took place at Finance and Performance Committee on funding where the main concern had been around transition to the new model. It was confirmed at the committee by MH as the senior responsible officer that it was being appropriately managed within budget.</p> <p>SY assured the Board that assurance on delivery of the programme would be provided through the overarching Transformation report, and if required a more comprehensive report would be provided to the Board following implementation.</p>
<p>PBoD 24/01/24 Item 17</p>	<p><b>Systems and Partnerships briefings and updates</b></p> <p>SY noted the key area of focus at recent system meetings had been on planning with confidential papers due for discussion that day on future commissioning. A number of key whole system strategies were received at the PLACE partnership Board which the Board was assured the Trust had contributed to as a key partner.</p> <p>OMcL asked that future reports be clear on clarifying the 'so what' question for this organisation which was noted. JD confirmed he would provide a table in future reports on where responsibilities and contribution lie by organisation. <b>Action: JD</b></p> <p>SY advised the Board work has progressed with the externally supported review to gather stakeholder feedback due to conclude at the end of March after which a report will be received at the April Strategy Board together with a map on how our priorities align with those of PLACE and system – <b>Note for forward plan.</b></p>
<p>PBoD 24/01/24 Item 18</p>	<p><b>Integrated Performance and Quality Report (IPQR)</b></p> <p>It was noted, since circulation of the paper, the Trust had received a letter from NHSE commending the exemplary use of the SPC charts in the IPQR (one of only 12 Trusts nationally doing so in the manner required).</p> <p>The Board was informed:</p> <ul style="list-style-type: none"> <li>• There has been a positive downward trend on falls as result of implementation of the falls safety</li> </ul>



	<p>huddles. PE noted improvements should be received with some degree of caution given a need to sustain this, which could potentially be impacted by a recent increase in sickness levels.</p> <ul style="list-style-type: none"> <li>• It was noted turnover has reduced, taking into account removal of data related to junior doctors who rotate in and out of the Trust.</li> <li>• Challenge has remained around impact of flow.</li> </ul> <p>AD suggested it would be valuable in future to include narrative that confirms assurance issues are known, recovery plans and grip is in place and escalation taking place where required.</p> <p>OMcL noted that discussion had taken place at People Committee on sickness absence which remains high; and the committee had asked that benchmarking be provided with other Mental Health Trusts. The committee also discussed training and the importance of ensuring, where the committee has been assured action has been taken, that this is locked down and is sustained. It was noted this had been a concern with some re-emergence of previously closed issues in some recovery plans.</p>
<p>PBoD 24/01/24 Item 19</p>	<p><b>Financial Performance report (month 8)</b> PE outlined the financial position for month 8 noting the following:</p> <ul style="list-style-type: none"> <li>• Detail on the November 2023 position against the planned overspend of £3.2m and outturn position expected (the recovery plan of £3.3m) was included in the report.</li> <li>• Finance and Performance Committee are holding additional pre-committee meetings to receive up to date data and assurance.</li> <li>• Triangulation of data has taken place, the Trust was marginally ahead of plan in December but the January to March period is critical for achieving plan. To support monitoring of this weekly EMT tracking meetings are in place.</li> <li>• A key area of risk in the recovery plan is delivery of the required out of area reduction in spend which continues to be challenging.</li> </ul> <p>OMcL confirmed the pre-committee meetings had been helpful in demonstrating movement on Profit and Loss and in providing additional visibility of movement.</p> <p>SM asked if work to develop the financial plan for 2024/25 was in train and PE confirmed work is taking place to build a base plan with detailed discussions taking place around budget setting. He stressed there remain some significant national unknowns and guidance was awaited to provide clarity around growth and expectations around Mental Health Investment, as well as providing clarity over the time period over which the system will be expected to reduce its overall deficit. It was confirmed detailed discussion on the financial planning for 2024/25 will take place at the February Strategy Board meeting.</p>
<p>PBoD 24/01/24 Item 20</p>	<p><b>NHS Equality and Diversity System Update</b></p> <p>An update was received on new requirements related to NHS Equality and Diversity system reporting. It was confirmed the Trust is making good progress in most elements however there was a requirement for a stakeholder organisation to provide support in reviewing progress and engagement. This has been challenging to set up and therefore a collaborative approach led by the Integrated Care System Chief People Officer is being developed.</p> <p>BS observed it was challenging to understand from the report what the impact will be on day-to-day support and activity. SY explained the aim was to develop closer system working around EDS focussed on key areas. This will support making this clearer for organisations and the public in future, through a more meaningful process. She suggested feedback be given at the collaborative and at the Integrated Care Board in terms of the need to consider how best to reflect use of outcomes.</p> <p>It was noted the paper was not for formal approval and the Board were assured around progress outlined and were advised on the delay with submission due to the development of the peer review process about which the Board was supportive.</p>
<p>PBoD 24/01/24 Item 21</p>	<p><b>Sustainability and Green Plan Strategy (2022-26)</b></p> <p>It was confirmed the strategy had been received for discussion through Finance and Performance Committee a number of times through its development. There had been challenge at the committee on the scale of the challenge and deliverability, but had some assurance progress had intensified in recent months following appointment of the lead and increased capacity. It was noted positive progress had been made around working in sustainability models of care but there have been some areas linked to sustainability of the estate which had not been reflected in planning and were being reviewed. The importance of sustainability being embedded into</p>

business as usual was recognised with consideration required around embedding necessary processes into governance - for example around the development of the Maple Ward Final Business Case - which would be an early example of this working in practice.

It was noted a new risk had been added to the Board Assurance Framework around sustainability which was a good step forward and continuing to be refined.

JD suggested the need to embed sustainability in all business cases and projects to maximise opportunity; keeping in mind what motivates staff and empowers them to act which is a cultural issue and ensuring we maintain a focus on tackling inequalities.

BS commended the holistic approach being taken around how sustainability might support other key areas of focus. He suggested a need to consider how it might be exploited as part of the 'living well' agenda in a more visionary way around which he suggested mental health trusts should be providing leadership.

SMi noted it had been helpful to consider sustainability when discussing procurement decisions and suggested a need to work in a more sustainable way with community groups and through further delivery in local partnerships.

It was confirmed the scale of ambition was clear and it would be helpful to capture more of what is being done around this agenda across the Trust including areas with a sustainability angle may be less obvious.

SY confirmed capturing hearts and minds around sustainability was key to achieving success, supporting all members of staff to be conscious of driving value for every public pound and ensuring a wide range of examples are captured around how we are building green pathways which the report had started to do. She noted the Trust could look to make use of a maturity model she would share with the Executive lead, which could support comparison with other organisations.

PBoD  
24/01/24  
Item 22

#### **Board Assurance Framework**

The BAF was received at EMT in December 2023 and has since been updated by Executive Leads and the Director of Corporate Governance for final submission through Assurance Committees. The full BAF has been updated to reflect new strategic aims and priorities and includes cross reference to associated corporate risks.

AD confirmed that discussions had taken place at Audit and Risk Committee where it was asked that in developing the BAF, further consideration takes place as to whether the risks, gaps and actions are sufficiently strategic in focus or if they are sufficiently covered through the Corporate Risk Register. AD requested that when considering the BAF risks in the February strategy session, that consideration to Health Inequalities and Artificial Intelligence is reflected in the discussions.

PE welcomed a discussion on how to maintain the focus of the BAF more on the strategic aspects of the risks. SY confirmed that this timely review and refresh of the BAF and a review of the risk descriptions will enable a less siloed aspect to the strategic risks and to enable focus in the right way. Discussions at EMT have included the need to have a broader risk to reflect the organisation's digital journey in relation to the electronic patient record, and cybersecurity.

In relation to the BAF extract received at FPC, an additional BAF risk has been added in respect of Environmental Sustainability which the FPC received and approved for onward sharing with ARC and Board. There was some concern about the readiness of the organisation in respect of delivery of the 2030 requirement around net zero, as noted in the discussion on sustainability in this meeting and this is continuing to be refined.

MH suggested that a comprehensive place-based approach to sustainability should be considered to deliver on those aspects of the NHS Green Plan that are not within our immediate control but are within potentially our expanded spheres of influence. PE confirmed that work with the anchor institution and with local authorities and universities has begun, and it was agreed to take this forward in the discussions at EMT and the Board in February.

The Chair noted that useful debate and discussions in relation to the BAF has taken place at the assurance committees, and it is recognised that the Board uses the BAF as a live tool which is updated regularly to challenge and reflect discussions held. The Chair requested that the structure of the February Board session agenda enable the flow of discussion in relation to the system and partnerships risks. SY confirmed that there will be a collective view for South Yorkshire or for Sheffield Place, and suggested that there will be a need to consider what potentially the implications of any of those risks are for the organisation, as well as considering that we're contributing to a broad risk or mitigating a broader risk across South Yorkshire.

The Board will review the BAF risks in more detail at the February strategy session to support finalisation of the BAF for 2024/25.

<p>PBoD 24/01/24 Item 23</p>	<p><b>Corporate Risk Register</b></p> <p>An update was provided in relation to the 23 risks currently on the corporate risk register which have been updated and taken through EMT, the assurance committees and Risk Oversight Group in January. Of the risks scoring 12 not yet escalated onto the Corporate Risk Register, this has been reduced from over 100 to 12 risks following good engagement between the risk team and teams across the organisation and this was noted as significant movement in a short period of time. It was confirmed that the top risks of the organisation have increased from 4 to 6 relating to risk with the EPR and further discussion of this will take place in the confidential session.</p> <p>In relation to the risks scoring below 12, the Chair noted that there are 4 risks on the CRR scoring below 12 and requested that further confirm and challenge is given to these to ensure that all risks are recorded on the register appropriately. It was noted that these are pan-organisational risks and they were discussed at Risk Oversight Group in January 2024, with a more detailed discussion planned for the next meeting on 27 February where consideration of removal of these prior to receipt of the Corporate Risk Register at the committees and Board in March will be given.</p> <p>SY confirmed that the register is received at EMT and a review of the processes looking at a more strategic way of doing risk management will support further test and challenge that is provided at Executive level and prior to the board approving any recommendations.</p> <p>AD suggested that the trajectory between the current risk score and the target risk score is considered within the context of the risk management framework, allowing for discussion of the distance away from achieving the target score.</p> <p>The Board approved the changes to those risks agreed at Risk Oversight Group and committees and noted the pending risks (4965 and 5043) which will be further discussed at Risk Oversight Group in February. It was agreed that dates for escalation and the processes for reporting risks will be reviewed before they are presented to board.</p>
<p>PBoD 24/01/24 Item 24</p>	<p><b>Corporate Governance Report</b></p> <p>It was confirmed that an update on progress with delivery of the annual report and accounts was received at the Audit and Risk Committee (ARC) in January. The first version of the Annual Report has been drafted and will be circulated to non-executive directors for any feedback in early February following receipt at Executive Management Team. It was noted that the second draft is due for completion during March for receipt at EMT in April and the Audit and Risk Committee and Board of Directors in May. It was confirmed that the Value for Money submission part of the process has been completed and submitted to external audit in line with planned expectations.</p> <p>In relation to the two outstanding declarations of interest from 2023-24, these have been received and this process has been closed. The process for calling in declarations for 2024-25 has begun and a report will be taken through Audit and Risk Committee in May 2024.</p> <p>The Audit and Risk Committee received an update on the processes in place for the monitoring on key operational plans, receipt of action plans and third-party reports and further discussions will take place with the Chair of ARC to review how best to continue monitoring these in the new financial year.</p> <p>The Board undertook a self-assessment against the previous Well Led domains in 2022-23 and progress against actions were reported in July 2023. Following this, the Board received an update in October 2023 on the changes to the CQC approach.</p> <p>SY confirmed that an externally supported Well Led review, and a review of our trust wide clinical and corporate governance arrangements is being commissioned and timings will be agreed with the Board for expected delivery in 2024/25.</p> <p>The Board noted the updates.</p>
<p>PBoD 24/01/24 Item 25</p>	<p><b>Board work programme</b></p> <p>The Board noted the updated work programme.</p>
<p>PBoD 24/01/24 Item 26</p>	<p><b>Any other business</b></p> <p>No additional business was raised at the meeting.</p>

<p>PBoD 24/01/24 Item 27</p>	<p><b>Reflections on the meeting effectiveness</b></p> <p>The following key observations were made:</p> <ul style="list-style-type: none"> <li>• Good discussion about health inequalities with clear evidence of the golden threads coming through from reports and discussion.</li> <li>• There has been robust discussion about sustainability which enabled focussed discussion on key issues</li> <li>• The new format of the CEO report has been useful in signposting Board members to key areas within the agenda and with a different angle given.</li> <li>• The impact of the delayed EPR has been picked up appropriately and cross-referenced between papers which was helpful.</li> <li>• Improved quality of reporting has been noted</li> <li>• There have been excellent examples of service user experience and quality improvement work presented in the reports with important topics being debated and clear actions agreed.</li> <li>• 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</li> </ul> <p>SM thanked those in attendance.</p>
--------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

**Wednesday 27 March 2024 at 9.30am**

**Format: to be confirmed**

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