

Board of Directors – Public

UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 29 January 2025 at Centre Court and via MS Teams

Present: Sharon Mays, Chair (SM)
(voting) Salma Yasmeen, Chief Executive (SY)
Heather Smith, Non-Executive Director, Deputy Chair (HS)
Anne Dray, Non-Executive Director, Senior Independent Director (AD)
Owen McLellan, Non-Executive Director (OMcL)
Phillip Easthope, Executive Director of Finance and digital (PE)
Dr Helen Crimlisk, Interim Medical Director (HC)
Caroline Johnson, Executive Director of Nursing, Quality and Professions (CJ)
Caroline Parry, Executive Director of People (CP)

In Attendance: Professor Brendan Stone, Associate Non-Executive Director (BS)
(non-voting) James Drury, Director of Strategy (JD)
Gulnaz Akhtar, director of performance and delivery (GA)
Neil Robertson, Director of Operations (NR)
Dawn Pearson, Associate Director of Communications and Corporate Governance (DP)

Other attendees: Amber Wild, Head of Corporate Assurance (AW)
Holly Cubitt, Head of Communications (HCu)
Joe Roberts (GGI) observing
Jenny Hall, PCREF lead for item 0
Chris Molloy, co-Chair of Carers Open door for item 0

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

Min Ref:	Item
PBoD 29/01/25 Item 1	<p>Experience story learning and reflection</p> <p>The Board heard from Jenny Hall (JH), Carer and PCREF lead who introduced the current work on the triangle of care which is a three-stage process for organisations to work through that highlight good practice in building an inclusive approach to care, giving carers a stronger voice and enabling better partnership work with carers, families, and communities. She advised that 1 star has been achieved in relation to the inpatient and care homes, and work is now focusing on community teams, with a deadline of May 2025. She explained how pivotal the Carers Open Door and the carer voice has been in the development of this work, in getting the carer voice into the conversation.</p> <p>JH introduced Chris, a carer and co-chair of the Carers Open Door, who talked about his experiences of being a carer and a service user in the Trust. He spoke about the importance of carers being heard and listened to. He noted the importance of being able to act on feedback received to ensure right levels of support are being offered, principles which sit at the heart of meaningful coproduction and from which the evidence shows supports better outcomes for service users and carers. He added that some of the more recent work which the group have been able to influence has been part of the RIO implementation group in the development of care records.</p> <p>In relation to the triangle of care, he said that a key aspect of this work is being able to share and embed good practice, and he noted that the PCREF and triangle of care work raises the profile of cares, but more work needs to be done.</p> <p>Chris told the Board about his experiences as a carer, noting that there have been pockets of good practice but that this has not been consistent, and he advised that navigating care can be challenging</p>

due to the criteria for accessing services. He recommended that the Board to consider service user and carer experiences alongside data that is presented, as stories highlight how meaningful the space is for people using services. He concluded by saying that it is the simple things such as being heard and being listened to, that make the biggest difference to peoples' experiences.

Learning and reflections:

The Chair thanked Chris for his story and advised him that the Board have opportunity to reflect on what they have heard.

Brendan Stone (BS) agreed that listening and hearing are powerful tools and asked what more could be done to support this. Chris referenced a quarterly magazine which was produced by Your Voice Sheffield, a registered charity, but was no longer in publication, which had focused on mental health and had supported in raising the profile of the service user and carer voice. James Drury (JD) referred to Chris's powerful statement about being heard and listened to and noted that the voice of service users and carers needs to be reflected in the Trust strategy refresh that is underway. JH agreed on the importance of connecting to people and advised that spotlight sessions take place at the carer groups which helps connect staff and leaders to the voice of the carer.

Gulnaz Ahktar (GA) referred to Chris' recommendation to consider service user and carer experiences alongside the data presented, which highlights how meaningful the space is for people using services and noted that data can be used to describe the cost of not engaging with carers, and that understanding these consequences can support to staff to understand the need to engage and include carers. Chris agreed and reiterated the need to capture the narratives of carers and service users alongside the data. Owen McLellan added that analysis of work that does not add value would also be helpful to understand as a Board.

Anne Dray (AD) asked how the triangle of care work could be better articulated and communicated to carers in the organisation. Chris suggested that carers training would benefit staff as there are a lot of people working in the Trust who are also carers. JH added that the Trust is working in partnership with the Sheffield Carers centre and Sheffield Young Carers, independent charities supporting unpaid carers, and this collaboration ensures good practice is taking place.

Helen Crimlisk (HC) noted that the experience story drew out links with some of the Trust's key strategic aims such as the home first programme, which is focusing on care closer to home; and the exemplar of the Heeley Mental Health 24/7 project which will have more connections with families. She added that there is a good evidence-base for using family interventions as a treatment modality which show reduced hospital admissions, and she agreed for the need to get local data to benchmark this against the national evidence and guidelines. Caroline Johnson (CJ) agreed that there is strong evidence in place to relating to working with families which supports prevention and management of relapse. She added that working with carers and family of individuals improves quality and outcomes of care. Chris agreed that carers should be considered as part of the multi-disciplinary team, both on wards and in the community which adds value of their input. Phillip Easthope (PE) noted the opportunity to reflect carers into the values into behaviour work which is for discussion on the Board agenda.

Heather Smith (HS) suggested identifying 3 key things that the Board should focus on to measure progress. Salma Yasmeen (SY) agreed, and she thanked Chris for sharing his strong message about carers being seen and heard confirming that the Board will consider this a key focus to take forward. Dawn Pearson added that Trust policies and procedures should have carers at the front and centre of them and this will be taken forward as part of the policy reviews. **To note and take forward DP.**

The Chair advised Chris of the strong presence of the carer voice at the Council of Governors. The Chair noted that the Board is focused on the importance of engagement and co-production, and this is reflected in key reports on the Board agenda at this meeting such as the patient safety and learning report, and the lived experience report, which also provides updates on the work delivered on the carers strategy and PCREF.

It was agreed that key areas of focus would be reported back to the Board through the lived experience report and Chris will be invited back to the Board in 12 months to reflect on what has changed. **Action CJ to note for the lived experience report and AW to note for the work**

	programme
PBoD 29/01/25 Item 2	Welcome and apologies Sharon Mays (SM), the Chair welcomed the Board and observers to the meeting. Apologies were noted from Olayinka Monisola Fadahunsi-Oluwole, Non-executive director (OFO). The Chair welcomed Gulnaz Akhtar, Director of performance and delivery to the public board of directors meeting.
PBoD 29/01/25 Item 3	Declarations of interest None specifically noted over and above the regular formal declarations of interests made by the Board members.
PBoD 29/01/25 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 November 2024 as a true and accurate record with the following amendments to be made: <ul style="list-style-type: none"> Anne Dray (AD) noted an amendment required to item 21 in relation to the emergency preparedness, resilience and response (EPRR) self-assessment to reflect that the standards which were reported at 75%, will likely be moderated down following submission, as discussed in the meeting.
PBoD 29/01/25 Item 5	Matters arising and action Log The Board approved closure of actions as indicated on the actions log and the following updates were provided in the meeting: <ul style="list-style-type: none"> Action 37 is due in March, item on this agenda and an update on the joint committee arrangements will be received at the confidential Board.
PBoD 29/01/25 Item 6	Questions from Governors and members of the public There were no questions received.
PBoD 29/01/25 Item 7	Chair's report Sharon Mays (SM), the Chair provided an update noting the following key matters: <ul style="list-style-type: none"> Neil Robertson (NR), Director of operations will be leaving after four years at the Trust. He has played an integral role in the journey of improvement, and his contributions will be missed. Gulnar Akhtar, Interim director of performance and delivery has joined the Board on secondment from NHS England (NHSE) Dr Helen Crimlisk (HC) has been awarded an honorary professor award from the University of Sheffield The Chair has taken on the role as vice-chair of Sheffield Chair's group (Sheffield Health and Care Partnership) from December 2024. Further updates on systems and partnerships will be discussed at the public and confidential Board sessions. The Trust held a charathon on 20 December 2024, and members of the board and staff were involved which raised £400 for the Sheffield Hospitals charity. In November, two delegates from Human Rights Watch visited services to learn from the innovative approaches being taken. Over 260 nominations have been received for the Shine awards 2025 which celebrates and recognises colleagues' work, and which is taking place in February. The Board noted the update.
PBoD 29/01/25 Item 8	Chief Executive's report Salma Yasmeen (SY), Chief Executive drew attention to the following matters from her report reflecting on what it is going on nationally, regionally and locally and which sets the context for many of the item on the Board agenda for the meeting: <ul style="list-style-type: none"> Nationally there has been an increase in demand for urgent, emergency and crisis services and this is reflected locally, and in the Trust position. Operationally, the context remains challenging, and this is also noted in the Board papers on the agenda. There has been a significant deterioration in the out of area bed position. Work continues both internally and in partnership with partners to improve flow and discharge, and despite the day-to-day challenges, colleagues across the Trust have continued to deliver safe care and services In addition to the focus on performance and delivery nationally, there continues to be a focus on the NHS and wider public service reform with work continuing on the development of the 10 year plan for the NHS. Government policy papers which will be the drivers for change are the recently announced English Devolution white paper which signals support for regional strategic authorities, such as the South

Yorkshire Mayoral Combined Authority, and the Get Britain Working white paper, of which the Pathways to Work initiative in South Yorkshire was a trailblazer and was delivered by the South Yorkshire Mayoral Combined Authority. It was noted that the mayor plays an active role in system working and chairs the Integrated Care Partnership.

- The mental health bill continues to progress through parliament, and this will have a significant impact on the way in which care and services are delivered with the aim of giving greater autonomy and choice and preserving the rights and dignity of people with mental health issues.
- There are several papers on the Board agenda linked to systems and partnerships working, which remains central to the work that the Trust is doing, in terms of managing flow locally, and also regionally in terms of collaborating to reform services.
- The operational planning guidance has not yet been released by NHS England and more detailed information on the approach to planning will be covered under the planning and finance agenda items on the agenda.
- The Trust has maintained a focus on transformation and change, with work continuing on the implementation of RiO across the rest of the Trust. In addition, the refurbishment of Maple Ward will proceed in quarter four of this financial year, both of which will be discussed as part of the Board agenda.
- The Trust is enacting the winter plan and continues to work closely with partners to support the Sheffield Place response.

The Board received the report and noted the content.

The Chair acknowledged the challenging context that staff are working in noting that recognition of this is given in the weekly blog to staff.

AD commended this useful report for setting the context within which the Trust is operating and delivering care and services. She added that there are opportunities on the horizon for reducing health inequalities in relation to employment.

SY confirmed that work is already happening with the Barnsley pathway to work commission. She added that work is underway in the Trust with the population health team and the People directorate to understand workforce in relation to sickness and absence and the financial impact on health, recognising that these are the two main reasons why people are economically inactive.

Caroline Parry (CP) noted that in addition to this, work is taking place with the integrated care system and separately, with the Work Foundation to work collectively on a series of co-designed workshops, building on previous work relating to widening work participation. She confirmed that this will be included within the people plan refresh that is taking place this year, and updates will be provided to the Board as part of the quality workstream update - **CP/CJ to note and take forward for future reporting.**

BS supported the power of meaningful activity in recovery and noted the need to not frame people as economically inactive. SY confirmed that through the Barnsley pathway to work commission, led by the Rt Hon Alan Milburn, it was clear that a sanctions first approach has devastating consequences for people. Fundamental reforms taking place of the way the Department for Work and Pensions (DWP) works will allow local opportunities to focus on keeping people at the centre of decisions.

In reference to the Trust becoming an anti-racist organisation, HS requested that the narrative reflects that the Trust is actively becoming an anti-racist organisation and to consider how this is linked into the discussions around the strategy refresh. The Chair agreed and noted that the impact of racism on staff and service users has previously been discussed at the Board, and this is also evidenced in the staff survey. She asked for further assurance on the tangible actions and whether they are having impact and how this will be fed back to the Board.

JD reiterated the strategy discussions that have taken place, and linked this to the initiatives described at system, local and neighbourhood level which shows the golden threads of the work taking place across the organisation.

CP highlighted a number of initiatives that were taking place in the Trust such as increased engagement with the staff network groups who are focused on the staff survey; participation in the anti-racism leadership development programme which is being led by the Kings Fund; involvement in the integrated care system race assembly; participation in the reciprocal mentoring programmes at

	<p>system level, and participation with the NHS Race and Health observatory resources to help tackle racial and ethnic inequalities in health.</p> <p>The Chair asked how all this information comes together, to offer assurance on the impact of these measures. SY confirmed that there has been significant work in the organisation that can demonstrate the impact on patients, such as reducing restrictive practice and a broader discussion at the Board would be helpful on these issues, as well the wider issues around bullying and harassment and disproportionate employee relations casework. SY noted that the changes within the executive management team presents an opportunity to rethink how the community components fit in with the clinical components, building on relationships to make all services more culturally sensitive. It was agreed that an action will be taken to bring a more structured update back to the Board to include the significant work taking place relating to workforce as well as the patient and carer race equality framework (PCREF) and reducing restrictive practice work.</p> <p>The Chair asked that timing for this work is taken forward by the associate director of communications and operations, with timing for reporting to the Board to be confirmed. Action DP</p>
<p>PBoD 29/01/25 Item 9</p>	<p>Board committee activity reports</p> <p>The Board received and noted updates provided through the Alert, Advise and Assure (AAA) reports from the Board assurance committee chairs for meetings held in December 2024 and January 2025.</p> <p><u>Quality Assurance Committee (QAC)</u> – Heather Smith (HS) chair of the committee drew attention to the following, noting that there are several reports with further details for discussion, on the Board agenda:</p> <ul style="list-style-type: none"> • A written report is received regularly by the committee on hotspots. Updates will continue to come to the committee bimonthly to ensure grip and control continues with a high level of scrutiny to include metrics and this will be overseen by the clinical quality and safety group and through monthly reports to the executive management team. • There is continued increase in out of area (OOA) placements, lengths of stay and delayed discharges, and the increase in individuals on acute wards subject to Ministry of Justice restrictions continues to have significant impact on delayed discharge figures. • Significant impact is evident from winter pressures on the emergency department. A recent Board visit to liaison psychiatry service confirmed these challenges but it was also noted that staff feel well supported. • Waiting lists in some of the specialist services continue to be of concern. There is a positive alert in relation to the continued improvement in specialist psychotherapy services relating to time of referral to assessment and the Trust is performing well nationally. • The committee received the first report of the recovery plan related to recording of protected characteristics, but further work is required to detail evidence of the impact with data and so this has been noted as an advise to the Board. • The committee noted from the lived experience report, that this will no longer be a separate strategy, but it will feed in as a core strand across all elements of the Trust strategy that links in well to the discussion held in the first item on the agenda. <p>The Chair noted in relation to out of area, that it was good to see that the committee were having a quality and safety lens on out of area as well as the Finance and Performance committee having a financial lens.</p> <p>The Chair referenced the increased sickness levels with 175 episodes related to covid and flu, as noted in other reports on the agenda and she asked for assurance on the impact of the vaccination programme. CJ confirmed that there has been a strong focus on the communication of the vaccination programme to encourage staff to take up the vaccination offer (including highlighting the mobile vaccination van), but unfortunately the data shows that only 37.13 % of the workforce have been vaccinated, which equates to 34.2 % of front-line staff and 46.9% of non-clinical staff. CJ assured the Board that benchmarking is taking place, and the Trust is seeking to learn from other organisations where vaccination uptake is high. SY noted that benchmarking shows that there has been a lower uptake of vaccines nationally, but these levels need to be higher and so it will be important to take the learning from this.</p> <p>The Chair noted, the lack of assurance in reporting on the PCREF milestones and progress with the sexual safety programme, which is also reported in the quality report, both issues which are directly</p>

linked to staff wellbeing, and she asked for assurance that these areas were being addressed. CJ confirmed that work in these areas had stalled due to staff sickness and vacancies but that this has been a priority focus since starting in post, and additional leadership has been put into the teams to support a refreshed approach. She assured the Board that the actions were back on track and the outcome of this will be seen through future quality assurance reports to the Board.

People Committee (PC) – Heather Smith (HS) interim chair of the committee drew attention to the following:

- Sickness levels remain an area of concern but there has been a reduction in long-term sickness absence levels because of focused attention by HR colleagues working with staff. This is not having an impact on the top rate due to issues already discussed relating to flu and covid absences, and low uptake of vaccinations.
- There has been no significant improvement in supervision levels. Limited assurance was received from the supervision recovery plan for acute wards, and the committee has asked for further updates to be received at every meeting.
- Mandatory training compliance remains an alert to the Board and is linked to a later item on the Board agenda, relating to RIO training, and how this is impacting on other mandatory training levels.
- Time to hire has increased and is currently at 96 days, above the ICS target of 60 days.
- Ethnically diverse staff who are in employee relations casework remains high and the committee has asked for further evaluation to support improved understanding of this.
- The committee did not receive sufficient assurance from the violence and aggression update and the committee has requested that further work takes place on this.

CP added that further work is being developed with different stakeholders on a wellbeing plan, and there are currently 40 wellbeing champions who are actively supporting this work. In relation to the numbers of ethnically diverse staff in case work, CP confirmed that initial analysis of informal and formal casework highlights no specific trends, but it has been noted that there many people who are at the fact-finding informal stages and further analysis is required to understand the reasons for this.

Neil Robertson (NR) noted in relation to staff sickness, that there have not been the critical gaps in staffing in January as there have been in previous years, so although sickness levels are increasing, this is not having an impact at service level.

The Chair asked for assurance on how compliance with supervision and mandatory training is going to be moved on, which is also referenced in the IPQR report, as this is also linked to staff wellbeing and has been an ongoing area for discussion at the Board.

CJ noted that a refresh of the policy is underway which will include a revised supervision tree being implemented. Work is also taking place to look at strengthening the quality of supervision, led by the new head of nursing, and working in partnership with the university to provide training for staff on supervision. She noted that in addition to this, the hotspots work is focusing on supervision improvement using the learning from areas where this is working well, to support understanding the barriers.

SY noted that where teams have focused on this, there has been significant improvement and she noted that this was a topic of discussion at a recent CEO drop-in session, where estates colleagues talked about the change in the culture of the team. She added that there are areas where this is not happening, and the operational management group (OMG) will continue to have this as a key area of focus.

The Board were given assurance that progress is being seen in some areas, and there are action plans in place for areas of poor compliance and progress against this action should be seen in future reporting.

Finance and Performance Committee (FPC) – Owen McLellan (OMcL) chair of the committee noted that further discussion on finance is planned at the meeting and drew attention to the following:

- At the end of month eight, there is a £5.3m deficit and the board were reminded that there is a need to get to £6.5m as per plan
- In January, the out of area position worsened and was sitting at 39 for acute and PICU. He noted

that the committee are assured that the finance team have identified every risk and opportunity going forward, and at that time the unidentified gap was £0.5m that still needed to be found, noting that is the context for discussion in the private session.

- In relation to aged debt, good progress has been made on the oldest debt.
- The finance plan for 2025-2026, was discussed at the committee, and this is on the agenda, for discussion in the private session.
- A similar discussion to the alert noted at PC took place at FPC in relation to the RIO training and mandatory training, and it was noted that levels of required training were not where they should be.
- The sustainability plan was reviewed at the committee and is presented to the Board later in the meeting, for approval

PE added that rates of delivery against some of the other recovery plans have had to be increased to mitigate the deficit from £0.9m to £0.5m, and to be able to offset some of the cost pressures, and further discussion of this will be noted in the finance updates to the board later on in the agenda.

SM noted that further discussion was planned on RIO in the private session and asked for assurance that the delivery of RIO is on track for implementation in March 2025. PE confirmed that tranche 2 is on track to go live in March, and this will be a Board decision to take, as part of the programme milestones. He added that key pieces of work on training and data migration needs to happen to provide assurance to the Board that this can take place. He noted that the EPR programme Board is moderately assured on this currently but there is further work to do, to increase the numbers.

Mental Health Legislation committee – Helen Crimlisk (HC) provided an update on behalf of Olayinka Monisola Fadahunsi Oluwole (OFO), Chair of the committee

- There have been some instances where staff have not attended court hearings, and a blue light alert has been circulated to support improvement with staff.
- The impact of ongoing pressure for beds and potential impact on restrictive practice was discussed at the committee noting the increase of care of patients in the health-based place of safety (HBPOS), and which may impact on the seclusion rates in the coming months. Work to mitigate this is ongoing, such as the waiting well initiative and the home first programme.
- There has been an alert for some time on the recruitment of associate mental health act managers (AMHAMS). Good progress has been made and three more are in TRAC being processed, but this remains as an alert until the process has been concluded.
- Communication between the second opinion appointed doctors (SOADs) and the clinical team has been raised as an alert due to the information not being seen or understood by the clinical team looking after the individual. The SOADs do not use EPR, and so communication is paper-based, and the committee are seeking further assurance on the issue.

Audit and Risk Committee – Anne Dray (AD) chair of the committee drew attention to the following:

- The revised SFI's, Standing Orders, Scheme of Delegation were received at the committee and work will take place on joint committee and partnership arrangements to ensure line up with the latest collaborative and system governance arrangements. The committee approved the changes for recommendation at the Board of Directors when this comes through.
- The committee approved the recommended wording of the draft going concerns to the Board of Directors
- The emergency preparedness responsiveness and resilience group ((EPRR) noted that compliance against the standards has improved, and non-compliant areas are sufficiently mitigated. The action plan is noted for discussion on agenda for this meeting
- Changes for recommendation to the Board for the Board Assurance Framework were approved, and the committee asked for increased focus on the gap between target and current scores.
- It was noted that the highest corporate risk relates to the fire doors safety and a report will be received in the private session of the Board.

DP noted that following an action at the Trust Board in September 2025, and following consultation with the non-executive directors, executive directors and the corporate assurance team, work has taken place to produce a new alert, advise, assure (AAA) report template, and this has been implemented from December 2024. Board members were asked to note any feedback on any further

	improvements to be sent directly to DP - all to note.
PBoD 29/01/25 Item 10	<p>Quality Assurance report</p> <p>Dr Caroline Johnson, Executive director of nursing, quality and professions noted that work is taking place with teams to ensure that the information in all of the reports presented by her are triangulated to provide assurance on quality governance arrangements and the integration of this will be strengthened in subsequent reports.</p> <p>She referenced discussions held earlier in the meeting relating to delays that had occurred with some areas of work due to resources such as RIO, or lack of resources and personnel, and provided the following additional highlights:</p> <ul style="list-style-type: none"> • The quality management system (QMS), which is the framework for monitoring and assurance has remained outstanding, due to the requirement for RIO to be fully implemented which will support the data extraction. • The quality strategy is being refreshed so that this is aligned to the Trust strategy refresh. • The launch of the physical health strategy has been delayed due to reduced staffing numbers due to maternity leave and vacancies in the physical health team and competing priorities, however, work on this is now moving forward. • Standards of quality, culture and care visits have also been affected by staffing challenges and changes in leadership; however, progress is now being made, with all visits scheduled and planned up to the end of 2025. Assurance from these visits with a quality improvement focus, will be strengthened in future reporting. <p>HS noted that this report has been to QAC, and the richness of the discussion that took place at the committee has not been captured on the front sheet, which would provide assurance to the Board rather than the list of activity which is currently reflected in the report. She asked that consideration is given to this for future reporting CJ to note and take forward.</p> <p>HC advised the Board of discussions taking place regarding learning from incidents and mortality and shifting the way this is done by broadening the group of people that are involved, to focus on the learning.</p> <p>The Chair summarised the next steps:</p> <ul style="list-style-type: none"> • work will take place on the report to ensure that it provides assurance to Board • work is ongoing to refresh the quality strategy. • the QMS has been delayed due to RIO, but it is expected that this work will be progressed following the implementation of RIO in March. • work from the physical health team is moving forward. <p>The Chair referred to CJ's comment about strengthening the quality assurance report with a quality improvement lens and requested that this is considered in line with the separate report on quality improvement to ensure that there is no duplication. To note and take forward CJ</p>
PBoD 29/01/25 Item 11	<p>Patient Safety and Learning Report – Quarter 2 2024/25</p> <p>Dr Caroline Johnson, Executive director of nursing, quality and professions provided the following updates:</p> <ul style="list-style-type: none"> • There is a robust process of reviewing incidents within 24 hours after the incident, or 72 hours where this has occurred at a weekend. • Implementation of the patient safety incident response framework (PSIRF) is progressing, and the report format will be reviewed with a quality improvement lens to ensure it continues to deliver the assurance, understanding of patient safety, and understanding of organisation risks, that is required. • One of the areas identified within the report relates to self-harm, and there is a lot of work underway to reduce the number of incidents. <p>HS noted that assurance on the impact of learning has been requested at QAC. She noted that the establishment of a learning and improvement group as a sub-group of the clinical quality and safety group, reassured the committee that improvement programmes will be aligned with themes emerging from incidents, complaints, freedom to speak up and safeguarding processes.</p> <p>OMcL noted that the number of incidents has been consistent for four years and asked whether this</p>

	<p>is benchmarked against anything, and whether the Board should be concerned about this. CJ advised that it is evidence of a positive reporting culture to receive a high number, of high-quality incidents. She noted that when the national reporting and learning system (NRLS) was in place, this provided benchmarking data, but this is not available currently which is a national issue. She assured the Board that the current data does indicate good reporting of lower-level incidents, and tracking the themes arising from these incidents is the focus of the work currently.</p> <p>OMcL noted that benchmarking against other local trusts would be helpful to see to provide additional context. PE noted that the service portfolio has not stayed the same in that four-year period and agreed that it would be useful to know changes against service lines.</p> <p>BS reflected on the figures relating to gender and self-harm and asked how clinical leadership influences staff behaviours on the wards to ensure that everyone understands the meaning of this in a person-centred context, as every incident will be different.</p> <p>CJ noted that a review of the pathways of care is crucial, and this is part of the improvement work that is underway to ensure that staff are equipped with the right skills to support people who self-harm or who are at risk of self-harming, to ensure this is embedded throughout the pathway.</p> <p>The Chair summarised that work is taking place to demonstrate the impact of learning, track the themes, and potentially look at some benchmarking.</p> <p>The Board has noted the learning and quality improvement initiative and have noted the planned development of a learning and improvement subgroup of the clinical quality and safety group.</p>
<p>PBoD 29/01/25 Item 12</p>	<p>Lived experience report</p> <p>Dr Caroline Johnson, executive director of nursing, quality and professions provided a summary of the last six months of engagement, experience and peer support work undertaken within the Trust, noting the links to the experience story earlier on the meeting, and the patient and carer race equality framework (PCREF). She highlighted the following:</p> <ul style="list-style-type: none"> • There is new leadership within the team which will provide strong rigour to the approach going forward and will support some of the challenges experienced by the team due to staff sickness. • There is an absence of collation of feedback collected across services, which has led to service users not knowing the impact or value of this feedback, and progress against this is being tracked at QAC. • Work relating to a cultural shift is being addressed to enable to staff to understand the importance of linking in to lived experience and how the data that this provides can improve the work that they do. As a result, there has been a focus on recruitment of experts by experience (EBE) and volunteers, and improvement of robust supervision support for ebe is underway. • There has been significant focus on the patient and carer race equality framework (PCREF), and there has been a focus on recruitment to the community development worker role. CJ noted that one of the workers from aspiring communities together (ACT) has provided valuable support to the Yemeni community in being able to access mental health services. <p>Heather Smith noted that report has been to the QAC where it was noted that there was limited assurance about what is in place to support and understand the service user experience in the out of area placements, and a report on this has been requested for the next committee meeting. CJ assured the Board that a dedicated post is in place to oversee out of city admissions. The Chair asked whether it was feasible for one person to follow up on the large numbers of out of area placements, and CJ confirmed that immediate action is being taken to increase the support into the team, due to the increase in numbers of out of area placements and pending further recruitment to the team.</p> <p>In relation to service user and carer feedback, DP noted that a trust wide approach to involvement work is underway, and this provides a baseline to showcase the breadth of work of how people's voice and influence can support impact and choice. She noted that care opinion is no longer in use by SHSC, however as this is a public forum there are still postings that are being made on the website, and she asked for assurance the there are mechanisms in place to ensure that the Trust is responding to those as part of its own assurance. CJ confirmed that the teams are clear about their responsibility for responding to these.</p> <p>SY confirmed that the work that DP is doing around engagement will be key to the development of</p>

	<p>the service user and carer voice and will strengthen the relationship with Healthwatch which has developed over the previous year, and which recognises a formal process that is in place for responding to any insights that are shared, and it was agreed that that this will be included in future reporting to the Board.</p> <p>The Chair noted that there is no feedback from the Governors reflected and she asked that the feedback February initiative which is being led by the engagement officers, and which aims to increase visibility and understanding of the engagement team, can be included for the Council of Governors meeting in February.</p> <p>The Chair summarised the following actions for CJ and DP to take forward and to include in the following lived experience report:</p> <ul style="list-style-type: none"> • Extend the feedback February to include the Council of Governors • Include insights from Healthwatch into future lived experience reports • Take forward three areas of focus, as discussed in the experience story • Assurance about the care opinion piece to be included in future reporting.
<p>PBoD 29/01/25 Item 13</p>	<p>Reducing Restrictive Interventions (Use of Force) Strategy Workstreams 2025 – 2028</p> <p>Dr Caroline Johnson, Executive director of nursing, quality and professions provided an update on the approach taken to co-produce and refresh the least restrictive practice (Use of Force) plan for 2025-2028. She noted the following:</p> <ul style="list-style-type: none"> • the report outlines the workstreams and aligned actions which were approved by the Mental Health Legislation Committee in December 2024. • A least restrictive practice conference was held in April 2024, where staff and people with lived experience worked together to coproduce recommendations for the next three-year plan. • The workstreams will remain the same in the refreshed plan, and the new plan will broaden to also include community services, but the actions aligned to the workstreams have changed with the aim of building on the progress made through the last three- year plan, supported by MHLC as an approach <p>AD noted that leads are being assigned, and outcome metrics agreed as part of the underpinning delivery plan, and she asked how progress against the actions will be measured. CJ confirmed that strong metrics are in place, which is monitored as part of the IPQR, and this will need to link in with the lived experience of patients and carers in relation to restrictive interventions.</p> <p>JD recommended a change of wording in relation to point 2.5 of the report relating to the provision of secured transport and it was agreed that the wording could be changed to 'evaluate/ investigate a secure transport service' as a potential proposal rather than a concluding that this is the answer. CJ to note and take forward.</p> <p>The Chair noted that reducing restrictive interventions is an area of strength in the Trust and this item follows the report received in September 2024. She asked that the timings for the annual reporting of this, which is a legal requirement is considered – to note for the work programme CJ</p> <p>The Board of Directors approved the maintenance of the existing workstreams, and the actions proposed within this report and noted that the refreshed strategy document will be presented to March Board of Directors.</p>
<p>PBoD 29/01/25 Item 14</p>	<p>Integrated Performance and Quality Report</p> <p>Phillip Easthope, Executive director of finance and digital noted the following additions to areas already discussed in the meeting:</p> <ul style="list-style-type: none"> • All targets in relation to the NHS long-term plan national metrics are being met except for adult acute out of area placements and the Sheffield Talking Therapies reliable improvement rate which has hovered around target all year. • Several key issues have been highlighted through the committee alert, advise assure reports and as noted, that there is no significant change within those key areas such as sickness, supervision, mandatory training, out of area and the financial position which continue to be monitored. • There are no new key indicators on the statistical processing control (SPC) chart and no new risks to draw to the attention of the Board.

NR noted the following update in relation to service delivery:

- Improvements to the triage process for the specialist psychotherapy service has improved the referral to assessment wait time.
- There are high referrals in the community mental health team (CMHT) linked to changes to the primary & community mental health service. It was noted that work is ongoing with primary care colleagues to ensure systems are in place for people get the right care in a timely way, and this will continue to stabilise. He noted that despite an increase in referrals, waiting times for assessment remains under the four-week target.

HC concurred that work with primary care colleagues should begin to stabilise the community mental health referral rates, but she noted that the mitigating impact of the GP collective action may influence behaviours. HC noted in terms of the actions moving forward, that some GP's have been employed into our primary care services which will act as an interface and will have an impact on that area. The Chair asked that the narrative for the next IPQR report is updated to reflect this. **To note and take forward NR**

The Chair noted that 72-hour follow up for older adults, and rehabilitation wards was low in February at 67% and asked for assurance that this was being followed up. NR assured the Board that where targets for 72-hour follow up is not being met, these are tracked, and individual records are monitored immediately. He confirmed that this is something that is being closely monitored acknowledging that this period is the highest risk for people being discharged.

CJ provided an update on the quality and safety section of the IPQR:

- Work is taking place on the recording of protected characteristic which has been discussed in a previous item and a recovery plan is being monitored at QAC
- Staffing has increased to support the management of enhanced observations due to an increase in acuity on the wards. A review of the enhanced observations policy will be completed by March 2025 and the Trust is seeking to link with the national work on observations to ensure that the use of enhanced observations is in line with best practice, and updates will be taken through QAC

BS noted that good discussions had been held at QAC about the enhanced observations, and it had been requested that assurance around the fairness of allocation was considered so that this type of work, which can often be stressful, does not always fall to lower banded staff. He noted that assurance was received from CJ that this was part of the planning, and the importance of this in relation to the culture of a ward was noted.

In relation to reported medicines incidents, HC assured the Board that none have resulted in significant or moderate harm.

In relation to safer staffing CJ noted:

- Sickness is above target, and this has driven the increased use of bank staff
- Clinical establishment reviews are ongoing and will be reported in March 2025.

The Chair asked whether the outcome of the clinical establishment reviews which will be reported in March, has been factored into the financial planning discussions and SY confirmed that workforce plans are currently being developed, and these will be factored in.

JD added that discussions with the deputy director of strategy and planning has confirmed that there is a structured process for gathering the information to ensure that this is triangulated against data. It was agreed that this would be noted for review at the executive management team **DP to note for the EMT agenda.**

The Chair noted that in some aspects of the report, understaffing is noted but there is no narrative to support understanding of this and it was agreed that this would be picked up for future reporting - **To note and take forward CJ**

CP provided an update on People related items and noted:

- In relation to sickness, although increased rates are linked to flu and covid, the highest reason for absence continues to be related to stress, anxiety and depression
- Work is underway on developing a health and wellbeing hub, to proactively provide a range of

	<p>support for staff. Updates will be taken to EMT during February.</p> <ul style="list-style-type: none"> Supervision remains unchanged but reporting has moved to the manager self-service system (ESR) from January, and this is expected to improve supervision target rates. <p>Helen Crimlisk assured the Board that the rate of the medical appraisal rate which looks is reported as low on the IPQR is incorrect and is actually at 97%.</p> <p>The Chair noted that the narrative on the front sheet in relation to PDR states that compliance was at 68.1%, and this does not match the narrative in the IPQR report which states that 90% of staff have received a PDR in the last 12 months. PE clarified that work is underway to understand and clarify the definition of what is being reported within the IPQR. It was agreed that CP would email the Board with clarification of the figures relating to PDR. Action CP</p> <p>AD noted that the narrative on the front sheet is helpful and recommended that triangulation of the information presented on the IPQR could be strengthened, by linking into the BAF and CRR. GA advised that the IPQR is going to be reviewed in the context of the new planning guidance and the productivity of the program work. The Chair acknowledged that the Board recognises this is a piece of work that has been in process for some time, but that the RIO implementation has had to take priority and so it is understood that any new form of reporting of the IPQR would start in the new financial year, and this has been supported by the Board.</p> <p>The Board of Directors received and noted the updates.</p>
<p>PBoD 29/01/25 Item 15</p>	<p>Financial Performance Report (month 8)</p> <p>Phillip Easthope (PE) Executive director of finance outlined the financial position for month eight, in addition to the update provided in item 9 of the agenda:</p> <ul style="list-style-type: none"> At month eight, the year-to-date deficit position is reported as £5.3m which is £0.5m worse than planned. The previous month (M7) was noted as £0.7m and so this is a slight improvement. As already noted in the AAA report, the aim is still to deliver the forecast out-turn of £0.5m and at the time of reporting the forecast includes additional mitigation/savings required of £0.9m. Out of Area spend is the main driver for the deterioration of the financial position, and £5.4m was the forecast overspend at that time. The adjusted plan includes non-recurrent deficit funding of £5.9m, and the pausing of the capital programme, the value improvement and recovery plans have impacted positively on the financial position. <p>PE noted that the verbal update received on the month nine position, has highlighted increased numbers of out of area bed usage in December and it is expected that the out of area forecast will increase and further mitigations will be required.</p> <p>It was noted that the financial perspective of the out of area position will be discussed in the detailed report on the home first programme which will be received in the private session.</p> <p>The Chair noted that medics pay is one of the largest drivers behind the pay overspend and asked for assurance on the work taking place to bring the overspend down. HC advised that the Trust is part of an integrated care system programme looking at overall cost reduction of the medical workforce which includes work on utilisation reduction, and sickness absence. She added that a pay cap was introduced by the Trust at the beginning of the year which is a significant reduction of what was being paid before, and there is good evidence to suggest that this will support the reduction in overspend. HC reported that progress is being made on the medical establishment review which was also started earlier on in the year.</p> <p>OMcL noted that in 2023/24 the medics overspend was £2.1m, and that an establishment in relation to acute inpatient medical establishments has been agreed and he asked whether this has been embedded. PE confirmed that this will result in an additional £600k budget in 2025-26 and a reduction in spend of £135k. He added that the new establishment will be put into the 2025/26 planning process, and this will from part of the VIP for next year.</p> <p>The Chair referenced the overspends in relation to the staffing over establishment levels, as noted in the report which shows as very high for some areas, and she asked for clarification on whether these are part of the clinical establishment reviews. CJ confirmed that they were.</p> <p>In relation to the Chair's question about project funding having ended but staff still being in post, PE confirmed that this is being reviewed as part of the over establishment work that is taking place, with</p>

	<p>the medical review overspend of it being picked up as part of the recovery plan. He added that the medical VIP plans were discussed at the VIP programme board, where it was indicated how these were going to be covered for this financial year, and plans were still in development for the new financial year. He clarified that the review of over establishment includes review of additional hours of fulltime equivalent permanently employed staff as well as bank and agency staff. NR added that Burbage and Endcliffe are areas of priority for the next year, and although Burbage have made improvements, it is not moving as quickly as other areas.</p> <p>AD asked whether the reporting of the establishment review received at the People Committee included the financial perspectives. HS confirmed that it was noted that increased observations are contributing to staffing increases and the review of the enhanced observations policy will support this work. In relation to the medical establishments, HS advised that a report was received at the committee in January where it was noted that a dashboard will be developed to ensure monitoring of agreed plans, and this will be reported to the committee.</p> <p>CP added that the workforce plans are reported into the committee which provides a longer-term view, in addition to addressing the immediate actions.</p> <p>The Chairs of the Finance and Performance Committee and the People Committee agreed to continue to make cross-committee referrals if there are any areas from the finance report that required further scrutiny at the People Committee.</p> <p>The Board noted the financial position and the actions being to reduce overspend, review staffing establishments and continue with recovery plans to ensure the planned deficit is achieved this financial year, and that further discussion on the financial position will be taking place in the confidential session of the Board.</p>
PBoD 29/01/25 Item 16	<p>Update on the planning process</p> <p>James Drury (JD), Director of strategy provided an update on the progress of the operational plan for 2025-26. He advised the Board on arrangements to respond to expected NHS England planning guidance to be ready to provide required submissions and to inform the development of the South Yorkshire ICS Plan. He outlined the next steps that will bring together the final version of the operational plan and priorities for 2025-26, for review and approval by the Board in March 2025:</p> <ul style="list-style-type: none"> • The plan development work is progressing well and is in line with the planned timeline, except in relation to VIP schemes, which are currently under-developed and needs accelerating in the next month • The review of impacts and dependencies to support delivery of the final set of proposed objectives are being finalised. • The proposed priorities have been progressed through development with the executive management team and were reviewed at the Board strategy session in December 2024. • Proposed priorities align to system priorities across Sheffield and South Yorkshire. • Following publication of the planning guidance from NHS England, future reports will outline the response to the national requirements. • The timelines for South Yorkshire ICS draft plan and final plan will be confirmed through further briefings to the executive management team. <p>The Board noted that a draft operational plan will be reviewed by Board at the development session in February, and the final plan is expected to be ready for approval in March 2025.</p>
PBoD 29/01/25 Item 17	<p>Sustainability and Green Plan Strategy 2025- 2028</p> <p>Phillip Easthope (PE), Executive director of finance and digital presented the refreshed version of the SHSC Green plan and noted:</p> <ul style="list-style-type: none"> • The refreshed green plan content, including objectives and action plan brings together core asks and targets, drawing on various existing publications. • The plan will be reviewed again, to align with the revised NHS green plan guidance, following its publication, however it not anticipated that significant amendments will be required. • The Trust plan is aligned to the NHS green plan support tool sustainable performance self-assessment content. • The green plan refresh highlights greater need to prioritise interventions that also improve patient care and population health, reduce inequalities and support efficient use of NHS resources, aligning with wider system priorities.

	<ul style="list-style-type: none"> Engagement has taken place across the organisation to ensure increased levels of ownership on delivering and driving improvements, and building on the foundations already initiated to embed the work into business as usual. There is a reduction of key propriety actions from 300 to 74 which will play a key part in the plan over a specific timeframe whilst being committed to the long-term plan ambitions. <p>OMcL confirmed that the revised summary documents have been received at the Finance and Performance Committee (FPC), following review at the executive management team (EMT) and the committee noted that work on the green plan is gaining more traction.</p> <p>HS agreed that it was good to see traction and noted that the key priority areas were not clearly highlighted in the executive summary and in the report, and she requested that the key messages are drawn out in future reporting. SY confirmed that as part of the priority setting for the new financial year the director of strategy will clarify the three key things that are going to be delivered under sustainability within the next year, including the work being done to establish the cultural change programme aligned to the values into behaviour work. JD agreed that there is significant cross over with the opportunities within the capital plan to make progress on the green plan priorities.</p> <p>SY noted that there is a strong focus of sustainability in relation to being an anchor institution and in relation to the Trust strategy refresh and she added that the Trust plays a serious role as a partner in Sheffield Place to impact the economy, the environment - which is aligned to the health and wellbeing Board, and discussions have taken place at previous Board meetings to make the connections between the Trust's internal strategy and other strands of work that are going on within the system.</p> <p>The Chair agreed that the simplicity and consistency of messaging around the green plan will support staff engagement with the actions and will ensure that the read across with other integrated care system updates such as the Fair and Healthy Sheffield plan continues in the reporting. It was agreed that PE would take this forward to note PE.</p> <p>The Board approved the green plan subject to the changes to the messaging of the key priority areas within the report.</p>
PBoD 29/01/25 Item 18	<p>Values into behaviours report and framework [Charlotte Turnbull (CT), Head of leadership & organisational development and Denise Hampson (DH), managing director from Desire Code joined the meeting]</p> <p>Caroline Parry (CP), Executive director of people advised the Board on the collaborative engagement work that took place during 2024 with the behavioural design agency Desire Code to embed SHSC's values more deeply into its culture and day-to-day operations.</p> <p>Denise Hamson (DH) advised the Board that there has been extensive engagement across the organisation with over 1000 interactions, including staff, the Governors and Board members. A series of recommendations have been formed based on the analysis with the aim of keeping the values memorable and front of mind, and to remind and encourage staff to connect with others around the organisation. She added that a strong message from the analysis was that improving lives should be detached from the values and incorporated as an overarching mission statement, thereby moving from five values to four. She noted of the four remaining values that "commitment to quality" value will be revised to 'we keep improving' to reflect a focus on active improvement and each value will be reframed as a 'we' statement to make them dynamic.</p> <p>In relation to prioritising and managing the implementation of the values into behaviours framework OMcL asked how assurance on the implementation of the programme will be received. Charlotte Turnbull (CT) confirmed that the values delivery group which is being established will report on its intended programme of work to EMT, and to the wellbeing and organisational development assurance group. HS asked how the Board will know whether change has happened, based on how impact is measured and CT advised that evaluation of the activity will take place using six-monthly, anonymous surveys.</p> <p>SY clarified that this relates to supporting cultural change and therefore reporting back to the Board will be vital to ensure ongoing Board ownership of the work, whilst delivery of the work will be overseen by the executive management team. JD noted the importance of empowering the group to</p>

	<p>get on with delivery and using the integrated change approach will be key to ensuring that is happens.</p> <p>SY thanked DH and the organisational development team for their work which has set the tone and created the shift on engagement in the organisation, as seen in the staff survey results to be discussed later. JD agreed and noted that this work reflects Myron's maxims where real change happens in work, and which has helped create momentum for change.</p> <p>The Board approved all six recommendations, and the Chair asked how this will this be reported back to board.</p> <p>CP advised that milestones will be agreed by the values delivery group and timings for reporting to board will be confirmed. CT to liaise with DP/ and SY re timings to EMT and the board –to note on work programme and action for CT/DP</p>
PBoD 29/01/25 Item 19	<p>Strategic updates from system, collaborative and partnership meetings</p> <p>James Drury (JD), director of strategy provided the highlights from our key system, collaborative and partnership meetings:</p> <ul style="list-style-type: none"> • The South Yorkshire Integrated Care System, continue to focus through the investigation and intervention (I&I) process to deliver the financial plan. • Implementation of activity to increase productivity will feature in the Trust's and the Provider Collaborative's plans for the year ahead which will be brought back to the Board following review at FPC. • In relation to specialised commissioning in the adult secure pathway, it was noted that Cheswold Park Hospital is open to admissions for the medium secure beds part of the pathway. <p>HS referenced the update in relation to the Sheffield dementia strategy and she noted that the detail of this is not coming through the Quality Assurance Committee (QAC) which will support linking the work of the Trust to the wider work going on at system and Sheffield Place level, and how the Trust is playing its role in this. JD confirmed that colleagues within the Trust have been involved in shaping this, and CJ agreed to ensure that will come back through quality objective work to note and take forward for the QAC work programme CJ.</p> <p>The Chair noted the South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Board meeting notes were attached to the report and the collaborative annual report will be circulated to the Board and to the governors, following an amendment required. Action DP</p> <p>The Board noted the updates from our key system, collaborative and partnership meetings.</p>
PBoD 29/01/25 Item 20	<p>Emergency preparedness resilience response (EPRR)</p> <p>Neil Roberston (NR), Director of operations noted that the self-assessment against core standards submission for 2024-2025 was approved at the private Board of directors meeting in October 2024 and noted in the public meeting in November 2024. He added that as of 2025, SHSC is compliant with 65% of the NHS England (NHSE) EPRR core standards which has been verified by the Integrated Care Board and despite this significant improvement, the overall position is non-compliant. The gaps that remain include training and exercising; chemical, biological, radiological, nuclear substances (CBRN); business continuity; and the overall robustness of major incident response. NR noted that the mitigating actions have been identified and approved for recommendation to the Board in an action plan to the Audit and Risk Committee in January 2025.</p> <p>HS asked for further assurance that the status benchmarks favourably with other Trusts. NR confirmed that there is no formal league table in place and the scores from other Trusts are not communicated by NHSE. He agreed that it would be useful to compare the Trust position and progress against other organisations. To note and take forward for the next report NR</p> <p>The Board noted the progress to date in achieving the NHSE core standards and approved the EPRR action/work plan for 2025.</p>
PBoD 29/01/25 Item 21	<p>Board Assurance Framework 2024/25</p> <p>Dawn Pearson (DP), Associate director of communications and corporate governance shared the updated BAF reports following review by all executive director leads and EMT. She noted that relevant committees were assured that these now reflect the current position and scores.</p>

	<p>AD noted that BAF risk 0029 has the biggest gap between its current and target score, and she noted that the actions are in reference to the waiting lists and access to the beds. AD suggested that the narrative for this risk has moved on, with the implementation of the home first programme, and she recommended that the actions are updated to reflect this during the next review.</p> <p>In relation to BAF risk 0024, AD noted that the narrative in relation to supervision and training is not reflected, as per the discussion held earlier on in the meeting and she recommended that the wording in the risk is updated to reflect the current programmes in place.</p> <p>The Trust Board approved the updates, and it was noted that the risks would be reviewed in more depth at EMT to ensure they have the relevant updates.</p>
PBoD 29/01/25 Item 22	<p>Corporate risk report</p> <p>Dawn Pearson (DP), Associate director of communications and corporate governance presented the updated corporate risk report following receipt through the executive management team, the risk oversight group and the Board assurance committees, and noted the following key points:</p> <ul style="list-style-type: none"> • a review of all corporate risks took place with a focus on the consistency of scoring • There are six organisational risks scoring 16 and above • It was agreed at the Quality Assurance Committee (QAC) to recommend that the gender identity service and ADHD service becomes 2 separate risks on the corporate risk register. • It was agreed at Quality Assurance Committee to escalate a risk to the corporate risk register relating to the older adult home treatment team (risk 4100), which has been upgraded to a score of 12 due to ongoing issues of bed access. • The risk score for risk 5001 relating to delayed discharges and out of area beds has been increased from 12 to 16, and this was agreed at the Quality Assurance Committee <p>SY noted that there will be a further Rio update received in the private session. She noted that this remains a significant risk and asked whether the score is expected to reduce as the implementation of the programme gets closer. PE confirmed that no change to the scoring is proposed currently and the score on the risk register is equal to the highest risk on the RIO programme board, and any reduction on the programme board risk register will be reflected in the corporate risk register.</p> <p>HS reflected on the work taking place on the actions and controls of the risk relating to violence and aggression and noted that this had been discussed at the People Committee. She noted that the committee are not receiving enough assurance on this piece of work.</p> <p>CP noted that the violence and aggression reduction group has been established in the summer and work is taking place within the violence and aggression framework to address the actions required. She added that an update will be going to the executive management team where it will be reflected that the People Committee have not been assured.</p> <p>The Chair noted that the risk relating to delayed discharges and out of area beds has been increased which reflects the discussion held at the Board meeting. She added that one of the highest risks on the register relates to medical recruitment but there has not been significant discussion about this in the reports received and she asked whether there needs to be more focus on this at the Board. HC advised that she review the risk score again and agreed that if this does remain the correct score there does need to be more focus on this.</p> <p>SY agreed that medical recruitment is a major organisational risk and accepted the challenge noting that the score should be reviewed. To note HC</p> <p>The Board noted and approved the updates provided.</p>
PBoD 29/01/25 Item 23	<p>Governance report</p> <p>Dawn Pearson (DP), Associate director of communications and corporate governance presented an update of key governance matters:</p> <ul style="list-style-type: none"> • The monitoring for all action plans and third-party reports that have been received and noted for assurance committees and groups during 2024-25 continue to be monitored. • Updated declarations for the current financial year for the Board and for all Governors currently serving on the Council of Governors will be called in for reporting to the Audit and Risk Committee in May 2025. • The Good Governance Institute (GGI) have been appointed by the Trust to conduct a developmental well-led review and recommendations will be shared at a Trust Board development session

	<ul style="list-style-type: none"> • The cross-committee referrals tracker for 2024-2025 is included for noting. • Work has taken place to produce a new front sheet template and alert, advise, assure (AAA) report and has been implemented from December 2024 • An extra-ordinary meeting of the Council of Governors took place during December 2024 to discuss the strategy refresh. • The final audit terms of reference for the divisional risk management audit have been received and this underway currently. • An update on the annual report plans and milestones which have been developed in consultation with the executive leads has been received through EMT. <p>The Trust Board noted the updates provided.</p>
PBoD 29/01/25 Item 24	<p>Board work programme 2024/25</p> <p>The Board noted the updated work programme, and the following items were agreed for inclusion:</p> <ul style="list-style-type: none"> • Timing of restrictive practice plan to be confirmed on the work programme • Planning for the new financial year. • Carer experience story will be invited back to the Board in 12 months to reflect on what has changed. • Milestones will be agreed by the values delivery group and timings for reporting to board will be confirmed • Timings for the reducing restrictive interventions annual reporting to be confirmed.
PBoD 29/01/25 Item 25	<p>Any other business</p> <p>No additional business was raised at the meeting.</p>
PBoD 29/01/25 Item 26	<p>Reflections on the meeting effectiveness</p> <ul style="list-style-type: none"> • OMcL noted that it had been a good meeting with comprehensive discussion. • HC reflected on the discission relating to the Trust becoming an anti-racist organisation and it was noted that this would come back as a focused report and session for the Board. • The Chair noted the powerful message from the carers story of the need to hear as well as listen and HC agreed noting that this will be a key area of focus which will be reported back to the Board through the lived experience report • AD noted the discussion around the context of the national horizon and how this sits in the wider NHS and partnerships. She noted that the new report templates support the simplicity of messaging and identification of risks and noted the work to link the quality improvement and quality assurance reporting. • GA noted the complexities and interdependencies of the current work and the importance of holding onto the simplicity of the messages in the reporting to be able to convey and communicate this to colleagues. • HS reflected that focusing in on what will really make the difference to ensure that the reporting provides more clarity and assurance • SY noted in terms of clarity of messaging from the Board that mechanisms are in place such as the cascade and this has been used to communicate the work taking place around violence and aggression. She added that the work to review the IPQR to ensure clarity on the right metrics will support the Board to know that the work taking place is making a difference. • CP reflected that it was good to see the values into behaviour back being reported to the Board noting that this work will be used as a compass in the complexity of operational issues. • The Chair noted that the improved new front sheets has supported shortened papers with improved recommendations for clarity. • PE noted that in a quest for simplicity the detail cannot be missed. • CJ supported the reduction in length of papers so that they are succinct and so that the messages are not lost. <p>The Chair thanked those in attendance and closed the meeting.</p>

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

Wednesday 26 March 2025

Format: to be confirmed

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