

Board of Directors – Public

UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 26 March 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)
Olayinka Monisola Fadahunsi-Oluwole, non-executive director (OFO)
Phillip Easthope, executive director of finance and digital (PE)
Professor 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)
Dawn Pearson, associate director of communications and corporate governance (DP)
Greg Hackney, deputy director of operations (GH)

Other attendees: Zoe Dodd, peer support worker lead (attending for item 1 only)
Zoe Kwan, guardian of Safe working and consultant psychiatrist in older adults, for item 15 and observing
Amber Wild, head of corporate assurance (AW)
Holly Cubitt, head of communications (HCu)

Observers: Anthony Rosevear, member of the public, observing
Celia Jackson-Chambers, appointed governor, observing
Ben Duke, lead, and public governor, observing

Apologies: Helen Smart, interim director of operations (HSm)

Min Ref:	Item
PBoD 26/03/25 Item 1	<p>Experience story learning and reflection.</p> <p>Caroline Johnson (CJ) introduced Zoe Dodd (ZD), peer support lead and SW, peer support worker and service user to reflect on the development of the lived experience role within the gender identity service (GIS) and the peer support worker pathway.</p> <p>ZD and SW both highlighted the development of the peer support worker (PSW) pathway and noted that improvements to the way the service works has received positive feedback. This includes work to improve team engagement, the offer of support from PSW which was time-limited but focused on areas such as waiting well, prior to assessments and improvements to service user information, such as simplifying clinical letters which included what to expect as patients move through the service.</p> <p>SW noted that the lived experience role supports an important bridge between service users and the clinical teams. This support ensures person-centred care, focussed emotional support by a peer and helps each service user understand the service pathway which can appear complex. The continued direction of travel for improving pathways will now include collaboration with partner and voluntary organisations which can provide appropriate support and signposting to those in contact with the service.</p> <p>The learning for this service has ensured that the wider applications of the PSW role in the</p>

organisation are now evidenced and highlight the role and contribution. ZD added that peer support worker roles are not consistent across all teams, but a future focus will incorporate clear roles and responsibilities through job planning. This will include clear expectations of the role, scope and purpose which includes leadership. A review of the referral pathway for all PSW roles alongside the service manager will support further roll out. The learning from GIC will be instrumental in developing a framework to ensure the success of peer support roles in teams.

- The Chair thanked SW and ZD for sharing the learning and story, which was well received. The Chair added that the Board will reflect on this story throughout the meeting, ensuring agenda items draw through the learning. The Chair invited Board members to reflect on what they had heard, and it was agreed that it would be helpful for the experience story participants to stay for the learning and reflection.

Learning and reflection

- James Drury (JD) noted the significant impact that communication can have on service users towards the journey of receiving care. JD stated his intention would be to follow up with the peer support workers from GIS to further understand the needs of the people using these services.
- Brendan Stone (BS) commended the impressive work taking place in the GIS and noted the explicit challenge to listen to the lived experience voice in a constructive way and not be complacent about the peer support worker role.
- Gulnaz Akhtar (GA) reflected that the powerful impact of the peer support worker role should be part of business as usual so that every aspect of work is informed by that. GA noted her intention to also follow up with the team to ensure there is best use of the lived experience roles in the home first programme board.
- Heather Smith (HS) reflected the clinic letters used in GIS which were reviewed to make them accessible and wondered whether this is being embraced in other areas in the organisation. HS noted that some of the pertinent points raised during the experience story relating to culture can be picked up in the staff survey item on the confidential session.
- Phillip Easthope (PE) noted the importance of integration of the PSW into teams. This means that the service remains supportive, promotes collaborative oversight of decision-making and reduces risk. Assing that we should raise awareness of peer support work across the organisation, so it is embedded.
- Caroline Parry (CP) stated that services are encouraged to think about how peer support worker roles sit within service establishment. This is part of workforce planning, which will be highlighted in the people strategy update on the agenda.
- Caroline Johnson (CJ) agreed that there is work to do to embed the peer support worker role. This is part of the clinical establishment review work that is going on in inpatient services.
- Dawn Pearson (DP) mentioned that the diversity of the peer support worker needs to also be considered. A diverse representation can support additional spiritual and cultural considerations, building competency in the organisation. CJ confirmed that increasing diversity with the peer support worker role is underway and three support workers have recently been recruited from MAAN (Somali mental health Sheffield).
- Olayinka Fadahunsi-Oluwole (OFO) recommended consideration of including information on the peer support worker role in all clinical letters, noting that roles are used differently in different services.
- Salma Yasmeen (SY) added that more there is work to do to understand where the PSW role is working well. This will ensure the role can add value, thrive, and grow. SY requested that this be included in workforce priorities, with full support from the lived experience network who could co-design an approach.
- The Chair added that a Board visit with the director of finance took place in November 2023. Since this time, it was encouraging to see the continued growth and positive changes in this role. The Chair noted that there are still areas that require improvement, and the learning could support this. The Chair agreed that the peer support worker role should be picked up as part of the workforce priorities.

The Chair noted that the experience story provides a strong narrative that links to several items on the Board agenda. Adding that this includes workforce priorities, Integrated performance, and quality report (IPQR), and the updates from the quality assurance committee (QAC), the Board assurance framework (BAF) and the corporate risk register.

	<p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> Peer support worker role should be picked up as part of the workforce priorities - Action CP to note and take forward.
PBoD 26/03/25 Item 2	<p>Welcome and apologies. The Chair welcomed the Board, the Governors and public who were observing the meeting. Apologies were noted from Helen Smart (HS); interim director of operations who was formally welcomed to the Board.</p>
PBoD 26/03/25 Item 3	<p>Declarations of interest None specifically noted over and above the regular formal declarations of interests made by the Board members.</p>
PBoD 26/03/25 Item 4	<p>Minutes of the Public Board of Directors meetings The Board approved the minutes of the public Board of Directors meeting held on 29 January 2025 as a true and accurate record.</p>
PBoD 26/03/25 Item 5	<p>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:</p> <p>Action 37: Agreement to close the action following receipt of the update on the joint committee arrangements which will be received in the confidential Board session.</p> <p>Action 41: Agreement of an amended date. Noting receipt at the public Board in May 2025 which will be added to the work programme.</p> <p>Action 43: Noted that the South Yorkshire Mental Health, Learning Disability and Autism (MHLDA) Provider Collaborative Board annual report has now been received, and this will be circulated to the Board the Council of Governors meaning the action is now closed.</p>
PBoD 26/03/25 Item 6	<p>Questions from Governors and members of the public There were no questions received.</p>
PBoD 26/03/25 Item 7	<p>Chair's report The Chair provided an update noting the following key areas:</p> <ul style="list-style-type: none"> Changes to the leadership team with Helen Smart (HSm) joining the Board as interim chief operating office (direct of operations) noting recruitment is in train for the substantive post. Gulnaz Akhtar (GA), interim director of performance and delivery has had the secondment from NHS England (NHSE) extended until March 2026. The new electronic patient record system (RIO) went live on 25 March 2025, noting thanks to all concerned and the significant amount of work from all staff involved to get to this position was acknowledged. Highlighted that a development meeting of the Council of Governors (COG) took place during March 2025 which provided an opportunity for the Governors to contribute to the development of the Trust strategy. Also, a chance to contribute the development of a communication and involvement strategy which would help embed and drive the organisational approach. This work means that Governors were fulfilling key statutory duties of influencing strategy and in representing the interests of members and the public. Governor elections taking place from 28 March 2025, with twenty seats available. Governors have been asked to promote the elections with constituencies. A comprehensive approach to promote elections will also take place, supported by the Trust communications team, the Board of Directors, and senior staff within the Trust alongside partnership organisations. A change to local, regional, system and partnership developments were referenced but it was noted that details are part of the Chief Executive's Officer (CEO) report. The launch of the new Trust values taking place in April 2025 following Trust-wide engagement during 2024.

	<ul style="list-style-type: none"> • The SHSC Shine awards which took place in February 2025, resulting in five shine awards being presented from a significant 264 nominations. The Chair stated it was a fantastic event, which provide an opportunity to celebrate the work staff do every day to improve the lives of people in Sheffield. Additional thanks were given to the communications and procurement teams who planned, delivered, and supported the event. • Congratulations were given to Zoe Dodd and Melissa Simmonds who were finalists in the Northern PoWEr Women awards in March 2025. • It was noted that International Women's Day (IWD), and LGBT+ History month were celebrated during February and March. A series of powerful blogs to mark the month were featured from members of staff. • Finally, the third annual research and evidence showcase event was held on 19 March 2025 which highlighted key research studies, latest evidence and the invaluable contributions of service users from across the Trust. The Chair noted the extent of the work from all involved and that it was a fantastic opportunity to highlight the great work of the Trust research team. <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • There were no agreed next steps or actions on this item.
<p>PBoD 26/03/25 Item 8</p>	<p>Chief Executive's Officer (CEO) Briefing Salma Yasmeen (SY), Chief Executive drew attention to the national, regional, and local matters which are now setting the operating context for the Trust, Board focus and agenda. SY stated that:</p> <ul style="list-style-type: none"> • There have been some significant announcements regarding leadership changes in national NHS roles. Thanks, should be recorded to Amanda Pritchard, whose leadership during the most challenging times of the NHS should be noted whilst the NHS welcomes Sir James Mackey, currently chief executive of Newcastle Hospital NHS FT, who will take on the role of NHS England chief executive on an interim basis overseeing a new national team. Fiona Edwards will also be welcomed as the new NHSE regional director for northeast Yorkshire, taking on the role previously held by Richard Barker. • In addition, on 13 March, the Prime Minister also announced that NHS England would be abolished, along with many of its responsibilities. SY noted that this will create significant challenges for colleagues who are navigating the impact of this decision. Holding compassion during this time will be required as the Trust also navigates these changes. • A report from the Institute for Fiscal Studies has reported the significant growth in health-related benefits claims, highlighting the clear relationship to increasing mental health. SY stated that as a Trust we need to reflect the significant role we play in ensuring our pathways to work programme is embedded and that we identify opportunities of investment in ensuring inclusive economic growth. • Further announcements in relation to significantly reduce integrated care boards (ICBs) are expected with the intention to deliver further reductions in operating costs. SY again highlighted the need to be compassionate and patient as colleagues adjust and the Trust adapts whilst retaining focus on the important tasks to be delivered. • SY noted the continued focus on driving the transformation and improvement agenda, with a significant and transformed improvement to the electronic patient record (RIO) going live on the 25 March. Further updates on this will form part of the confidential Board session, with thanks noted to all involved, noting the positive organisational response to implementation and the robust governance provided by the Board of Directors. SY noted that following launch a stabilisation phase over the following two weeks will ensure an embedded approach. Following this an optimisation plan will be brought back to the Board of Directors to ensure the Trust fully utilise and capitalise on the new system. SY asked that this be noted for a future Board on the work programme. • In partnership with the Mental Health Learning Disabilities and Autism Provider Collaborative (MHLDA PC) a 136 South Yorkshire wide Health Based Place of Safety suite has been opened. This suite is hosted by the Trust. • Planning guidance has now been published, with the welcome news that the mental health investment standard will be retained. • All NHS Trust Chairs and Chief Executives attended a critical operational planning meeting in London. The meeting intended to identify steps to ensuring greater efficiencies whilst driving operational delivery for the year ahead.

	<ul style="list-style-type: none"> • A continued focus and effort to ensure the Trust have a continued focus on delivering safe, high-quality care continues as part of the Home First programme. The Trust continues to see a reduction in the number of patients receiving out of area hospital care. SY added that whilst improvements were evident, the work continues to ensure this continued challenge is managed. A comprehensive programme of work is underway to strengthen operational grip and accelerate medium and long-term sustainable changes. • The staff survey results have been published and whilst results remain in the lower quartile, improvements have been made from the previous year. Details of the action plan will be discussed in the confidential session of the meeting. <p>The Chair thanked SY for the update and noted that an update on RIO to COG in the form of a briefing would be required. SM then invited comments from Board members on the update.</p> <p>AD added that the changing governance framework for the ICB and NHS alongside changes for GP contracts could add further complexity to operational approaches. AD asked if this will be something to monitor in terms of impact.</p> <p>SY confirmed that there remains continued oversight of NHS and wider system approaches but that the Trust needs to continue to work within current arrangements. As things change it will reflect on the organisation, but the Trust must continue to operate despite this changing landscape, strengthening work with primary care partners and continuing to take the opportunity to work in an integrated way. HC agreed and added that shared care agreements remain in place with GPs for some services, reflecting a desire to continue working together towards a shared set of aims.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • Optimisation report to the Board – Action PE. AW to note on the work programme and confirm date. • Rio update briefing to be provided to the Council of Governors – Action PE. AW date and time to be confirmed.
<p>PBoD 26/03/25 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. The reports were from the Board assurance committee meetings held in February 2025 and March 2025. Each non-executive director Chair of the committees presented the reports.</p> <p><u>Quality Assurance Committee (QAC)</u> Heather Smith (HS) chair of the committee drew attention to the following, noting that several reports are on the Board agenda providing further detail for discussion. HS highlighted the following:</p> <ul style="list-style-type: none"> • There are consistent concerns around the out of area (OOA) position, delayed discharges, breaches in A&E, and long lengths of stay in the health-based place of safety (HBPoS). • An update on the home first programme was received and the committee noted that current work is ongoing with respect to developing measures of success, including patient experience and outcome measures. • There is continued increase in demand in the community mental health services with management oversight in place. • Waiting times in specialist services continue to improve however there has been no improvement in the memory service which remains a concern. • Autism Spectrum Disorder (ASD) waiting list is at its lowest in 2 years, and whilst it has previously been noted as a concern, it now shows positive progress. • The attention deficit hyperactivity disorder (ADHD) service is transitioning into a nurse-led model by the end of March 2025. • The gender identity service is meeting the assessment trajectory in line with the commissioned target, which is a significant improvement on performance in 2024. The committee commended the way this has been achieved through workforce reform, quality improvement projects and organisational development involvement. • Progress with recording of protected characteristics will be reported after the April meeting, following receipt of an in-depth report. • 72-hour follow up performance has increased to 92.6%.

JD noted that the memory service is part of the older adult transformation programme which is currently in the discovery phase. Work to understand the improvements will take place alongside population data, benchmarking from other Trusts and an understanding of how this programme fits with system and regional priorities. The Chair asked what mitigations were in place whilst this work is underway. JD confirmed that the work is currently happening, and improvements should be seen over the course of the next year. JD added that waiting list targets are remaining above the target however, the work underway at place level has not yet had the traction needed.

GA referenced increased referrals to the community mental health team, noting that the scope of this work is part of the programme Home First. The programme and service redesign approach had been discussed at the programme board meeting the previous day. The Chair asked when an update on the quality and experience of service users in OOA beds will be available. GA noted that work on this is happening and will be reflected in the next Home First programme report.

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

- Overall sickness levels remain higher than target meaning the Trust are an outlier in the region. Although long term sickness continues to drop, short term sickness is increasing. The committee has asked for an overview of estates and ancillary which has the highest percentage of sickness levels.
- There remain several mandatory training subject areas that are persistently below the 80% compliance target, and the committee has not seen improvement in this area.
- A new system of recording supervision has been implemented so a further analysis will be undertaken once this new reporting system has been embedded.
- The latest version of the recovery plan for acute and PICU was shared with the committee demonstrating innovative approaches and the committee is looking forward to seeing the impact of the plans.
- There is a high number of ethnically diverse staff in formal employee relations cases. Assurance has been received from national benchmarking that the Trust is not an outlier, however the committee are concerned overall and is seeking further assurance and action on this matter.
- There has been a significant decrease in spend on agency staff over the previous year.

CP confirmed that the team are looking at the increased number of ethnically diverse staff in formal employee relations cases and examining the length of time of the casework process.

CP also added that in relation to moving and handling training compliance at 61%, was due to not having a lead in post. CP clarified that moving and handling training is still available at various levels for different services, and recruitment is underway for this post.

The Chair noted that this narrative is incongruous with the narrative in the IPQR, which does not provide the full context and therefore does not appear to reflect an accurate position.

Finance and Performance Committee (FPC) Owen McLellan (OMcL) chair of the committee drew attention to the following:

- At month eleven, the organisation is on track to deliver the financial plan for 2024-2025.
- The committee remain focused on three key areas for the following year: OOA, the VIP plan and the nonrecurrent deficit but have noted increased confidence in the plans.
- The committee were assured on the RIO training and readiness for go-live of the electronic patient record programme.
- The committee received an update on the Fulwood estate, and a report will be received in the confidential session.
- The first assurance report from the estates and facilities oversight group report was received. The report demonstrated satisfactory progress on a strategic approach to estates. The committee asked for further assurance on the estates and facilities sickness absence levels to be provided in future reporting.

HS noted from the report in February that medic pay was the largest driver of pay overspend as well as enhanced observations. HS asked whether this is supported by any detail in the report. OMcL confirmed that monthly detailed reporting of each department is received. HS noted that this is

	<p>assuring and made links to areas of discussion that are on the agenda later regarding the composition of teams, peer support workers and changing team structures.</p> <p><u>Mental Health Legislation committee</u> - Olayinka Monisola Fadahunsi-Oluwole (Yinka, OFO), chair of the committee drew attention to the following:</p> <ul style="list-style-type: none"> • The Trust received legal directions issued by the tribunal service for not having submitted tribunal reports when it had been ordered to do so. • There has been an increase in the use of seclusion although this remains below previous year March 2024 levels. • The care quality commission (CQC) visited the Trust on two occasions to conduct mental health act monitoring visits. • The committee noted that there is still little diversity in the make-up of the associate mental health act managers (AMHAMs) and governance arrangements around the use of IT equipment have been escalated to the Caldicott Guardian. • There has been continued promotion of human rights across the organisation • The committee were assured with the progress made to ensure patients are informed of their rights. <p>CJ noted that since this report and during the month of February 2025 that there had been no seclusions in any part of the organisation, and this will be reported in the IPQR report for the following quarter. In addition, the PICU has reported 40 days without seclusion.</p> <p>The Chair, and the Board commended this achievement, and it was agreed to include this as an update to the Council of Governors.</p> <p>The Chair noted the update relating to the legal directions and reminded the Board that this was not the first time that this was being reported. She requested that a deep dive of this takes place, and that assurance is provided in next update to the Board.</p> <p>The Chair noted the concerns raised from the CQC report, which is disappointing and asked for further assurance on the actions being taken to address this. CJ agreed to provide an update on this in the next report.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • An update on no seclusion to be included in the Council of Governors report – Action DP To note for the COG Board update report. • Deep dive into legal directions will take place and will be reported in the next update to the Board. Action HC • The Trust response to the CQC report required to provide assurance of compliance to be provided in the next Board update - Action CJ
<p>PBoD 26/03/25 Item 10</p>	<p>Research, innovation and effectiveness (RIE) strategy progress and quality improvement bi-annual progress report update</p> <p>Helen Crimlisk (HC), executive medical director noted the work of the research, innovation, and effectiveness (RIE) group, and the quality improvement bi-annual progress report updates referenced in the report. HC highlighted the progress of the research innovation and effectiveness strategy 2022-2026 delivery against each priority and metrics, noting:</p> <ul style="list-style-type: none"> • PROMS training has been co-produced and co-facilitated with experts by experience and delivered to all community teams, and a research and evidence hub has been implemented. • Knowledge and library service supports access to information, evidence and training and there is a clinical research facility on the Longley site. • A lived experience research bank has been developed providing opportunities for people with lived experience to support and participate in research and the research champions network now has 234 members with representation across all clinical teams. • The Trust is in the top 16% of all Trusts in England for national institute for health research (NIHR) research capability funding in 24/25 and in the top five of mental health Trusts. There has been an increased number of research applications submitted, all developed in partnership, including lived experience as collaborators.

HC drew attention to areas requiring further focus. In relation to research estates, HC advised of the current challenge of estates space to deliver studies that provide opportunities for people using services to get involved. HC advised that solutions are being developed with neighbouring Trusts, and external funding opportunities sourced. In relation to innovation, HC noted that mapping of current innovation activity, assets and priorities will be developed to understand where the focus for innovation activity should be.

OMcL noted the four successful research grant applications and asked what opportunities are being budgeted for in the next financial year, and whether this compares favourably to income received in the previous year. HC advised that this grant income is likely to increase in the next financial year based on successful bid submission. HC also referred to the challenges with estates and the upcoming partnerships with NIHR mental health mission for development of mood disorder research clinic. OMcL acknowledged that this is connected to the capital expenditure (CapEx) plan, and he asked that grant income is supported in these plans. JD agreed that grant income would be taken forward up as part of the CapEx discussions taking place in the finance and performance committee – JD was asked to note and take forward.

JD noted that delivery of some research trials require proximity to certain locations (such as pharmacy) and the relevance of a trial being in a specific location needs to be considered to understand the capital required and noted that discussions are in progress to source resource and appropriate estates in which to deliver the research portfolio. JD added that there is opportunity to explore alternative solutions such as the Olympic legacy park where there is an agglomeration of research and innovation from several partnerships and which may provide a more appropriate longer-term solution.

AD noted that there are eighty-four quality improvement (QI) projects registered, of which forty-seven are active and asked for clarity on the cause of the gap of the remaining projects from being active. JD clarified that there is no gap and as per the integrated change framework there may be change projects that are being managed at level one, by individual teams and the eighty-four projects noted are those which the QI team have been informed of. The forty-seven reported are those which are being actively supported by the QI team.

SY reflected that the Trust is one of the largest income generators for mental health research across the region. A recent Board visit highlighted the theme with estates which will be critical to resolve to support development and growth potential. SY added that the integrated change approach is about innovating, improving, and changing which is a journey that will take place over the next six months to embed this into the way of working.

BS asked in terms of strategic oversight of experience of involvement in research projects whether there was any scope for lived experience leaders to be part of the process in providing assurance on the quality of the experience in research involvement.

HC advised that the lived experience research partnership (LERP) members are actively supporting research delivery and recent staff sickness has highlighted challenges in continuing to meet monthly which is an area that is being addressed to ensure a more sustainable model going forwards. HC added that the involvement of the LERP is a key strength in grant applications and as well as co-applicants on research grant applications, members are involved engaged in research development and research delivery.

HS advised that the quality assurance committee requested assurance that a robust process throughout the organisation was in place to support research being everybody's business. SY reflected that as the culture of quality improvement (QI) is embedded in the organisation, the emphasis of this will start to change which will be supported by the mobilisation of the strategic intent to become a university trust.

HC noted that the annual research and evidence showcase event provided assurance of key research studies, latest evidence and the invaluable contributions of service users however there is more work to be done to communicate the work of the 234 research champions and to develop the link between care that is provided and experience.

	<p>CP reiterated the valuable resource of the knowledge and library service which is available to all staff to support evidenced based learning and decision-making. JD agreed that work on demonstrating progress and innovation using metrics will be key in understanding where to focus research activity into routine practice. OFO agreed that the research showcase displayed the outstanding breadth and scope of research work in the organisation.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> Grant income for estates to support research to be taken forward as part of the CapEx discussions in finance and performance committee – Action JD.
<p>PBoD 26/03/25 Item 11</p>	<p>Patient Safety and Learning Report – Quarter 3 2024/25 Caroline Johnson (CJ), executive director of nursing, professions and quality noted that this report is in an iterative state of development and further work is required to provide assurance of learning across patient safety incidents, complaints, safeguarding adults and freedom to speak up. CJ noted that from May 2025, a learning and improvement group will be implemented, which will support the triangulation of information. CJ highlighted the following:</p> <ul style="list-style-type: none"> Substantial progress has been made against the patient safety incident response framework (PSIRF) objectives. Reported incidents have increased during quarter three and correlates to an increase in the reporting of smoking breaches. There has been an increase in self-harm incidents in bed-based services and this has been a consistent theme across all four quarters. This is one of the priorities identified in the PSIRF. The Roots reflective tool is being rolled out to measure trauma-informed practice, supported by the quality improvement team and an inpatient model of care is being developed which will ensure consistency of care. There has been an overall reduction in the number of falls which suggests that the ongoing workstreams are continuing to take effect and reduce incidents Physical restraint has increased in quarter three, and learning is monitored through the least restrictive practice operational group. <p>OMcL recommended a review of how smoking breaches are reported so as not cloud progress in this and other areas that are being reported. CJ agreed this was an issue but that it had to be reported this way. BF added that he too had concerns that this distracted from the genuine issues and added little value.</p> <p>HS added that going forward the quality assurance committee have requested that reporting moves away from informing to learning, and the impact of this learning is drawn out in future reports. HS noted that the learning and improvement group will support this work. CJ agreed that this has been noted to take forward. CP added that the 'just and learning approach' within the organisation is supported by the PSIRF which also frames the learning from incidents, patient harm, and complaints.</p> <p>OFO asked whether benchmarking with other Trusts takes place and PE added that data is difficult to interpret without benchmarking or targets to provide the context for understanding the Trusts position. CJ agreed to have a look at bench marking for future reporting.</p> <p>The Chair noted that in relation to medication errors, the most frequently reported incidents were linked to medication storage and incidents relating to the absence of second signatures for controlled drugs and asked why this was so high. SY confirmed that the work underway as part of the review of operational processes, led by the interim director of operations which will support collective ownership of this. The Chair requested that the result of this work be included in future reports.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> The Chair requested that further work takes place on report style to it provides the right level of assurance and learning from patient safety related matters – Action CJ. Future reports and bench marking to be investigated – Action CJ to note and take forward. Review of operational processes in relation to medication errors - Action - CJ to note results to be included in future reports.

<p>PBoD 26/03/25 Item 12</p>	<p>Safe Staffing Report (Clinical Establishment Review progress)</p> <p>Caroline Johnson (CJ), executive director of nursing, professions and quality highlighted the following:</p> <ul style="list-style-type: none"> • The organisation continues to comply with the requirements of NHS England, the care quality commission (CQC), and the national quality board (NQB) guidance. • The most recent data available from the model mental health trust in December 2024 shows that the Trust has higher care hours per patient day (CHPPD) for nursing and support workers than the peer and national median. • Organisation and leadership of nursing care has had a significant impact on patient safety and staff wellbeing in older adults as can be seen through the embedding of safety huddles and zonal observations in older adult services. • The implementation of the new enhanced observations policy in April 2025 will further reduce the reliance on temporary staffing to support enhanced observation whilst enhancing quality and safety of care delivery. • There will be an increase in the qualified staff from one to two on the night shift at Forest Lodge assessment ward. <p>AD stated that in her view the request to Board to agree increased staffing is operational and not a Board decision. Adding that in relation to the enhanced observations policy is the impact of the of policy implementation considered. DP confirmed that this is part of the policy review process and governance checklist, forming part of the policy approval process.</p> <p>SY noted that this report confirms and provides assurance that there is safe staffing across inpatient environments. SY added that there are still some areas that require additional consideration to ensure further improvements to safety. SY clarified that further work is taking place to understand the safety implications and to consider resources and finance as part of the staff modelling review. The implementation of the new policy to reduce enhanced observations through staff will still ensure patient safety and quality of care.</p> <p>OFO asked whether wards are routinely utilising excessive staffing above the agreed baseline establishments. OFO asked whether this was about flexible working agreements relating to 12-hour versus 8-hour shift patterns and whether this might impact on funding. CJ confirmed that a review of shift patterns has been undertaken, and data suggests no difference and highlights the issue is configuration of staff.</p> <p>GA referred to the appropriate care and hours required each day per patient. GA asked what value will be seen from this work. CJ confirmed that information will feed into models driven by culture of care, ensuring staff are focussed on productivity and length of stay. GA advised that this work would help inform the home first programme.</p> <p>CP noted that the training and education department is already engaged in the national apprenticeship programme and has good working relationships with universities. CP asked that the timeline and impact of training on establishment reviews takes into consideration workforce planning. PE highlighted that a holistic planning model is needed to ensure outcomes and quality of care, as well as safe staffing for healthcare support workers.</p> <p>SY advised that the executive director of nursing, the executive medical director and the interim operational director are working together to review the operational leadership structure throughout the organisation. This whole system review will focus on multi-disciplinary mix on wards and align to the values into behaviours review. Progress will be reported to the people committee and the quality assurance committee.</p> <p>OMcL reflected on the experience story received earlier in the Board and suggested that the use of the job specifications and RACI (responsible, accountable, consulted, informed) charts may support staff understand expectations.</p> <p>SY advised that the values into behaviour work highlighted the need for a cultural shift to clarify accountability and responsibility. Adding that an example of how this can work is evident through the home first programme work. The review of the operating model is needed to ensure robust delivery</p>
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	<p>of services and high-quality care. More work will drive workforce responsibility led by the executive director of people in partnership with improvement partners AQUA. This work will drive and support the culture shift required.</p> <p>HS agreed that the experience story highlighted the challenges within teams to accept new roles, highlighting the need for whole team understanding and cultural reset.</p> <p>The Chair noted that it had been helpful to note the NQB guidance within the report which states that NHS Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients, across all care settings. The Chair felt the clarity of the narrative and assurance in the report could be stronger.</p> <p>CJ clarified that this safer staffing report reflected the nursing levels but that a broader piece of work is required to reflect the allied health professions and psychology workforce. SY noted that triangulation of workforce plans with the financial plan is also needed.</p> <p>The Chair reminded the Board that Forest Lodge relates to Provider Collaborative commissioning arrangements. The Board noted the report and noted that operational review of staffing at Forest lodge.</p> <p>It was agreed that future reporting will provide assurance on safe staffing levels in relation to the Board responsibility as per the NQB guidance.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • Multi-disciplinary mix on wards to be reported to the people committee and the quality assurance committee – Action CJ and CP to note, AW to add to the cross committee tracker. • Future reporting to provide assurance on safe staffing levels in relation to the Board responsibility as per the NQB guidance – Action CJ to note and take forward.
<p>PBoD 26/03/25 Item 13</p>	<p>Mortality quarterly report (Q3) 2024-2025 Helen Crimlisk (HC), executive medical director noted that the quarter three report provides assurance of a robust process in place for reviewing all reported deaths and highlighted the following:</p> <ul style="list-style-type: none"> • All deaths reported in quarter three were in relation to people living in community settings. • The Trust is compliant with the national quality board (NQB) standards for learning from deaths. • Work is taking place with the executive director of nursing, professions, and quality to align and integrate the mortality reporting with PSIRF processes. • In response to previous challenge from the Board to focus learning from deaths in particular areas, work is underway with the population health lead to have a broadly focused inequalities-based approach to reporting. <p>BS noted the number of deaths reported relating to the liaison psychiatry service and asked for clarification of how this area was categorised, and whether anything pertinent should be understood from this. HC explained that liaison psychiatry is the clinical service at the Sheffield Teaching Hospitals, and these relates to accident and emergency attendances (A&E) as well as service users who have significant physical health problems.</p> <p>AD referred to the cohort of service users receiving end of life care through a structured judgement review process which had been raised as an area of focus by Healthwatch and asked whether feedback from this is formalised. DP confirmed that all Healthwatch queries are routed through the corporate communications inbox so that they are formally logged and responded to in an appropriate and timely way.</p> <p>The Chair noted the implementation of the national online platform for the structured judgement review process data which will be progressed following the implementation of RIO.</p> <p>The Board of Directors noted the robust mortality and learning from deaths review in place, noted that the Trust is compliant with the NQB standards for learning from deaths and noted the plan to work</p>

	<p>more closely in association with the developing PSIRF processes ensuring a more inequalities-based approach.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> There were no agreed next steps or actions on this item.
<p>PBoD 26/03/25 Item 14</p>	<p>Least restrictive practice (use of force) plan 2025-28 Caroline Johnson (CJ), executive director of nursing, professions and quality noted that the Board of Directors received a previous update in January 2025 on the refresh of actions aligned to the previous strategy. Adding that this iteration is the least restrictive plan 2025-2028 which sets out the next phase of work on reducing restrictive practice.</p> <p>BS commended the inclusion of feedback from service users and their lived experience of restrictive practice in the report. Adding that the impact of restrictive practice on the person and those around them was powerful. BS wanted to note that it was excellent practice to include this in a public report as the service user voice is weaved in throughout.</p> <p>AD agreed and asked whether the report is widely shared. CJ confirmed that it is and the service user stories are also used during training.</p> <p>The Chair noted that it was helpful to see national benchmarking which showed that in July 2024, the Trust were in the 21 highest Trusts, out of 58 providers. The figure set out the percentage of people residing in inpatients who were subject to restrictive practice. The Chair added that whilst this is still relatively high, it reflects the positive and continuing journey to reduce restrictive practice in services.</p> <p>The Chair also asked whether the plan was ambitious enough and whether the actions are measurable. CJ advised that the teams are aligned to the delivery of the actions, and they will be able to measure the impact of the actions.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> The Board of Directors approved the least restrictive practice plan 2025-28 for publication.
<p>PBoD 26/03/25 Item 15</p>	<p>Guardian of Safe Working quarterly report (Q3) Professor Helen Crimlisk (HC), executive medical director introduced Dr Zoe Kwan (ZK), consultant psychiatrist in older adults who has taken over the role of the guardian of safe working. ZK reported the following:</p> <ul style="list-style-type: none"> All resident doctors continue to work hours that are compliant with their contracts and all relevant legislation. Although information is provided on the utilisation of locums for the out of hours rota, the implications of spending on locums are out of the scope of this report. The British medical association (BMA) are currently in consultation with the government regarding a revision of the rules surrounding exception reporting as part of the recently agreed pay deal with resident doctors. Fifteen of the exception reports (regarding working hours) were resolved with time off in lieu (TOIL). Three of the fifteen were in relation to missed educational opportunities and one was due to a lack of service support in relation to staffing shortages which was resolved by employing an agency speciality and specialist (SAS) doctor. The exception reporting process supports safe working and enables the appropriate compensation of additional hours worked. <p>OMcL commended the data in the report and asked whether additional data on the visibility of reasons for locum requests could be included in future to support insight into fluctuations in locum usage, and to support an understanding of workforce planning and impact.</p> <p>ZK reiterated that the purpose of the report is mandated to assure the Board that safe working hours are maintained for resident doctors and confirmed that data from the previous 12 months on locums could be provided separately. HC added that medical establishment reviews are underway and the</p>

	<p>rota work alongside this will contribute to the review.</p> <p>It was agreed that a report highlighting the medical establishment review and locum usage data in the previous 12 months would be taken to the finance and performance committee.</p> <p>The Trust Board noted their thanks to Raihan Talukdar, the previous guardian for safe working for his valuable input.</p> <p>Approvals, recommendations, and actions:</p> <p>The Chair noted the following:</p> <ul style="list-style-type: none"> • A report highlighting the medical establishment review and locum usage data in the previous 12 months would be taken to the finance and performance committee – Action HC.
<p>PBoD 29/03/25 Item 16</p>	<p>Independent Mental Health Homicide Review</p> <p>Caroline Johnson (CJ), executive director of nursing, professions and quality advised that NHS England (NHSE) have requested that mental health providers review local action plans. This is to ensure they address the issues identified in the independent mental health homicide review into the tragedies in Nottingham. The aim is to expand plans to capture learning from internal sources. CJ highlighted the work that is underway:</p> <ul style="list-style-type: none"> • An audit has taken place to gain immediate assurance that policies do not permit discharge from services based on non-attendance, unless supported by robust multi-disciplinary discussion. • A self-assessment against the NHSE maturity index for intensive and assertive treatment was completed in September 2024, which was approved by the executive management team and was shared with the ICB. • An action plan against the NHSE maturity index for intensive and assertive treatment was completed in December 2024, which was approved by the executive management team and shared with the ICB. • Weekly audit of care plans, risk assessments and record keeping across community mental health services has been implemented. • Training has been implemented to improve the quality of risk assessment in community mental health teams (CMHT). • A thematic review into family and carer involvement in care is underway. • A steering group has been established to develop and implement a programme of work to implement the learning from the reviews. <p>JD highlighted the strategic importance of this work noting that it connects closely with the work for home first and neighbourhood mental health centre pilot project. JD noted the appetite to develop cross learning and mutual check and challenge with neighbouring Trusts. JD recommended that this is included in the report to the ICB before the end of June 2025.</p> <p>AD suggested the use of the word 'minimise' in the introduction of the report and asked whether the outcomes would be measurable and if so, where would they be reported to. CJ confirmed that this would be reported to the quality assurance committee.</p> <p>The Chair noted that the timeline for reporting to the ICB is the end of June and requested that the report is presented to the May Board of Directors, which is the public Board prior to the ICB deadline.</p> <p>Approvals, recommendations, and actions:</p> <p>The Chair noted the following:</p> <ul style="list-style-type: none"> • To ensure the report connects the work of home first and neighbourhood mental health centre pilot project - Action CJ to note and take forward. • Report to go to May Board of Directors prior to the ICB deadline - Action CJ to note for reporting and AW to note for the work programme.
<p>PBoD 26/03/25 Item 17</p>	<p>PLACE (patient led assessment of the care environment)</p> <p>James Drury (JD), director of strategy noted the summary update from the 2024 PLACE process:</p> <ul style="list-style-type: none"> • Improvements have been made with the 2024 results which show that the Trust is 1% away from reaching the national average compared with the 2023 performance which was significantly below the national average.

	<ul style="list-style-type: none"> • A thematic analysis shows that the areas that require improvement relate to food and disability access to buildings .These will be areas of focus for 2025. <p>JD highlighted the action plan for 2025 which will strengthen:</p> <ul style="list-style-type: none"> • The approach to the provision of good quality food in all in-patient environments • Oversight of support for the maintenance of cleaning standards. • The schemes undertaken through the capital plan to address PLACE findings including in relation to disability and dementia. <p>HS noted the improved results and asked for clarity on the governance route for PLACE reporting. HS noted that issues relating to food has been discussed previously at the Board and it would be helpful to have further understanding of why this continues to be an issue. SY advised that there is variability of catering arrangements and quality across the organisation and JD will undertake a deep dive to review.</p> <p>OMcL noted the positive progress made and reassurance in the plan and asked when further assurance will be received on progress of the actions. JD confirmed that an action plan will be ready within the following month, and this will be agreed with the executive management team. The Chair noted that the Council of Governors have a keen interest in the patient led assessment of the care environment and will be seeking assurance from the action plan.</p> <p>BS asked whether the PLACE assessment focuses on the impact of the environment on service users with autism and attention deficit hyperactivity disorder (ADHD). JD confirmed that the assessment focuses on the physical environment, however these are considered as part of the capital investments and improvement programmes. The Chair commended consideration of reporting on these impacts even though they are not mandated nationally.</p> <p>It was agreed that a report would be brought back to the next public Board in May, following receipt at EMT detailing areas of focus for improvement since the last report and the action plan for 2025. The plan should also include the environmental impact on autism and ADHD, noting that the Board has agreed oversight of action plan delivery.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • It was agreed that oversight of the action plan by Board means it will be presented at the public Board in May – Action JD and AW to add to the work programme. • It was agreed that the report and action plan should be shared at COG prior to the public Board meeting in May – Action JD and AW to add to the work programme.
<p>PBoD 26/03/25 Item 18</p>	<p>Transformation Portfolio report James Drury (JD), director of strategy noted that several programmes are in a transitional phase and drew attention to the following:</p> <ul style="list-style-type: none"> • The home first programme reset is progressing well and there will be further discussion in the confidential session. • Actions for the community mental health team (CMHT) will be taken forward within the scope of the home first programme. • The primary care mental health team (PCMHT) programme board will receive the closure report in April 2025. • The Rio go live date was agreed by the Board of Directors for the 25 March to allow sufficient and appropriate training to be completed to enable a safe launch. • The transformation board supported the extension to the closure of the learning disabilities programme and have requested a detailed plan to be presented in May. • The older adult community mental health programme is still in discovery phase and transformation board have requested robust evidence including population data, examples from other Trusts and how it fits with regional and system priorities. This will provide clarity on which elements fit in with the home first programme and clarity on the dementia diagnosis pathway, and the productivity work undertaken for the older adult wards as part of the work by Akesso for the provider collaborative. • The therapeutic environment programme is focused on the delivery of the Maple ward

	<p>improvements which is progressing well against plan.</p> <p>HS advised that progress with the learning disabilities programme has been slow, and the Board and Council of Governors have been seeking assurance on the progress of this programme for a very long time. HS asked when the implementation stage is expected to happen. JD confirmed that the transformation board recognises this hence they have asked for a plan that refers to the criteria of the programme with clear steps of what is going to happen to achieve this with appropriate timescales. JD confirmed that this is being reported to the transformation board the following day. HC added that a further three months has been requested and the key elements to support delivery of the revised model is:</p> <ul style="list-style-type: none"> • Estates and the requirement for the location of the hub to be agreed. • IT hardware to be provided. • Organisational development activity to bring the teams together to operate as one. • Recruitment to key roles. <p>HS suggested that the progress of the programme could have been articulated in a phased way. This would support and understanding of what has been achieved and what still requires to be completed. SY agreed that moving to phased reporting would reflect the significant work that is happening.</p> <p>SY added that in relation to the follow up actions for CMHT this cannot be closed given that it has already been identified as a hot spot. It is essential to ensure we are embedding new ways of working whilst driving improvements in the next phase of work. SY reiterated that the improvement and change approach using the integrated change framework will support and empower colleagues to engage in collective improvement.</p> <p>JD clarified that the language of the transformation programmes is reflecting the need to have a phased approach such as the discovery phase and the design and the delivery phase. JD added that the gateway to these will provide assurance and ensure clarity of progress prior to moving into the next phase. This approach to improvement rather than transformation will require strategic communications to embed and ensure staff understand. HS agreed with the phased approach and emphasised the need to have phasing within delivery to support an understanding and provide assurance of progress.</p> <p>GA added that the narrative in the home first programme is key to reinforcing the direction of travel moving to improvement rather than transformation. GA clarified that the CMHT work is being transferred to the home first programme rather than being closed and further discussion would take place outside of the meeting in relation to how this can support the older adult improvement work.</p> <p>The Chair reflected that there was limited detail on the Gleadless and Heeley neighbourhood mental health centre and JD confirmed that comprehensive reporting will start to be included in the transformation portfolio report. The Chair requested that monitoring of the Maple improvement work take place at the finance and performance committee to ensure that it remains on track and within budget. Action: JD/OMcL and to note for the cross-committee tracker AW</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • Actions for JD to note and take forward. <ul style="list-style-type: none"> • Progress within the learning disability programme will be explicit within the next transformation portfolio report • Although the CMHT programme board approved closure, the work has been subsumed into the home first programme. • The narrative in the report will include phasing of the delivery of the programme • The language used will reflect the shift from transformation to improvement • Monitoring of the Maple improvement work take place at the finance and performance committee - Action JD/OMcL and to note for the cross-committee tracker AW
PBoD 26/03/25	<p>Integrated Performance and Quality Report (IPQR) Phillip Easthope, executive director of finance, digital and performance noted:</p>

- There have been in month variations with the NHS long term plan KPI's
- Performance concerns have been noted in previous discussions – revised recovery plans are reported through the assurance committees and the home first programme will be key to some of the biggest variances.

GA provided an update on service delivery:

- Work relating to high referrals in CMHTs linked to changes to the primary and community mental health service is being progressed with partners to ensure systems are in place to ensure people get the right care in a timely way.
- There will be further discussion in the confidential session on patient flow and out of area beds.
- As part of the home first programme work is underway to support the home treatment team to gatekeep all hospital admissions and to support discharges from July 2025.
- Contract negotiations with the 111 mental health options call handling providers have been completed and although a slight deterioration in the metrics occurred in January, overall, there has been a significant improvement.
- Health-based place of safety (HBPoS) suite breaches have reduced in January although this remains at a high level and the intention is to have zero breaches which forms part of the objectives of the home first programme.

SY clarified that the breaches that have occurred within the new 24-hour standards, have been in the Trust suites.

CJ provided an update on safety and quality:

- The high number of moderate incidents reported for smoking breaches was discussed earlier in the meeting.
- A deep dive is taking place into the increased number of medication incidents.
- The positive impact of targeted quality improvement (QI) initiatives (HUSH huddles) across older people's services has supported a decrease in the incidents of falls.
- Work is underway with the director of people to address the increase in human resource (HR) casework which is leading to delays in concluding formal processes
- A report will be received at the quality assurance committee on reporting of protected characteristics.

CP provided an update on people:

- There has been a drop in supervision compliance linked to the recording of supervisions on the new electronic staff record (ESR).
- Sustained reduction in medic appraisal rate compliance has been reported incorrectly and this is currently at 91%. These will be recorded on ESR from April 2025.
- Personal development review (PDR) compliance is 68.1% of staff which is below the target aim of ensuring that 90% of staff have received a PDR in the last 12 months.

The Chair noted that PDR compliance remains a concern as it is consistently below target. HS confirmed that the people committee have identified this as an objective. The objective will closely monitor PDRs as this has started to decline, and it has been noted on the work plan for 2025-2026.

SY added that a review by the interim director of operations on operational governance will strengthen this and CP will formally take this through the new senior leadership group which is replacing the operational management group.

The Chair requested that this included in the workforce summary to ensure that it is visible in the reporting.

Finance no further updates were noted.

Approvals, recommendations, and actions:

The Chair noted the following:

- That PDR compliance forms part of the workforce summary and is visible - **CP to note and take forward.**

<p>PBoD 26/03/25 Item 20</p>	<p>Financial Performance Report (M10)</p> <p>Phillip Easthope (PE), executive director of finance, digital and performance highlighted the month ten position:</p> <ul style="list-style-type: none"> • The year-to-date deficit position of £6.3m is £0.6m worse than planned against the £6.5m full year plan. • The forecast includes additional mitigation/savings required of £1.1m noting that £0.7m has been found to date and there is assurance that with further work continuing across the organisation, this will be achieved. • Increased out of area expenditure remains the key cost driver of the overspend, it is £6.4m overspent against the £6.3m year-to date position which is good progress and reflects the scale of cost pressure that the organisation has been able to manage in this financial year. This has been achieved through several non-recurrent means. • The forecast delivery of the £7.3m VIP programme which is currently at 82% recurrent will be helpful to understand for further discussion on the finance plan in the confidential session in relation to assurance of the potential validity of the 80/20 recurrent and non-recurrent savings. <p>OMcL referred to page 10 of the report detailing the overspends of the clinical, medical, and corporate areas which confirms that this is reported to the committee every month in granular detail by department. HS asked whether it would be helpful to see this detail by professional role and it was agreed that this would be included in future reports to the finance and performance committee.</p> <p>The Chair asked for further clarification on the overspend in the people directorate. CP confirmed that several posts such as the clinical lead for bank, and staff side posts are being reviewed to ensure that the budgets are in the correct place.</p> <p>The Chair noted that aged debt has increased and asked what action is being taken to ensure debt recovery action of older debts are paid or escalated. OMCL noted that this is discussed frequently at the finance and performance committee to ensure that this does not have to be provided against the end of financial year, and also in relation to the assumption of what is going to be charged in the budgeting process to ensure that this is agreed up front with partners.</p> <p>The Chair referred to one non-NHS debt for a considerable sum of money, which has been discussed throughout the year and asked why only a small amount of this had been paid. PE advised that NHS organisations have been held to account for their agreed payments, but this does not apply to non-NHS organisations. He confirmed that the outstanding debt has since been agreed to be paid, and this is now in progress.</p> <p>The Chair asked for assurance about the potential risk of £1.4m against education income from NHSE. PE confirmed that funding arrangements are changing, and NHSE are reducing percentage funding relating to training roles on an ongoing basis. PE clarified that the risk relates to current levels changing against a fixed establishment of training roles. HC added that this is not likely to be a risk for this financial year but will be for the next financial year in the shift relating to postgraduate training roles. PE confirmed that the Trust has not been notified of any big change for the next financial year that will impact on the financial plan for 2025-26.</p> <p>In relation to staffing over establishment levels, the Chair asked for continued assurance in future reports that recovery plans are targeting overspending services to reduce inappropriate over establishment.</p> <p>PE agreed noting that those areas identified in the report have not reduced their overspends from a recovery plan perspective amounting to £4.1m which significantly impacts on achieving the financial plan and the Board agreed that this needs to be a key area of focus for the following financial year.</p> <p>The Chair referenced the expenditure trends that reflects the discussion held earlier in terms of positive reduced agency spend but which demonstrates that even with the uplifts, the number of staff have increased as evidenced from the pay bills and asked whether the detail of this is explored. PE confirmed that this level of whole-time equivalent detail is available for individual services and per organisational type, and that reduced agency and locum spend tends to be in the main clinical inpatient services.</p>
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	<p>SY agreed that this level of detail is evidenced from the operational review, but it is less clear in corporate services and the corporate review will make this clearer. The Chair advised that detail would help with the external national and regional narrative.</p> <p>Approvals, recommendations, and actions:</p> <p>The Chair noted the following:</p> <ul style="list-style-type: none"> • Report by professional role to be included in future reports to the finance and performance committee - Action PE • Recovery plans to target overspending services to reduce over establishment –CJ to note and take forward.
<p>PBoD 26/03/25 Item 21</p>	<p>Annual People Strategy (2023-2026) (people delivery plan) report</p> <p>Caroline Parry, executive director of people provided an annual update on the progress of the people strategy and the progress on the people delivery plan 2024/25 and highlighted the key areas of improvement against the key performance indicators (KPI):</p> <ul style="list-style-type: none"> • Benefits realisation of the e roster system has supported more effective use of temporary staffing. • There has been significant staff engagement in the values into behaviour work. • There has been significant improvement to levels of attainment in preparation for a new staff record system. • Actions to reduce sickness absence levels have not yet made a change to the overall levels of absence and a proposal for the creation of wellbeing hubs has been developed, which will support prevention, widening access and enhancement of our workplace wellbeing service. <p>The Chair reminded CP of earlier discussions following the board story which highlighted the importance of strengthening the voice and recognition of peer support workers and of the need to focus efforts relating to areas that have not changed over the previous few years such as PDR, supervision, and mandatory training. It was agreed that these will be added to the workforce priorities.</p> <p>The Chair asked for assurance that the approach is reviewed as the number of workforce plans received has not changed and only 54% of the plans have been updated. CP advised that whilst there has been significant improvement moving workforce plans into alignment with business planning, not all workforce plans have been received, and additional support has been offered for services. Further work will take place to develop the use of apprenticeships for career pathways and widening access, taking a multi-disciplinary approach to reviewing skill mix and progress which will be seen in the next report.</p> <p>SY confirmed that full workforce plans which are part of the operational plan and financial plan are needed, and this alignment will collectively drive an approach. These plans will be shared through executive management team, supported by the senior leadership team, and will report to the people committee prior to Board.</p> <p>HS added that there is no analysis of workforce plans to determine if they are innovative or respond to national priorities, and this remains an issue. In relation to the people strategy and KPI's, HS noted that supervision and PDR are not featured, and a discussion took place at the people committee about having leading indicators, also highlighted in the Work Foundation report to the Board at the development session in February 2025.</p> <p>SY agreed that innovation is not reflected in the workforce plans but there is a lot of work underway in relation to the development of new roles and therefore it is imperative that this is captured in the workforce plans.</p> <p>OMcL noted references in the report relating to stricter financial controls being the barrier to achieving some of the people strategy KPI's and advised that discussions both at the committees and the Board provided assurance that these controls should not be the reason the target was not reached. CP acknowledged that this had been picked up in the people committee discussion and it was evident that the value of the vacancy control panel is understood and a deep dive on the data is required for time to hire, and this will be reported back to the people committee.</p> <p>The Chair asked for assurance that the reason for the Trust being an outlier in relation to short-term</p>

	<p>sickness is understood. CP advised that the long-term returns have impacted on the short-term sickness episodes and comparisons with other organisations is taking place to understand the reasons for being an outlier.</p> <p>SY added that nationally the data suggests that most sickness absence is from depression and anxiety and the Trust is developing a proposal with the Work Foundation to do more upstream preventative work. In addition, work with Sheffield Hallam university on a workforce wellbeing hub to support staff to be able to stay well and in work is being progressed. SY referred to the Board development session delivered on health inequalities which highlighted that the least well-paid staff are more likely to live in deprived areas, therefore more likely to have high absence levels. Preventative work and measures are critical to success.</p> <p>CJ noted the correlation between hotspot areas and sickness absence, and the evidence to support the impact that improved working environments has on wellbeing. OMCL asked for short-term sickness data to be presented alongside length of service in the next report to the people committee.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board noted the updates received. • It was agreed that PDR, supervision, and mandatory training will be added to the workforce priorities - ACTION CP • Short-term sickness data to be presented alongside length of service in the next report to the people committee - Action CP to note and take forward
<p>PBoD 26/03/25 Item 22</p>	<p>Strategic updates from system, collaborative and partnership meetings James Drury (JD), director of strategy summarised the ongoing system working as part of the partnerships for Sheffield and the South Yorkshire integrated care system (SYICB):</p> <ul style="list-style-type: none"> • The Board of NHS South Yorkshire ICB met in March 2025 where the delegation from NHS England of responsibility for commissioning to the ICB was agreed, which is line with previous discussions held at the Board. • The Akeso productivity work developed by the mental health, learning disability and autism provider collaborative (MHLDA PC) was presented to the system efficiency board. • The system leadership executive met shortly after the national announcements of significant changes to the NHS operating model. Discussions were focused on this, noting that irrespective of changes, delivering against the core statutory ICBs remains a focus. • The SY ICB has supported partner organisations, including the Trust, to submit bids for national capital funding streams and bids have been submitted for schemes which can support a reduction in out of area placements, such as the Maple ward improvement work and for those that can improve safety in mental health such as the fire door safety work. • The SY MHLDA Provider Collaborative focus has been on the use of the health-based places of safety (HBPoS) to optimise experience and effectiveness. • The health and wellbeing board will consider the plans for the use of the better care fund in 2025/26 and will include investment in supporting effective discharge in mental health. <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of Directors received the updates from the system, collaborative and partnership meetings.
<p>PBoD 26/03/25 Item 23</p>	<p>Board Assurance Framework 2024/25 Dawn Pearson (DP), associate director of communications and corporate governance presented the updated BAF reports following review by all executive director leads. BAF reports have been to executive management team (EMT) and then for assurance to relevant committees. DP noted that summary updates were included in the report and all scores reviewed with actions and milestones updated.</p> <p>In relation to BAF0021A, PE noted that RIO is going live on 25 March and the risk will be assessed accordingly for the next review.</p> <p>AD noted that the movement on the BAF risk scores and requested that the summary updates from the main report are included on the front sheet to support understanding of the rationale for this</p>

	<p>movement. The Board noted that a review of the BAF and the risk appetite would take place at the April board of Directors development session.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of Directors approved all updates and changes. • The movement on BAF risk scores required a summary of the main report on the front sheet - Action DP to note and take forward. • A review of the BAF and risk appetite is scheduled to take place at the April board of Directors development session - DP/AW to note and take forward.
PBoD 26/03/25 Item 24	<p>Corporate Risk Register Dawn Pearson (DP), associate director of communications and corporate governance noted:</p> <ul style="list-style-type: none"> • Two new risks have been added to the corporate risk register which have been approved at the assurance committees. A recommendation regarding the risk score to the integrity and safety of fire doors will be made following the review at the clinical risk and governance group (CRAG) meeting. • The scores for two risks remain unchanged since they were inputted onto the register in 2023, and this was approved at the mental health legislation committee noting that this is outside of organisational control. • The risk score to the risk relating to medical staffing and recruitment challenges (risk 5409), has been reviewed by the executive lead and it is being proposed that the scoring is reduced from 16 to 12. <p>SY confirmed that the risk relating to staffing at Forest Lodge remains an operational issue and it should therefore be managed on the operational risk register. It was agreed that this would be discussed with risk owners and deescalated.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of Directors approved all changes. • Risk relating to staffing at Forest Lodge be moved to the operational risk register – Action AW
PBoD 26/03/25 Item 25	<p>Annual Review of Standing Orders (SO), Standing Financial Instructions (SFI) & Scheme of Delegation Phillip Easthope (PE), executive director of finance, digital and performance noted:</p> <ul style="list-style-type: none"> • The report was presented to finance and performance committee (FPC) and the audit and risk committee (ARC) where it was noted that governance in relation to South Yorkshire mental health learning disability and autism (SY MHLDA) provider collaborative committees in common and delegation arrangements was not reflected. • There are no other substantive changes being put forward. • Since the report, further changes that need to be made have been acknowledged to reflect changes that have been made to the constitution, and it is therefore being recommended that this will be brought back to the Board. <p>The Chair advised that the inclusion of the eating disorders joint committee cannot be approved yet, as this is not yet live.</p> <p>The Chair recommended that Board agrees all other changes other than those relating to the eating disorders committee noting that updates relating to the provider collaborative board, the eating disorders joint committee and any other changes that need to be made following previous changes to the constitution will be brought back to a future Board for agreement.</p> <p>AD asked for confirmation that the revised version is brought to the audit and risk committee in May prior to approval of the Board of Directors, and it was confirmed that this would be noted on the work programme.</p> <p>The Board agreed all the changes proposed apart from those relating to the eating disorders joint committee. The revised SO's, SFI's and scheme of delegation will be brought back to the public Board of Directors, following receipt at ARC in May 2025.</p>

	<p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board agreed all the changes proposed apart from those relating to the eating disorders joint committee • Revisions will go to the audit and risk committee in May prior to approval – Action PE/DP to revise and AW to note on the work programme for May. • Final revised SO's, SFI's and scheme of delegation will be brought back to the public Board of Directors in May 2025 - Action PE/DP to present final draft.
PBoD 26/03/25 Item 26	<p>Governance report Dawn Pearson (DP), Associate director of communications and corporate governance provided an update on the following items:</p> <ul style="list-style-type: none"> • The annual process for receiving declarations of interests, gifts, and hospitality in preparation for a report in May 2025 is ongoing. • The initial report from the work with the Good Governance Institute (GGI) who have been appointed by the Trust to conduct a developmental well-led review has been received. Work is underway to review this and develop a proposed approach and the report will be shared for further discussion at the Board of Directors development session in April. • A development meeting of the Council of Governors took place during March 2025 to discuss the strategy refresh in line with the constituted role to influence strategy and represent the voice and views of the public. • The Council of Governors elections process is underway, and a comprehensive promotion of the elections will take place from 28 March to 29 April 2025, supported by the communications team, the Board of Directors, senior staff within the Trust and partnership organisations. • A meeting with the South Yorkshire Mental Health Learning Disability and Autism (SY MHLDA) provider collaborative has been planned for the governors on the 21 May 2025. • The annual report has been shared in draft form with executives at the executive management team (EMT) meeting. <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of Directors noted the updates provided. • GGI well led findings to be reported at Board development session in April 2025 – Action AW to note for the work programme.
PBoD 26/03/25 Item 27	<p>Board Work Programme for 2024/25 The Board received the work programme and noted that the changes discussed in the meeting will be reflected for inclusion on the work programme.</p>
PBoD 26/03/25 Item 28	<p>Any Other Urgent Business No additional business was raised at the meeting</p>
PBoD 26/03/25 Item 29	<p>Reflections on the meeting effectiveness</p> <ul style="list-style-type: none"> • AD reflected the importance of the ability to interpret changes with targets and benchmarks and for this to be reflected in future reports. • AD reflected on the value of leading indicators to support understanding of what is happening underneath the KPI's and for these to be highlighted in future reports. • GA noted the importance of collaborative narrative in the reports with a need to be clear about the risks, how this is evidenced and identifying if this is anecdotal. • The Chair reflected on the health inequalities lens for staff noted through the Board discussions and the reporting of no seclusions in the organisation during February. <p>The Chair thanked all those in attendance and closed the meeting.</p>

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

Wednesday 28 May 2025

Format: to be confirmed

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