

Public Board of Directors

UNCONFIRMED Minutes of the Public Board of Directors meeting held on Wednesday 28 May 2025

Present: Sharon Mays, Chair (SM)
 (voting) Salma Yasmeen, Chief Executive (SY)
 Heather Smith, non-executive director (HS) (online)
 Olayinka Monisola Fadahunsi-Oluwole, Non-executive director, (OFO)
 Owen McLellan, non-executive director (OMcL)
 Anne Dray, non-executive director (AD)
 Caroline Johnson, executive director of nursing, quality, and professions (CJ)
 Phillip Easthope, executive director of finance, digital and performance (PE)
 Caroline Parry, executive director of people (CP)

In Attendance: Prof. 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 (Board Secretary) (DP)
 Greg Hackney, deputy director of operations, deputising for HSm (GH)
 Dr. Rob Verity, clinical director, deputising for HC (RV)

Other attendees: Holly Cubitt, Communications lead (HC)
 Amber Wild, head of corporate assurance (minutes) (AW)
 Jenny Hall PCREF and carer strategic lead for item 00 (JH)
 Melissa Simmonds, community network leader for health equity (patients and carers) for item 00 (MS)
 Zoe Kwan, guardian of safe working, for item xx
 Liz Johnson (LJ) head of equality and inclusion for item 21 (LJ)

Apologies: Prof. Helen Crimlisk, executive medical director (interim) (HC)
 Helen Smart, chief operating officer (HSm)

| Min Ref: | Board strategy planning and development session |
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| 28/05/2025 Item 0 | <p>Experience story</p> <p>Caroline Johnson (CJ) executive director of nursing, quality, and professions introduced Jenny Hall (JH), PCREF and carer strategic lead and Melissa Simmonds (MS), community network leader for health equity (patients and carers) who presented an update about the culturally appropriate food project on wards and the impact that has in relation to reducing inequalities and improving service user experience.</p> <p>JH noted that this reflects the work of the patient and carer race equality framework (PCREF) which focuses on enhancing patient and carer feedback. This is to ensure that the experiences and outcomes of racialised and ethnically diverse communities are understood and acted upon by mental health trusts. JH added that the engagement and experience team are working on a pilot project which started following feedback from service users, staff, and community groups. This feedback was to ensure those with culturally diverse dietary needs are catered for. JH added that feedback from the pilot will support next steps in reviewing a long-term approach.</p> <p>MS noted that consideration of preferences, religious and cultural backgrounds when providing food and drink was a key focus. Discussions at the 'let's talk about race conference'</p> |

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| | <p>meant that catering suppliers from local communities provided food and refreshments. MS noted that the value of food and drink in maintaining health and wellbeing is recognised. JH added that this is using feedback and putting it into action. Work is via the nutrition and hydration group, and the lived experience coproduction assurance group (LECAG) where solutions to additional barriers such as on-site food facilities, delivery and procurement are explored. JH added that a cost model is included as part of the project review following which the feasibility of a business case would be considered.</p> <p>JH noted that running alongside this project, work is ongoing to embed the work of PCREF, working together with staff, service users and communities to develop a toolkit that aligns the Trusts work towards becoming an anti-racist mental health service with the triangle of care standards and the culture of care agenda.</p> <p>CJ thanked the engagement team for their work noting that the Sheffield PCREF action plan, was co-produced with a range of stakeholders (both internally and externally). Also noting it held its first stakeholder meeting, with updates to be reported to the Board through the lived experience report. CJ added that this work supports the Trusts commitment to being a human rights-centric organisation. This gave a particular focus on article 9: freedom of thought, belief, and religion and article 14: protection from discrimination in respect of these rights and freedoms</p> <p>The Chair thanked JH and MS for sharing the learning and story. The Chair invited JH and MS to participate in the learning and reflections from the Board discussion in the following item.</p> |
| <p>28/05/2025 Item 1</p> | <p>Experience story learning and reflection</p> <p>The Chair invited Board members to reflect on what they had heard.</p> <ul style="list-style-type: none"> James Drury (JD) noted the many connections of the food project to the Trusts strategic agenda such as anti-racism, nutrition, and physical health. The inclusivity reflects connection to other pieces of work such as the patient-led assessments of the care environment (PLACE) assessments. Anne Dray (AD) noted that information highlighting what is on offer would be helpful to service users when admitted. JH confirmed that work is underway with teams to produce information booklets for their service users to support advanced choice statements. This is one of the five priorities within PCREF and is also aligned to standard five in the triangle of care framework. Brendan Stone (BS) noted the updates relating to procurement and infrastructure and asked whether there were any other barriers that the Board should be aware of. MS confirmed that a review of the project would highlight any barriers, and that outcomes will be reported through the working groups which report into the assurance committees. Owen McLellan (OMcL) commended the positive work taking place noting that a business case could be considered in the action plan to take the project forward. Salma Yasmeen (SY) noted that this project supports the current review of catering across the organisation looking at personalised options, value and feasibility. SY commended the positive work which will be supported by a communications approach to knit together the triangle of care and the PCREF into the anti-racism work that the organisation is doing. SY recommended that JH and MS consider a working group to support the narrative for the project. Heather Smith (HS) noted the importance of communicating the work in providing culturally appropriate care to staff as practical examples of the anti-racism work going on the organisation. JH confirmed that the engagement and experience team work closely with the head of equality and inclusion. Gulnaz Akhtar (GA) reflected the important work for the Trust as an anchor institution supporting local communities and the need to articulate this clearly within any business case. Olayinka Monisola Fadahunsi-Oluwole (OFO) commended the work which celebrates choice and diversity and recommended consideration of other factors such as timings of meals. The Chair noted that this project reflects action being taken in supporting the Trust to become an anti-racist organisation, recommending working in partnership with |

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| | <p>other Trusts in the city to overcome any barriers highlighted as part of the review.</p> <p>The Chair noted that the Board will reflect on the experience story throughout the meeting, ensuring agenda items draw through the learning. Noting that the experience story provides a strong narrative that links to several items on the Board agenda including the operational plan and priorities, the Trust strategy, the population health report, keeping people safe at work and the PLACE action plan.</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. |
| 28/05/2025 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 (HSm), interim director of operations and Professor Helen Crimlisk (HC), interim medical director. The Chair welcomed Rob Verity (RV), clinical director and Greg Hackney (GH), deputy operations director who were in attendance as deputies.</p> |
| 28/05/2025 Item 3 | <p>Declarations of interest None specifically noted over and above the regular formal declarations of interests made by the Board members.</p> |
| 28/05/2025 Item 4 | <p>Minutes of the public Board of directors meeting held on 26 March 2025 The Board approved the minutes of the public Board of directors meeting held on 26 March 2025 as a true and accurate record.</p> |
| 28/05/2025 Item 5 | <p>Matters arising and action log There were no matters arising to note.</p> <p>The Board approved closure of actions as indicated on the actions log and the following updates were provided in the meeting:</p> <ul style="list-style-type: none"> Action 39: the Chair noted that an update on the carer experience has been noted on the Board work programme, and it was agreed that this action would be closed. |
| 28/05/2025 Item 6 | <p>Questions from the public and governors There were no questions received.</p> |
| 28/05/2025 Item 7 | <p>Chair's report The Chair provided an update noting the following key areas:</p> <ul style="list-style-type: none"> Congratulations were noted to Gulnaz Akhtar, director of performance and delivery who was recognised as a winner at the 2025 British Muslim Awards ceremony for her contribution to public service. Congratulations were noted to Salma Yasmeen, CEO on being awarded the CEO in Health & Social Care Excellence award at the Masterminds awards 2025. Congratulations were noted to Adam Butcher, co-chair of the disability staff network group who has been made a fellow of the Royal Society for Public Health (RSPH). Congratulations to Olayinka Monisola Fadahunsi-Oluwole who has been reappointed by the Council of Governors (COG) for a further two years from 7 June 2025. The RIO programme was successfully launched in March 2025, on time and within budget due to the achievements and efforts of the digital teams and all staff including the executive team. A celebration event to recognise the incredible work behind the launch of the new electronic patient record (EPR) was held on 23 May 2025, and thanks were noted to Phillip Easthope (PE), executive director of finance and digital for leading on the work. The Trust ended the financial year for 2024-2025 with an unaudited deficit of £98k which has been a significant achievement. The annual report and accounts which will be discussed in the confidential session of the meeting reflects the significant challenges and progress discussed at the Board during 2024-25 and reflects that the Trust is continually learning and improving. The Chair noted the extent of the work from all involved and thanked all |

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| | <p>staff for their hard work.</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. |
| 28/05/2025 Item 8 | <p>Chief Executive Officer Briefing</p> <p>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:</p> <ul style="list-style-type: none"> Global instability, trade disruptions and the recent local election outcomes are redirecting national political attention. Welfare reform and immigration policy changes announcements have been made, including changes to benefit eligibility and stricter immigration enforcement measures. The focus on driving value in public services remains strong with the ongoing reform of NHS England (NHSE) and the Department of Health and Social Care (DHSC). The efficiencies to be delivered through these reforms are a 50% reduction in NHSE and DH staff costs; a 50% reduction in integrated care boards (ICB) running costs; and a 50% reduction in growth of Trust corporate costs. Mindful and compassionate leadership is required whilst colleagues face these challenges. There have been developments in respect of clearer and stronger accountability in the NHS, as previously signalled by the Secretary of State. These include a framework for very senior managers (VSM) reward which also sets out pay against performance and a consultation. A new national performance assessment framework for both Trusts and ICBs will be discussed further at the nomination and remuneration committee (NRC) of the Board of directors. The British Medical Association (BMA) resident doctors committee has announced that resident doctors in England will be balloted for strike action over their pay, noting that this had been managed well in the previous year through strong medical leadership to minimise impact on safety and care. The operational focus continues to be on providing safe and high-quality care, to meet transformation and improvement priorities and to achieve productivity and efficiency targets. The home first programme continues to provide key milestones for delivering on the Trust's ambitions aligned to the 10-year plan on delivering safe, high-quality care whilst reducing reliance on out of area hospital care. This includes sustainable ways of working to improve flow and capacity. The neighbourhood mental health centre programme continues to progress with significant engagement with communities to co-produce the model of care. The RIO programme is seven weeks post implementation and continues through the stabilisation phase with planning for optimisation progressing. <p>AD noted the comprehensive report and asked whether additional priorities as result of NHS restructuring were understood. A need to ensure responsibilities are met without destabilising the improvement work of the Trust.</p> <p>SY advised that the Trust strategic priorities are aligned with primary care, place and system partners. This is integral to all Trust programmes, adding that regional consideration is being given to what roles and functions the ICB could no longer provide. Given their rationing, the capacity of senior leaders will need to be prioritised to be able to take on system leadership roles. SY noted that strategic cultural and systemic change alongside continued close working with the provider collaborative will become even more important given the shift towards the neighbourhood model of working.</p> <p>JD noted that the Trust strategy which is aligned with the NHS ten-year plan and Sheffield's place-based strategy will build on the opportunity to accelerate integrated neighbourhood models, digital solutions and community-based prevention work. It was noted that a further discussion relating to this will be picked up on the Trust strategy, item 19 of the agenda.</p> |

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| | <p>Approvals, recommendations, and actions:</p> <p>The Chair noted the following:</p> <ul style="list-style-type: none"> • There were no agreed next steps or actions on this item. |
| 28/05/2025 Item 9 | <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 April and May 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:</p> <ul style="list-style-type: none"> • The committee received the annual ligature anchor point (LAP) annual statement of compliance 2025 which offered assurance that all LAP risks associated with the care quality commission (CQC) section 29a warning notice have been addressed. However, some areas continue to have ligature anchor points. The committee have requested further assurance on how staff are managing these risks. • The number of unreviewed incidents has reached their highest level in over two years in March 2025. Assurance on progress to clear this will be at committee in June 2025. • The committee noted a positive alert to the Board that the use of out of area (OOA) bed nights is continually reducing. • The committee were assured of the positive trajectory in relation to waiting times in specialist psychotherapy services which remain below the mean average, and accident and emergency (A&E) and the health-based place of safety (HBPoS), which had no-one waiting. • The committee received the outcome of the NHS community mental health survey 2024 which scored higher than average in areas such as 'seeking feedback' from service users and 'support while waiting'. <p>CJ provided further clarity on the unreviewed incidents and advised that all incidents are reviewed through the daily incidents safety huddle however enhanced support is required in some areas regarding follow up review, and mitigations are in place led by the risk team.</p> <p>The Chair noted that the narrative in the integrated performance and quality report (IPQR) does not reflect this position as indicated by CJ, and it would be helpful to have this updated narrative in the report. for CJ to note and take forward.</p> <p>JD noted that removal of fixed ligature anchor points (LAP) falls within the structured therapeutics environment programme in adult acute care. JD added that the scope of this programme includes forensics and older adults, and preparatory work is covered in year one of the capital plan which will be discussed in the confidential session. The Chair asked for assurance that mitigations are in place and JD confirmed that operational teams monitor and act in accordingly. CJ also added that a programme of work has started which will provide assurance that care plans are linked to the environmental risk assessments. In response to the Chairs query about the timeline for completion of this assurance piece, CJ confirmed that it would be three months and risks are reviewed in the daily incident huddles. GH noted that initial feedback from the clinical risk and patient safety advisor provides assurance that appropriate risk assessments are in place, but further evidence from the programme of work about to commence will provide assurance that this is consistent in all areas.</p> <p>It was agreed that an update on care plans and any implementation of changes alongside clarification of the capital prioritisation in relation to LAP would be discussed at a quality assurance committee in June 2025 and reported back to the Board in three months.</p> <p>Action CJ and AW to note on the Board work programme.</p> <p><u>People Committee (PC)</u> Heather Smith (HS) interim chair of the committee drew attention to the following:</p> <ul style="list-style-type: none"> • Supervision compliance has dropped to 49% (Trust wide) since the switch to recording as part of manager self-service on electronic staff record (ESR). |

- Mandatory training continues to require improvement with moving and handling at 46%.
- Time to hire has risen to 96 days.
- The inclusion and equality assurance group reported underrepresentation of ethnically diverse staff in senior roles, and bullying and harassment for disabled staff and ethnically diverse staff higher than white or non-disabled staff groups. In addition, the experience of discrimination for ethnically diverse staff has not reduced and is above the benchmark.
- The committee noted a positive alert relating to the benefits realisation of the e-rostering system which reports a reduction in agency usage, an increase in bank usage, and no agencies above the price cap.

CP noted that supervision compliance/ non recording remains a significant concern and confirmed that human resource (HR) business partners are providing additional support to ensure staff are trained and confident with the new recording system.

The Chair asked for further assurance regarding time to hire and moving and handling. In relation to time to hire, CP stated that work is progressing to ensure data accuracy, which should reduce by the next reporting cycle. CP added that revised national guidance on reporting time to hire will also support reduction. In relation to mandatory training compliance for moving and handling CP advised that recruitment for a movement and handling lead is in train. CJ confirmed there are trainers for moving and handling, however the compliance relates specifically to hoist training. The Chair requested that this is clarified in the narrative in the IPQR which currently implies that no moving and handling training is happening – **for CP to note and take forward.**

In relation to supervision, GH noted that this is a key priority area for operational colleagues to improve, and assurance has been received that managers will be updating and migrating clinical supervision manual records onto ESR to improve the recorded position.

In relation to the inclusion and equality assurance group update, GA noted that learning from good practice is taking place with Bradford District Care NHS Trust who have had consistent improvement since 2020. CP confirmed that networking across the integrated care system is taking place, to share learning, as well as liaising with staff network groups to look at staff experience and connecting into the culture of care work. The Chair noted that not all staff are members of network groups and recommended therefore that consideration is given on how to reach the wider staff group. CP agreed and added that work is underway to create a safe, inclusive forum open to any team interested in having discussions around race, ethnicity, and related topics.

BS noted that staff experience of racism was widely discussed at a recent national culture of care event that he had attended, indicating a national concern. SY added that the polarisation seen in society is being reflected in work environments and work to address this requires a revised approach. SY noted that a campaign is being drafted with the staff network groups which will be taken forward by the executive management team and an update will be brought back to Board.

OMcL asked whether the contract of care could support the reduction of abuse towards staff from patients. SY reiterated that it is important to report incidents, involve police where appropriate and provide support to staff experiencing this behaviour whilst patients are unwell. SY added that equally important is addressing behaviour with patients when they are well. Rob Verity (RV) agreed and acknowledged the difficulty for staff when faced with these behaviours. RV added that addressing behaviours needs continuity of care in handover and when patients are transferred from acute services to other services. It was agreed that this would build into a care planning approach. **to note and take forward – CJ/HC**

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

- The committee commended the successful bid for the refurbishment of the Maple ward improvements which will provide £4.2m of funding. There has been significant focus on the opportunities this has presented for the capital plan.
- The Rio programme implementation went live on 25 March 2025, within budget and on

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| | <p>time.</p> <ul style="list-style-type: none"> The end of year planned deficit position was achieved despite the significant challenges of the out of area position. The committee discussed the value improvement plan (VIP) for 2025 -2026 and has asked for further assurance that the plan will meet its target of £8m. <p>Phillip Easthope (PE) added that additional items such as aged debt, risk relating to fire door safety will be further discussed in the confidential session.</p> <p><u>Audit and Risk Committee (ARC)</u> Anne Dray (AD) chair of the committee drew attention to the following:</p> <ul style="list-style-type: none"> The committee received and agreed the 2025/26 internal audit plan and charter for 2025-2026, the counter fraud 2025/26 work plan for 2025-2026 and the KPMG external audit plan including value for money risk assessment. The committee approved for onward recommendation to the Board the accounting policies review 2024/25, going concern basis - preparation of annual accounts 2024/25, losses and special payments full year report 2024/25 and material estimates 2024/25. The committee were informed that an interim opinion of significant assurance will be received for the interim head of internal audit opinion and commended the robust internal audit action tracking process. The committee heard from KPMG that the year-end audit is progressing well with good engagement from the Trust. As of 2025, the Trust is compliant with 65% of the NHS England (NHSE) EPRR core standards. <p>GH clarified that plans are in place for hazardous materials (HAZMAT) and chemical, biological, radiological, and nuclear (CBRN) training and exercising, and the risk of incidents remains low, however concern remains due to the lack of capacity from Yorkshire Ambulance Service (YAS).</p> <p>The Chair noted that items for onward recommendation to the Board are covered within the annual reports and accounts which will be discussed in the confidential session and therefore are not needed for approval in this item.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> Clarification of the capital prioritisation in relation to LAP to be discussed at a quality assurance committee in June and reported back to the Board in three months' time Action CJ and AW to note on the Board work programme. It was agreed that continuity of care as part of the handover when patients are transferred from acute services to other services would be build this into the care planning work to note and take forward – CJ/HC |
| 28/05/2025 Item 10 | <p>Eliminating mixed sex accommodation annual declaration</p> <p>Dr Caroline Johnson (CJ), executive director of nursing, professions and quality provided an update on work to eliminate mixed sex accommodation (EMSA). CJ noted there were no recorded EMSA breaches for the period April 2024 to March 2025 and advised the Board that the Trust is compliant against the Department of Health guidance outlined in September 2019 and the Mental Health Code of Practice (2015).</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> The Board of Directors approved the declaration of compliance, for publication on the Trust's external website. |
| 28/05/2025 Item 11 | <p>Patient Led Assessment of the Care Environment (PLACE) report and action plan</p> <p>James Drury (JD) director of strategy provided a high-level, outline of the action plan implemented from the PLACE 2024 assessments. JD noted that the action plan is currently progressing, and the capital team have identified schemes of work. Costs will be scheduled at the end of May 2025 to ensure that timely dates of completion can be identified.</p> |

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| | <p>BS asked whether the PLACE assessment included an assessment of Wi-Fi connectivity within the organisation, and if not whether there was any other review process by which the Trust reviewed this. SY confirmed that this will be reviewed as part of the digital maturity of the organisation which encompasses the adoption of technology as well as the integration of digital processes into culture, operations and strategy. JD confirmed that this is not within the scope of the PLACE assessment but could be provided as an update to the Board as a separate report.</p> <p>The Chair added that there had been some Wi-Fi connectivity issues raised at a recent Board visit to Forest Lodge to attend a service user digital skills group. The issue had since been sorted but did highlight the need to consider this in more detail. PE noted that clarity on what the accessibility issues are is critical, as this might not always related to just Wi-Fi connectivity. It was agreed that it would be helpful for the Board to understand this, and an action spotlight report will be considered for a future Board meeting, to include detail on accessibility and service user experience. PE to note and take forward, and to confirm timings. SY added that relevant policies will need to be updated once complete.</p> <p>HS reflected on the wording within the plan such as ‘ascertain’ which does not provide assurance on the action being taken and asked for further detail linking the actions to issues identified to track progress. AD agreed, adding that a summary of this on the front sheet would have been helpful to clarify the line of sight. JD confirmed that the report sets out an initial understanding of additional support and required actions. JD added that in terms of line of sight, the PLACE report is overseen at the estates and facilities group which reports into the finance and performance committee. SY agreed that there is more work to do, to link the process with follow through and reminded the Board that the 2024 results have improved significantly.</p> <p>PE noted that linking the actions to issues will support the prioritisation of capital and will provide additional assurance that the PLACE results scoring can be improved. JD clarified that there is not a programme of work that is funded to improve scores, and actions will identify ways of fitting PLACE-related matters into other schemes of work. PE noted that surveys feed into the annual capital plan, such as the seven facet survey and need to be included in the narrative of the subsequent PLACE update.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> It was agreed that the finance and performance committee (FPC) would continue to have oversight of the PLACE action plan, with a further update to the Board in September 2025. This would link actions to issues and reflect additional surveys and programmes of work relevant to PLACE. To note for the Board and FPC work programmes AW It was agreed that it would be helpful for the Board to understand digital accessibility for service users through an action spotlight report for a future Board meeting. This would include detail on all accessibility and with the service user experience. PE to note and take forward, and to confirm timings. [post meeting note: it has been agreed that digital inclusion for service users will be taken forward as part of the future lived experience reporting, for CJ to note and take forward and this has been noted on the work programme] <p>The Board noted the content of the report.</p> <p>[Dr Zoe Kwan, guardian of safe working joined the meeting]</p> |
| 28/05/2025 Item 12 | <p>Guardian of safe working annual report Dr Zoe Kwan (ZK), guardian of safe working highlighted the following key issues:</p> <ul style="list-style-type: none"> Assurance can be provided that from April 2024 to March 2025, resident doctors at the Trust worked safe hours. All postgraduate doctors in training continue to work hours that are compliant with their contracts and all relevant legislation. The British Medical Association (BMA) resident doctors (postgraduate doctors in training) committee secured an agreement on the exception reporting reform and the deadline for implementation is 12 September 2025. |

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| | <ul style="list-style-type: none"> • The British Medical Association (BMA) resident doctors committee has announced that resident doctors in England will be balloted for strike action over their pay. The ballot will open on 27 May 2025 and close on 7 July 2025. • There continues to be an ongoing risk associated with postgraduate doctors in training with long term health retaining a slot on the out of hours rota, however, the number of shifts uncovered continue to be significantly low totalling 4 out of 510 shifts between April 2024 and March 2025. There is ongoing work to agree clearer Trust procedures through a standard operating procedure for supporting postgraduate doctors in training with long term health conditions. • The Trust continues to maintain a rigorous exception reporting system utilising electronic system's through Allocates cloud-based platform. • The guardian of safe working regularly attends the medical education, experience & equality group as part of the governance structure overseeing the education and experience of postgraduate doctors in training placed with the Trust. <p>RV confirmed that medical staff agree that there is robust support in place for resident doctors, provided by senior doctors, alongside the medical education department. SY added that the external medical survey has also validated this.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board noted the report which provided appropriate assurance. • There were no agreed next steps or actions on this item. <p>[Dr Zoe Kwan, guardian of safe working left the meeting].</p> |
| 28/05/2025 Item 13 | <p>Plan to respond to the 'Independent Mental Health Homicide Review' into the tragedies in Nottingham</p> <p>Dr. Caroline Johnson (CJ), executive director of nursing, professions and quality outlined the plan. The plan provides assurance to Board of actions taken and initial analysis of the Trust to seek immediate assurance about the areas identified by NHS England which are:</p> <ul style="list-style-type: none"> • Inconsistent review and care planning. • Absence of face-to-face meetings with service users to assess risk. • Lack of family or carer involvement in risk assessment or formulation. • Poor record keeping in out of area placements. <p>CJ noted the following actions have been taken by the Trust:</p> <ul style="list-style-type: none"> • An audit was undertaken for all patients discharged from community mental health teams between 1 September and 31 October 2024. This found that no patients were discharged following disengagement without an MDT discussion. • An inconsistent approach regarding reengagement methods has been outlined in the supporting attendance at appointments guidance. • A self-assessment against the NHSE maturity index for intensive and assertive treatment was undertaken and shared with the integrated care board (ICB). • Weekly audits of care plans, risk assessments and record keeping in community mental health service has been established noting there is a good standard of record keeping however care plans are not sufficiently personalised. • Training has been implemented to improve the quality of risk assessments. • A thematic review into family and carer involvement in care is underway. • A centralised learning into action will be monitored through a delivery group reporting to the executive management team. • All key milestones are on track and will ensure that the Trust responds robustly to the NHSE ask by the 30 June 2025. <p>GH added that this is a very comprehensive piece of work and the action plan drafted is holistic, and reflects the voice of patients, families and carers.</p> <p>The Chair noted a report had been received at Board previously and asked that the front sheet reflect this. It was agreed to amend the front sheet for the records. To note and take forward CJ</p> |

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| | <p>AD sought assurance on prioritising actions within existing resources and asked whether additional risk had been identified. GH confirmed it had been identified to achieve full maturity and there would need to be investment across several teams. GH noted that the immediate action plan put in place provided assurance on the quality and safety of patients. Adding that longer-term investment would be required, as identified through the NHSE maturity index to enable the gold standard to be achieved. The Chair noted the full action plan which had been to the executive management team was not included in the report, and AD noted that it would be helpful to include this narrative in the report submitted to the ICB in June 2025. OMCL added that the report identified that the self-assessment was submitted to the ICB in April 2024, and it therefore implies that no action has been taken since this time. GH to note and take forward for updating the report to the ICB.</p> <p>HS commended the learning into action approach and asked whether staff understood the key area to focus on and prioritise. CJ confirmed that the roll out of the personalised assessment of risk document has been delivered to 80 clinical staff as an area of focus, and early feedback from the audit is aligned to learning identified from internal reviews of care and treatment.</p> <p>OFO noted the tragic events leading to this review and the importance of training and supervision for staff to ensure safeguards and strong relationships are in place.</p> <p>The Chair noted the ambition of the action plan which also encompasses the work already going on in the organisation. Noting the workstreams already addressing many of the key recommendations staff have identified. In terms of ongoing governance, the Chair noted that Trusts will continue to have oversight of work plan implementation in respective committees and boards. It was agreed that quarterly updates to the executive management team, quality assurance committee and the Board would continue. Action CJ and to note for the work programmes AW</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • It was agreed to amend the front sheet for the records to reflect previous discussions at the Board and the quality assurance committee. To note and take forward CJ • Include narrative patients in the final report submitted to the ICB regarding the immediate action plan put in place which provides assurance on the quality and safety of patients. GH to note and take forward. • It was agreed that there will be quarterly updates to the executive management team, quality assurance committee and the Board. Action CJ and to note for the work programmes AW [post meeting note: it has been agreed that updates to the Board will be via the alert, advise, assure report from QAC to the Board and this has been noted on the work programme] <p>The Board noted the content of the report.</p> |
| <p>28/05/2025 Item 14</p> | <p>Improvement and Change report James Drury (JD), director of strategy provided an update that the improvement and change projects, managing risks and issues effectively noting:</p> <ul style="list-style-type: none"> • The improvement and change delivery group is in place and consists of representatives who support change so that strategic priorities and service led plans receive the right support from the right teams. • Because of the improvement and change approach, a focus on building capability within the organisation to deliver and lead change and improvement, work has commenced to review the role of the senior responsible owner (SRO), and a report will be submitted to EMT for further discussion. • Members of the quality improvement (QI) team are attending the international forum on quality and safety in healthcare in Utrecht in May 2025 to share learning from the waiting less and waiting well programme. • The executive management team (EMT) agreed the use of contingency funds to address unforeseen items discovered during construction on Maple Ward. The timeline has been extended to November 2025 for Maple ward and February 2026 for Dovedale 2 ward |

impacting on the timeline for the reduction of out of area beds.

- Work is progressing with the Gleadless and Heeley neighbourhood mental health pilot with team moves to the refurbished Newfield Green clinic planned for late May 2025. Phases two and three is planned for completion in September 2025.
- The launch event on 24 April 2025 for the values into behaviour framework was a success, with over 100 attendees. Leads for the delivery group have been established, and efforts are now focused on recruiting members to design programme outputs and set delivery timelines.
- The home first programme is on track and this on the agenda for discussion in the confidential session of the board meeting.

HS noted that as chief operating officer she is now the new SRO for the learning disabilities programme, and it was clarified that a stocktake of the current position of the service and the programme is due to take one month. HS noted that this programme has been subject to previous delays and the non-executive directors (NEDs), and the Council of Governors (COG) are keen to see some progress on this. HS added that further detail on the issues and challenges would be helpful for Board members to understand and strategically link the national context discussed earlier in the meeting. SY confirmed that the robust project plan, needs to be more visible to the Board of Directors and that this could be included in a Board strategy session with a focus on impact, quality, safety of care and experience. **Action JD to note and take this forward, and to note on the work programme.** It was also agreed that the NED team could visit the Gleadless and Heeley neighbourhood mental health centre pilot **Action JD to arrange with the NED team.**

SM noted that progress of operational delivery and timelines will be reported into finance and performance committee. HS requested that further assurance in relation to measuring impact and quality of this programme. SY agreed that this programme is fundamentally about quality and safety of care, with updates presented to the quality assurance committee for check and challenge and impact. **To note and plan on the QAC work programme JD to confirm timings.**

BS referred to the relationships between the community mental health team (CMHT) and primary care mental health teams (PCMHT) and asked whether the Board should be concerned. GH confirmed that there is significant work underway through the home first programme which includes being explicit about service criteria and working with GP services to agree a format to follow and to ensure patients are cared for at the right time, and in the right place. GH assured the Board that the issues are understood, and the right actions are in place to address this.

JD reflected that that connectivity of the improvement and change projects demonstrates the need to ensure that they are structured appropriately, managing risks and issues and effectively monitoring delivery, whilst acting on feedback received from staff, members of the public and Healthwatch to optimise the work.

GA noted the chief operating officer is working with teams to reset the relationship between PCMHT and CMHT alongside the home first programme. JD and GA agreed to align narrative in future reports so that clarity of work programmes reach closure stage and include benefit realisation.

The Chair requested that the narrative and progress of learning disability services is explicit in the next report as was agreed at the March Board. Noting this has not been reflected in the report. **To note and take forward JD**

Approvals, recommendations, and actions:

The Chair noted the following:

- The Board **noted** the content of the report.
- The Heely and Gleadless neighbourhood mental health model to be planned for a Board strategy session – to note and take forward on the work programme **JD**
- NED team visit to be planned to the Gleadless and Heeley neighbourhood mental health centre – **JD**

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| | <ul style="list-style-type: none"> • Updates on the Gleadless and Heeley neighbourhood mental health centre to be considered for the Quality and Assurance Committee – to note on the work programme CJ • The narrative and progress within the learning disability programme to be explicit in the next improvement and change report – to note and take forward JD <p>[Chris Reynolds (CR) chief digital information officer joined the meeting]</p> |
| <p>28/05/2025 Item 14b</p> | <p>RIO programme update Phillip Easthope (PE), executive director of finance and digital provided an update to the Board of directors on the progress of the Rio Programme.</p> <ul style="list-style-type: none"> • The Trust successfully went live with Rio on 25 March 2025, on budget and within time. • There was widespread engagement throughout the organisation because of the hard work of Rio champions, clinical leadership, digital colleagues and operational and clinical staff. • The go-live key performance indicators (KPIs) were met and have received positive anecdotal feedback. <p>Chris Reynolds (CR) noted the context of this complex change programme which commenced in April 2024, supported by over 60 Rio Champions across all services who engage with operational and clinical teams. This approach has been crucial to the implementation. CR added that a clinical safety design group chaired by the executive director of nursing and executive medical director, including senior leaders has standardised clinical practice and reduced service variation. In addition, during the go-live and early life support period, floorwalkers with knowledge of the system helped staff respond to requests and operational pressures.</p> <p>In relation to the status of reporting, CR highlighted that the Trust has been successful in meeting its reporting requirements and has not missed any externally mandated reporting requirements. SY commended this significant achievement.</p> <p>CR advised that work is underway with operational and clinical colleagues to refine the reporting metrics in support of the integrated performance and quality report. Adding that the corporate risk relating to the implementation of RIO has been proposed for closure, and a new risk relating to the Rio optimisation phase has been added to the register for approval by the Board of directors, later in the meeting.</p> <p>CR noted that as part of the optimisation phase, two project managers are supporting with the alignment of plans of the project management office (PMO) and the Rio Programme, adding that work is taking place between the Rio programme and other significant pieces of transformation work to ensure that joint initiative is successful and that the specific requirements of the Rio programme are met, with milestones noted within the report.</p> <p>SY noted that this programme is being cited as an exemplar nationally and commended the digital team for resolving and re-implementing phase one as well as implementing phase two within the same timeframe was a significant achievement.</p> <p>BS reflected on the practical benefits of the Rio programme which will impact on the quality and safety of service users noting that this is critical for delivery of care. RV agreed, adding that the RIO system is a vast improvement which is responsive and easy to use. CP noted that this programme is a great example of improving staff experience, following staff engagement and inclusivity and this will hopefully be reflected in the next staff survey.</p> <p>AD reflected on the difficulties with the phase one implementation and asked for assurance that the insights and knowledge gained will be understood for future projects. SY reminded the Board that an independent review had been undertaken, which picked up lessons learned and was reported to the Board of Directors, who have had ownership of the programme throughout its journey, in 2024. CR added that a post-implementation session is taking place in June 2025, to consider additional learning and improvements.</p> <p>AD noted that RIO will make available data which can be analysed to improve performance</p> |

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| | <p>and systematise reporting and observed that this might impact on any existing baseline data. GH noted that the digital team drove the high-quality data migration, with excellent testing that included frontline services and there is ongoing commitment from operational services to optimise the systems and to increase visibility of the data.</p> <p>JD noted the importance managing tension between appetite and ambitions with the stated roadmap of delivery which is supported by the executive management team. PE agreed and noted that the optimisation programme is in place, and the plan will be developed to identify what will be delivered in this financial year which will set up the work for what the strategy will look like for the following five years.</p> <p>DP acknowledged the work of the communications team who supported the programme and brought it to life making it visible to staff across the organisation to support driving the progress.</p> <p>OFO noted previous discussions about continued improvement whilst accommodating the varying needs of different staff. CR agreed and confirmed that it is understood that experiences are different, adding that work is underway to support digital literacy across the organisation which will be included in the digital strategy. SY added that this has been a big organisational change process, that has been led in an aligned way with staff and should be the blueprint for all change programmes.</p> <p>The Chair, thanked CR on behalf of the Board of Directors for the significant role played in implementing a successful electronic patient record and thanked all staff including the Board of Directors for their leadership alongside a commitment to investment in delivery which included a comprehensive approach to staff training and resulted in the successful implementation of a simpler, safer system for the organisation, on time and within budget. The Chair noted that an update would be provided to the Council of Governors in June 2025 and recommended that the practical elements, benefits to service users as well as the additional investment from the Board, which have been discussed in the meeting is highlighted to them. CR/ DP to note and take forward.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • It was agreed that the Board would be kept updated with monthly reports on the milestones, the stabilisation and the optimisation plan – PE/CR to note and take forward. • An update would be provided to the Council of Governors in June 2025 to include the practical elements, benefits to service users as well as the additional investment from the Board – CR/DP to note and take forward. <p>[Chris Reynolds (CR) chief digital information officer left the meeting]</p> |
| <p>28/05/2025 Item 15</p> | <p>Integrated Performance and Quality Report (IPQR) Phillip Easthope (PE), Executive director of finance, digital and performance provided an update on key performance and quality indicators and noted:</p> <ul style="list-style-type: none"> • The IPQR contains data to March 2025, which is prior to the Rio go-live date, and will therefore see some data shifts at committees over the following few months. • The Board can be assured that from the items on the Board agenda, and the updates from the committee activity reports, that understanding of the current risks and issues is strong across the Board. • Short-term improvements have been seen through the home first programme, on impacts on out of area and other key performance indicators (KPI) related items such as waiting lists, manager training and the focus now is to ensure that the shift continues this positive trajectory. <p>GA provided an update on developing an approach to performance improvement across the Trust noting that this will be aligned to the values and behaviour work to shift from a reactive performance management culture to a proactive performance improvement culture. Adding that the scope of work and prioritised development of the current IQPR will be presented to the executive management team, and the Finance and Performance Committee prior to</p> |

coming to the Board. **To note and take forward for the work programmes - GA**

GH provided an update on service delivery:

- Increased demand has required leadership intervention to support staff morale and to respond to capacity concerns in the community mental health teams (CMHTs).
- The number of emergency department (ED) patients waiting more than 12 hours for a mental health bed (ED breaches) has returned to average after a period of increased breaches.
- The health-based place of safety (HBPoS) experienced the lowest breach rate since April 2024 and represents a significantly improved position.
- The 111 mental health call provider performance has declined in recent months with abandonment rates increasing slightly and call answer times increasing significantly. Contract negotiations have taken place with the call provider to ensure improvements in performance in the coming months.
- Further discussion will take place in the confidential session on patient flow and out of area beds.

OMcL noted that the talking therapies service continues to exceed both targets for reliable recovery and reliable improvement and asked whether spending on services focused on prevention rather than treatment could be brought to a future Finance and Performance Committee for discussion. SY clarified that the Trust is funded to provide secondary prevention, not primary intervention.

The Chair acknowledged the improvements highlighted in the report and noted that there remain concerns about increased delayed discharges and increased length of stay, which will be further discussed as part of the home first programme in the confidential session. In relation to service user's lengths of stay being over the national average, it was noted that assurance had been given from the interim director of operations outside of the meeting.

The Chair asked for further assurances on the reported data on 72 hours follow up of older adults, which is showing as below target. GH confirmed that this relates to a data quality issue which does not capture older adults who are discharged to a care home who do receive the right support. It was agreed that the narrative in the report should reflect this **For GH to note and take forward.**

CJ provided an update on safety and quality:

- Safer staffing is showing signs of improvement at Forest Lodge and Dovedale ward following identified gaps in establishment and a positive recruitment drive.
- A programme of intensive support from the risk team is in place to the teams on Forest Lodge and Dovedale 1 in April and May 2025. RV confirmed that the programme of intensive support has been well received on the wards, and it was noted there have been good examples of working together with South Yorkshire police service and the leadership teams to address the behaviours of individuals.

The Chair noted that the most frequent medication incident type reported is fridge temperature out of range which has increased to 21.3%, and which has previously been discussed at the Board. CJ confirmed that there is extensive work underway on medicines safety, and fridge temperature will be addressed as part of this work.

The Chair asked for assurance on the friends and family tests and safe2share figures which are still not showing improvements. CJ advised that there is a programme of work underway to review how feedback is received from service users and carers, adding that safe2share will no longer be used due to a similar system being available through the culture of care programme which is a national co-produced quality improvement programme currently being implemented across in-patient wards. Feedback is reported into the culture of care dashboard.

CP provided an update on People:

- There is a continued focus on high areas of absence.
- The Board of Directors received an update in February which outlined the work underway

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| | <p>in relation to the health and wellbeing, and pathways to work offer for staff, and additional resource is being sought through charitable funds as well as existing resources.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board noted the content of the report • Scope of work and prioritised development of the current IQPR will be presented to the executive management team, and the Finance and Performance Committee prior to coming to the Board. To note and take forward for the work programmes - GA • It was agreed that the narrative in the report relating to 72-hour follow up should reflect the data relating to older adults who are discharged to a care home For GH to note and take forward. |
| 28/05/2025 Item 16 | <p>Financial Performance report (month 12) Phillip Easthope (PE), executive director of finance, digital and performance provided an update on the financial position as of 31 March 2025 noting:</p> <ul style="list-style-type: none"> • At month 12, the year-end position was a deficit of £6m, which is £0.5m better than the planned deficit of £6.5m. • At year-end, the Trust was given £5.9m additional funding as part of the system funding from NHS England and so the adjusted deficit with this funding is £98k. • This position is subject to audit; unaudited financial accounts have been presented to the Audit and Risk Committee (ARC) in May 2025. • Final accounts will be presented to ARC and the Board of Directors in June for submission to NHS England at the end of June 2025. <p>OMcL noted the discussions held at the Finance and Performance Committee regarding aged debt, and PE confirmed that the amount outstanding debt has reduced noting the finance team continues with increased debt recovery action to ensure older disputed debts are paid or escalated to ensure quicker resolution can be found. It was noted that further discussion would take place in the confidential session of the Board.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board noted the financial position as of 31 March 2025. |
| 28/05/2025 Item 17 | <p>Finance Plan 2025-2026 Phillip Easthope (PE), executive director of finance, digital and performance provided an update on the resubmission of the financial plan which has been previously agreed at the confidential Board and is presented in public for noting that the final revenue plan for 2025-26 is a deficit of £4.9m with £8m efficiencies requirement, moving to a break-even position in 2026-27. PE noted the following changes to the plan submission following the request from NHS England that all if the system resubmit their plans to provide assurance that risks were reducing and the plan was more achievable:</p> <ul style="list-style-type: none"> • Updated efficiency plan – this has reduced efficiencies risk rated as high from 68% to 24% • Updated risk and mitigation values due to lower risk on VIPs. Any risks at this point are expected to be offset by additional efficiencies, additional financial controls or additional income from Commissioners. <p>OMcL advised that the Finance and Performance Committee have requested further assurance on the value improvement plan (VIP) and recovery plans. PE noted that work is ongoing with the value improvement programme to ensure that the efficiency requirement is achieved; there is a VIP plan target of £8m and £4m of that have developed plans, whilst the remaining £4.5m are in development and are going through the required processes to ensure appropriate engagement. It was noted that submissions have been presented to the VIP programme board and the executive management team and actions are being taken to increase proposed plans. Adding that value improvement and recovery plans will follow similar governance but with mini-quality and Equality Impact Assessments (QEIA) being completed when required. A stock take will take place at the end of quarter one, following which further mitigation action and review of controls will take place to ensure traction of the plan is maintained. PE added that there is</p> |

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| | <p>assurance of appropriate rigour at operational levels. GH confirmed that there are currently £7m of plans in progress and the outstanding £1m will be further discussed at the VIP programme Board in June 2025.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of Directors noted the updates to the financial plan. • Further discussion on the financial plan will take place in the confidential session of the meeting. |
| 28/05/2025 Item 18 | <p>Annual operational plan and priorities 2025/26 James Drury (JD), director of strategy presented the operational plan for 2025-26 which describes the priorities and plans to deliver the strategic aims through 2025-26 which had been developed with appropriate engagement across the organisation, with the Council of Governors and through previous sessions with the Board. JD assured the Board that the requirements from NHS England planning guidance have been reviewed and incorporated and that the plan reflects the required focus to continue to deliver the Trust's vision, values and strategic aims.</p> <p>The Chair noted that the capital plan will be presented in the confidential session of the Board for approval. AD noted that the engagement process has been extensive, and it was positive to see the feedback and cross-referencing from previous discussions included in the final plan.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of Directors approved the operational plan and priorities for 2025-26. |
| 28/05/2025 Item 19 | <p>Draft Trust Strategy 2025 – 2030 James Drury (JD), director of strategy presented the draft Trust strategy noting that this reflected the conversations held in relation to the strategy refresh during 2024-2025 and has been further refined in view of the changing national context. SY added that next steps will be to ensure the strategy aligns with the NHS 10-year plan which will be published imminently, following which the design process will take place to reflect the corporate branding; an easy-read version will be produced alongside the finalised strategy.</p> <p>OMcL noted the focus on mental health and learning disability throughout the strategy and referenced the earlier discussion in relation to the learning disability transformation programme emphasising the importance of the delivery this programme.</p> <p>The Chair commended the excellent, inclusive process undertaken in the development of the strategy with the Board, staff, members and the Governors, and which is aligned with partners, systems and Place. The Chair advised a sense check to ensure details, such as staffing numbers were correct and aligned with other key documents – JD to note and take forward.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of Directors approved the Trust strategy noting that a final revision will be undertaken in late spring to reflect the national NHS Ten Year Plan and progress with the University Trust and re-branding project. |
| 28/05/2025 Item 20 | <p>Freedom to speak up (FTSU) annual report 2024/2025 Wendy Fowler (WF), freedom to speak up guardian provided an update in relation to freedom to speak up (FTSU) within the Trust for the period from April 2024 to April 2025 and noted:</p> <ul style="list-style-type: none"> • A total of 114 concerns were raised, down slightly from the previous year, but the complexity and emotional impact of some cases were significant. • Concerns primarily related to systems and processes, worker safety and wellbeing. • The Trust continues to invest in wellbeing resources, training and leadership engagement. However, staff, particularly in clinical areas, report difficulties accessing these offers due to workload, shift constraints and access to computers. • Priorities have included supporting managers to strengthen their teams' speaking up culture in conjunction with staff survey results, increasing the visibility of FTSU, expanding |

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| | <p>the champion network and continue to offer training to managers, through SHSC manager.</p> <p>BS noted that a perception of blame culture may persist in areas and asked whether the Board can help ameliorate this perception. WF advised that it is important to have an awareness of the experience of people in professions, noting that there is concern from staff that work related pressures may not be considered should something go wrong. CJ reflected the need to simplify systems and improve communication so that staff experience and support has a focus on improving day-to-day, ensuring systems are designed to reflect the realities of busy clinical environments and avoiding the creation of unnecessary or unintended burdens for those in clinical services.</p> <p>CP noted that the values into behaviour framework that was launched in April 2025, will provide the modelling framework to model the values and behaviours that encourage others to speak up. DP noted that there is a plan in place to promote freedom to speak up noting that there will always be some staff reluctant to raise concerns. The findings from the well-led review will support an action plan to expand and promote the champions, by building a more visible presence with support from the communications team.</p> <p>WF noted that concerns span both individual issues and wider systemic challenges, some of which are outside the Trust's direct control. Themes include difficulties within clinical pathways, ineffective feedback loops, perceptions of poor organisation, and a sense that decisions are made unfairly, without a clear route to challenge.</p> <p>GA noted that the development of the improvement and change framework, which offers tools and guidance to help staff implement change, will support to build confidence and increase the proportion of staff who feel able to make improvements within their control.</p> <p>In relation to the diverse range of FTSU Champions JD asked how the champions network can be expanded to support staff to have a greater choice of who they talk to. SY agreed that enhancing local visibility and support of the champions is important adding that speaking up is the responsibility of everyone, creating a culture. This can be achieved in a variety of ways such as engaging with the chief executive huddles, welcome events, and staff side which are all ways of building an open, honest transparent culture.</p> <p>PE noted that a speaking up culture is complex and WF noted the correlation between poor speaking up culture and performance. SY agreed that ensuring accountability is right whilst building a supportive culture will be critical and will be further supported by the quality improvement work.</p> <p>The Chair thanked WF for the work of the FTSU Guardian in developing a strong speak up culture and recommended the inclusion of case studies in future reporting to evidence change. The Chair noted that the report from the GGI well-led review identified specific recommendations relating to freedom to speak up and it was agreed that these should be incorporated into the objectives for the following year. The chair requested that the full scope of the freedom to speak up work such as satellite drop-ins, non-executive director support is strengthened in future reporting. Action and to note and take forward WF/DP.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board noted the content of the report. • Visibility of the FTSU champions to be supported by a communications approach – Action DP/WF • Review of the objectives and outcomes to reflect the well-led review to be included in future reporting to the Board. Action DP/WF. <p>[Liz Johnson (LJ) head of equality and inclusion joined the meeting]</p> |
| 28/05/2025 Item 21 | <p>Gender Pay Gap 2025 Caroline Parry (CP) executive director of people noted the statutory duty to publish the organisations Gender Pay Gap annually as set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017.</p> |

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| | <p>Liz Johnson (LJ), head of equality and inclusion noted that the report is based on data as of the 31 of March 2025 and for bonus pay received in the preceding year. Adding the report is provided ahead of the statutory deadline to ensure that it is contemporaneous and allows for action to be identified at an early stage if required.</p> <p>LJ drew out key areas:</p> <ul style="list-style-type: none"> • The organisation's mean pay gap has increased from 7.6% in 2024 to 8.8% in 2025. • The percentage of women in the upper pay quartile has reduced from 78.9% in 2024 to 75.8% in 2025. • There has been an increase in the pay gap in the administrative and clerical group. • The organisation's median pay gap remains small but has decreased from 1.45% in 2024 to 0.98% in 2025. • There has been a positive reduction in the pay gap in the medical and dental staff group bringing the gap nearer to the overall organisations gap. • Previous benchmarking (2024) has indicated that the Trust pay gaps are small relative to other organisations – the increase in the 2025 gap is unlikely to significantly affect this position. • The organisations 'bonus pay gap' remains high, however this is due to historical 'Clinical Excellence Awards' and options are limited to influence or reduce the gap. • Changes in the awards process implemented this year may mean that award pay can be considered differently, and this will be reviewed in line with how other organisations approach this and any legal advice available. <p>AD noted the improvements and asked that the details of any organisational change that may have contributed be included in future reporting. AD asked for clarity on the figures related to the organisation's median pay gap, and it was clarified that there is an error in the report, and it should state that the median pay gap remains small but has decreased from 1.45% in 2024 to 0.98% in 2025.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of Directors noted the content and the changes from 2024 to 2025 and approved the report for publication. |
| <p>28/05/2025 Item 22</p> | <p>Draft 2024 Equality Delivery System Report</p> <p>Caroline Parry (CP) executive director of people shared the draft Equality Delivery System Report 2024 noting that this is a nationally defined tool intended to help NHS organisations, to review and improve their performance for people with characteristics protected by the Equality Act 2010.</p> <p>LJ noted the following key highlights:</p> <ul style="list-style-type: none"> • The overall EDS Score in 2023 was 15, the organisation score has improved. • This indicates movement from 'Developing' to 'Achieving' (under the EDS scoring system). • The highest level in the EDS is 'Excelling' which requires a score of 31 and above. <p>LJ noted significant factors in the score improvement as being:</p> <ul style="list-style-type: none"> • Improved service reviews. • Detailed data being available from workplace wellbeing and work focused on specific groups though the charitable trust funded project in 2024. • Improvements noted by staff side in action to address bullying and harassment. • Inclusive leadership with the recruitment of a population health lead and an increased focus from the Board on health inequalities <p>JD welcomed the focus on talking therapies noting that this is one of the services that has significant data on who is accessing the service which will provide meaningful action and learning for the organisation.</p> <p>The Chair asked for clarification on the delayed publication date and LJ confirmed that the report was completed in February 2025 which was beyond the publication date of January</p> |

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| | <p>2025. SY confirmed that this report requires Board approval and CP added that the governance for the following year ahead of the publication deadline will be managed. It was agreed to note this on the Board work programme for receipt at the Board in January CP to note and take forward.</p> <p>The Chair noted that the detail in the report relating to appointed governors is out of date and is different to information detailed in other reports such as the annual report. It was agreed that there should be a review of this to ensure read across of all corporate documents CP to note and take forward.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> It was noted that a summary version of key points of the report and findings will be published alongside the attached report to make the report accessible for publication. The governance of this will be monitored for 2025-2026 to ensure that it is approved ahead of the publication deadline. It was agreed to note this on the Board work programme for receipt at the Board in January – CP to note and take forward. <p>The Board of Directors approved the report for publication.</p> <p>[Liz Johnson (LJ) head of equality and inclusion left the meeting]</p> |
| 28/05/2025 Item 23 | <p>Keeping our people safe at work Caroline Parry (CP), executive director of people and Dr. Caroline Johnson (CJ), executive director of nursing, professions, and quality provided the Board with an update on the proposed approach to keeping people safe at work, as part of an integrated approach supported by an overarching framework to keep staff and service users safe from violence and aggression, inappropriate sexual behaviour, and racial abuse.</p> <p>CJ noted that a comprehensive communication plan is being developed and will be in place by July 2025, to further raise awareness to staff. HS noted that a delivery group will oversee the aligned approach and asked for assurance that progress on delivery of actions on anti-racism will be reported, as this has not been included in the report.</p> <p>CP confirmed that the update on progress in relation to priorities actions and progress to evidence the anti racist organisational pledge had been circulated to Board members via email following the February 2025 Board session. SY added that the framework will bring together several workstreams to provide a co-ordinated approach to reporting on progress and delivery metrics with support from the associate director of communications and corporate governance.</p> <p>HS asked for assurance on the governance processes for monitoring progress and whether this will report to the Board. CP confirmed that delivery of actions will be monitored through the people committee and the quality assurance committee.</p> <p>SY added that assurance that the work is having the required impact, and engagement from staff should be seen in the next report. It was agreed the progress from the committee will be reported to the Board, bi- annually and regular updates from the committee will be provided through the regular Board committee update reports, and to align a future Board story to this work. Action: to note and take forward for the work programme CP/CJ.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> The Board noted the update for assurance and information. Progress from the committee will be reported to the Board, bi- annually. Regular updates from the committee will be provided through the Board committee update reports. A future Board story aligned to this work will be represented to the Board. |
| 28/05/2025 Item 24 | <p>Systems and Partnerships briefing James Drury (JD), director of strategy gave an update on system working in partnerships for Sheffield and the integrated South Yorkshire care system (SYICB) and it was noted that national changes relating to efficiency, simplification and clarity of roles, and accountability for</p> |

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| | <p>results, as described in the CEO report, are driving the agendas in the local partnership work. Key areas for noting are:</p> <p><u>Cyber security strategy</u> The South Yorkshire integrated care system cyber strategy which was based on the national NHS cyber security was approved by the system leadership executive for the Board. It was noted that the strategy requires collaborative action and coordination of systems and processes across each partner organisation to collectively safeguard the integrity of critical operating systems.</p> <p><u>South Yorkshire eating disorders joint committee</u> The joint Committee approved a workplan for 2025-2026 which prioritises developing an equitable-based community-based provision, developing inpatient provision, an approach to medical emergencies in eating disorders (MEED) and a system-wide approach to management of avoidant restrictive food intake (ARFID).</p> <p><u>South Yorkshire mental health learning disability and autism (MHLDA) provider collaborative</u> A partnership review is underway for the neurodiversity programme of work. This will help to agree system leads to oversee the programmes, not within the gift of providers to deliver alone but that have a direct impact on mental health, learning disability and autism (MHLDA) Trust work.</p> <p>RV noted the city-wide approach required to meet the needs of adults in relation to neurodiversity and the opportunity to now do this in a system wide approach. The Chair noted that neurodiversity is a key focus of the provider collaborative and the Sheffield health and care partnership (HCP) and requested that updates continue to be provided in future reporting.</p> <p>SY noted that the interim director of operations is working with clinical teams to look at offering a broader specialist service that would be expanded and community-based, offering a city wide and nurse led approach. SY added that this model will be digitally enabled, supported through digital screening tools, and updates will be provided to the Board of directors through the quality assurance committee.</p> <p>The Chair noted the progress made and plans to continue improving services as well as the wider system context of a provider collaborative in a national context. The Chair requested an update on autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) services be provided to the Governors in the Board update report. Action to note and take forward DP</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board noted the content of the report • An update to be provided to the Governors via the Board update report – action DP. <p>[post meeting note: the update on autism and ADHD services is scheduled for the Council of Governors as part of a development session on 1 July 2025].</p> |
| <p>28/05/2025 Item 25</p> | <p>Population Health bi-annual progress report Rob Verity (RV) clinical director provided an overview of the work underway in the Trust on population health, healthcare inequalities and prevention. RV noted there is a great deal of work underway and in train, within the Trust, through partnership work and in 'Place' and region. RV added that the area of focus remains on three keys areas set out in the health inequalities action plan and strategy refresh. These are:</p> <ul style="list-style-type: none"> • Health inequalities statement • Health inequalities self-assessment. • Fair and healthy Sheffield plan. <p>OMcL noted that there are several pieces of work underway and noted that the percentage of protected characteristics collected and recorded on the system underpins everything. OMcl added that all measures of success proposed are agreeable, however without the data</p> |

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| | <p>underpinning this, assurance cannot be provided to the Board through a meaningful report.</p> <p>GH advised that there is a real focus on collecting and recording protected characteristics with specific attention in key services areas such as community mental health teams, assertive outreach team, learning disabilities and specialist community forensics team. GH assured the Board that there are promising results supported by Microsoft Power BI which creates bespoke reports, evidencing significant progress in these pilot areas which will be key to accelerating this work.</p> <p>GA referenced the health inequalities dashboard and advised that this work will be connected into the development work of the IPQR. JD added that the intention is to make use of systems and processes already in place, and that the quality improvement (QI) approach is at the heart of this work. This will ensure a culture change to embed a health inequalities approach in all work.</p> <p>CJ noted that there continues to be positive engagement across the Trust in relation to health inequalities, population health and prevention, with a real commitment to improving. DP noted the organisations role as an anchor institution, agreeing that devolving leadership to frontline services will be supported by the QEIA approach and embedded into improvement and change.</p> <p>PE added that the key performance indicators (KPI's) need to be considered against the population data, looking at the wider system data, not just specifically to Sheffield. SY agreed that the embedding the QEIA approach so that every service is proactively looking at who is accessing their services, and who needs to be reached differently will support service change built on evidence-based need. In relation to the KPI's, SY recommended building on some key areas of focus to champion in the following year such as the pathways to employment which already has the data analysis on workforce inequalities, and the recording of protected characteristics so that the outputs of these can be followed.</p> <p>The Chair agreed with the approach of having smaller areas of focus to identify and evidence, and recommended joining up pieces of work, noting that the work carried out by the Workforce Foundation is not evident in this report.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board noted the update received. • Workforce Foundation to be strengthened in future reporting – CP to note and take forward. |
| <p>28/05/2025 Item 26</p> | <p>Board Assurance Framework Dawn Pearson (DP), associate director of communications and corporate governance provided an update on the process and approach for reviewing the current board assurance framework (BAF) including the governance timeline, noting that the Trust is in the process of implementing a refreshed Trust strategy, which will require alignment of both the corporate risk register (CRR), and BAF against priorities and objectives.</p> <p>DP noted that a Board session in April 2025 provided an early opportunity to discuss the risks and appetite for risk to support development of the BAF for 2025-2026. Adding that a review of the BAF risks would be taking place with the executive management team prior to sharing the updates alongside the refreshed PESTLE and SWOT at the Board development session in June 2025.</p> <p>AD noted that the audit and risk committee recommended a focus on the gap between the target scores. The committee supported the new process and asked for more alerts on lack of movement and discussion of the gaps between scores in future reporting to identify any emerging risks consequently and how they will be mitigated.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board of directors noted the update and agreed the process for developing the BAF for 2025- 2026, including the governance timescale. |

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| <p>28/05/2025 Item 27</p> | <p>Corporate Risk Register 2025- 2026</p> <p>Dawn Pearson (DP), associate director of communications and corporate governance provided an update on the following items:</p> <ul style="list-style-type: none"> • There are 15 risks on the corporate risk register. • Risk 5001 relating to flow and access to beds has a proposed amendment to the wording of the risk description. • Risk 5438 relating to a risk of serious incidents at Forest Lodge has had the risk description updated to reflect the impact of service user and staff safety. • Risk 5399 relating to the implementation of Rio was closed on the 25 April 2025. A new risk relating to the optimisation of the RIO programme has been agreed at the programme board and will be inputted onto the register for reporting to the committees in June 2025 and the Board of Directors, for approval in July 2025. <p>AD recommended that the wording to risk 5001 is further reviewed to reflect timeliness of discharge and it was agreed that this would be amended Action GH</p> <p>JD asked that the wording to risk 5438 is further reviewed to reflect the fundamental issue relating to safety, care and quality. Action AW with risk owner</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • Wording to risks 5001 to be amended Action GH • Wording to risk 5438 to be amended Action AW with risk owner. • The Board approved the closure of risk 5399 and noted the new risk relating to RIO optimisation. |
| <p>28/05/2025 Item 28</p> | <p>Review of Standing Orders (SO), Standing Financial Instructions (SFI) & Scheme of Delegation</p> <p>Dawn Pearson (DP), associate director of communications and corporate governance provided an update on the following items:</p> <ul style="list-style-type: none"> • It was noted that due to an administration error, the most up to date constitution was not presented at the meeting in March 2025, and it was agreed that 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. • The Board agreed to all the changes proposed to the Standing Orders, together with Standing Financial Instructions and Scheme of Delegation at the meeting in March 2025, with the exception of the eating disorders joint committee. • A legal review has been undertaken to confirm that the wording within the standing orders, financial instructions and the constitution reflects appropriately the delegation of powers to the committee with the authority of the Board in relation to the joint committee. • Further work will take place to update the SFI's and scheme of delegation, including a process for control and ownership that will be agreed with the executive director of finance for future reviews. <p>The Chair reiterated that the amendments to the constitution approved the previous year had not been carried across in the document presented to the March Board and asked for assurance that the correct versions of the SFI's, SO's had been agreed at the audit and risk committee as well as the Board. PE confirmed that the detail of the SFIs is correct, and the changed constitution had not been reflected in the review completed by the finance team. Adding that governance processes are being revised to ensure that version control is managed for corporate documents.</p> <p>Approvals, recommendations, and actions: The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board agreed the proposed changes to the wording as detailed in the narrative of the report. • It was agreed that the wording on the eating disorders joint committee and provider collaborative will be consistent throughout the SO's, SFI's and scheme of delegation Action DP/PE. • A revised governance process will be taken forward to ensure version control of the corporate documents Action DP/PE. |

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| 28/05/2025 Item 29 | <p>Governance report</p> <p>Dawn Pearson (DP), associate director of communications and corporate governance provided an update on:</p> <ul style="list-style-type: none"> • The annual process for receiving declarations of interests, gifts and hospitality for the Board of directors, the Governors and staff below Board. Adding that the final registers will be brought for approval at the Board of directors in July 2025. • Confirmation of the process for Fit and Proper Person Test (FPPT) Framework compliance. • The audit and risk committee have been provided with progress updates in respect of monitoring of action plans and third-party assurances, cross committee referrals, end of year review of attendance at the Board assurance committees and internal audit actions tracker. <p>AD noted that work will be taking place over the summer to migrate the calling in of declarations from a manual process to an electronic process via the electronic staff record (ESR) in preparation for calling in declarations for 2025-2026 and recommended that a process is in place to ensure that gaps are identified.</p> <p>The Chair asked that the process for reviewing the declarations is included in the report to the Board in July 2025.</p> <p>Approvals, recommendations, and actions:</p> <p>The Chair noted the following:</p> <ul style="list-style-type: none"> • The Board noted the update provided for declarations of interest and process for confirmation of compliance of the Fit and proper persons' test. • Noted the updates received and monitored at the Audit and Risk Committee. • The process for reviewing the declarations to be included in the report to the Board in July 2025. Action DP |
| 28/05/2025 Item 30 | <p>Board work programme for 2025/26</p> <p>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> |
| 28/05/2025 Item 31 | <p>Any other urgent business</p> <p>No additional business was raised at the meeting</p> |
| 28/05/2025 Item 32 | <p>Reflections on the meeting effectiveness</p> <p>Following discussions, members were asked to reflect on discussions and highlight any instance of unconscious bias:</p> <ul style="list-style-type: none"> • HS noted that themes for discussion have been reflected in all the Board papers • BS noted that staff should feel supported by allies when experiencing racism. • AD noted the discussion on quality improvement and learning into action. • The Chair reflected the notable contributions from all Board members and reports which highlight the achievements over the previous year as well as the focus of work to continue the improvement journey. <p>The Chair thanked all those in attendance and closed the meeting.</p> |

Date and time of the next public Board of Directors:

Wednesday 30 July 2025

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