

Board of Directors – Public

UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 25 September 2024 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 (PE)
 Salli Midgley, Executive Director of Nursing, Quality and Professions (SMi)
 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)
 Neil Robertson, Director of Operations (NR)
 Deborah Lawrenson, Director of Corporate Governance (Board Secretary) (DL)
- Other attendees:** Dr Jonathan Mitchell, Clinical Medical Director (Deputising for Dr Helen Crimlisk) (JM)
 Caroline Johnson, Director of Nursing designate (CJ)
 Dawn Pearson, Associate Director of Communications and Corporate Governance designate (DP)
 Deborah Jaines, Value Circle (DJ)
 Darren McCarthy, Clinical Risk and patient Safety Advisor for item 13
 Raihan Talukdar, Chief Clinical Information Officer, Guardian of Safe Working and Consultant Liaison Psychiatrist for item 14
 Sobhi Girgis, Revalidation Officer for item 15
 Amber Wild, Head of Corporate Assurance (AW)
 Holly Cubitt, Head of Communications (HCu)

Apologies: Dr Helen Crimlisk, Interim Medical Director (HC)

Min Ref:	Item
PBoD 25/09/24 Item 1	<p>Experience Story learning and reflection</p> <p>The Board heard from staff working on Maple/ Dovedale 2 relating to the improvements over the previous year, and the impact of the change to an all-male ward from a mixed gender ward. They heard how staff have worked without seclusion in recent months as well as restraint free periods. Attention was drawn to the staffing model and the impact of the new roles, including the positive impact of moving to a new environment for the decant and the new roster arrangements.</p> <p>The Board commended feedback received, following a recent ward visit, and noted that stability and leadership has supported the shift in culture around restrictive practice which has been significant. Connections were drawn upon the reduction in length of stay, reducing restrictions, creating therapeutic environments and involvement in supporting creative activities which has a longer-term positive impact on health.</p> <p>The Board noted the inspirational progression of individual staff and the improvements on the ward and recommended using staff stories to showcase these positive stories to support learning and transition from teams who are performing well and to support with recruitment. CP to note and take forward.</p> <p>It was noted that the story demonstrated the value of the Culture of Care initiative in improving the</p>

	<p>culture of inpatient mental health wards for patients and staff so that they are safe, therapeutic places to be cared for and fulfilling places to work and it was agreed by the Board to continue to reflect on the work of the Experts by Experience in coproduction, during Board visits. To note and take forward – all</p> <p>The Chair concluded by noting the thanks of the Board to the team for their story and reflected the synergy of items highlighted in the story with key reports on the board agenda at this meeting.</p>
PBoD 25/09/24 Item 2	<p>Welcome and Apologies</p> <p>The Chair welcomed the Board and observers to the meeting.</p> <p>Apologies were noted from Dr Helen Crimlisk, Interim Medical Director. Dr Jonthan Mitchell who was deputising for the Interim Medical Director was welcomed to the meeting.</p> <p>The Chair welcomed Caroline Johnson, Director of Nursing designate, Dawn Pearson, Associate Director of Communications and Corporate Governance designate and Deborah Jaines from Value Circle who were in attendance to observe the meeting.</p>
PBoD 25/09/24 Item 3	<p>Declarations of Interest</p> <p>None specifically noted over and above the regular formal declarations of interests made by Board members.</p>
PBoD 25/09/24 Item 4	<p>Minutes of the Public Board of Directors meetings</p> <p>The Board approved the minutes of the public Board of Directors meeting held on 24 July 2024 as a true and accurate record following amendments to be made following receipt from AD on spelling out acronyms and addressing minor typos.</p> <p>BS noted that that there was no action attached to a query he had raised relating to when physical restraint takes place on hard floors, and whether carpeting was available, on page 14 of the minutes. SMi advised that this has been resolved during a recent Board visit with Infection Prevention control and Fire Safety, and only applies to Dovedale 2 ward.</p> <p>BS queried whether the position statement on vision-based surveillance had been received at Mental Health Legislation (MHLC) committee and it was confirmed that this had been received at the September meeting and is noted on the Alert, Advise Assure report to Board.</p>
PBoD 24/07/24 Item 5	<p>Matters arising and action Log</p> <p>The Board approved closure of actions as indicated on the actions log and noted the following additional updates:</p> <ul style="list-style-type: none"> • Action 10 It was noted that the NHS Audit committee handbook published by the Healthcare Financial Management Association (HFMA) has been shared with committee chairs and it was agreed to keep the action open until this had been discussed at the Chairs of the committees meeting in November 2024.
PBoD 24/07/24 Item 6	<p>Questions from Governors and members of the public</p> <p>There were no questions received.</p>
PBoD 24/07/24 Item 7	<p>Chairs Report</p> <p>The Chair provided an update noting the following key matters:</p> <ul style="list-style-type: none"> • Changes to Board membership: <ul style="list-style-type: none"> ○ SMi, Executive Director of Nursing, Quality and Professions is leaving to join Greater Manchester Mental Health NHS Foundation Trust as chief nurse and was thanked for her contribution and commitment to the Board and the Trust. Interviews are taking place during October and CJ will be interim Director of Nursing. ○ DL, Director of Corporate Governance is retiring in October. Following a review of the role

	<p>based on work carried out by the GGI stakeholder review and the Values into Behaviour work, an Associate Director of Communications and Corporate Governance role has been created and DP will be joining the Trust in November to fulfil this role. DL was thanked for her contribution and commitment to the Board and the Trust.</p> <ul style="list-style-type: none"> ○ Mark Dundon, non-executive director, resigned in July 2024 to focus on his business and was thanked for his contribution to the Board and the Trust. • The Annual Members Meeting is being held on 26 September 2024 and good attendance from members, staff and governors is expected. The governors will announce the results of the elections for the lead governor as Terry Proudfoot is standing down. • The successful move of Maple ward to Dovedale 2 in June 2024 has been a notable achievement and this has been reflected in the staff story earlier in the meeting. This addressed the last element of the section 29a notice from the CQC and thanks were given to all staff involved. • SHSC has been selected by NHSE to deliver 1 of 6 national pilot sites to deliver mental health neighbourhood services over the following 2 years, and further details of this work is noted in the CEO and Transformation Portfolio reports. • Abiola Allison, Chief Pharmacist, has been shortlisted for the pharmacist of the year at the Black Healthcare Awards. • The South Yorkshire Integrated Care System ICB & QUIT Teams have been shortlisted for an NHS Parliamentary Award, and funding has been secured for quality improvement projects which are noted in the Chief Executive officer report.
<p>PBoD 25/09/24 Item 8</p>	<p>Chief Executive's Report</p> <p>Salma Yasmeen (SY), Chief Executive drew attention to the following matters from her report Reflecting on what it is going on in the national, regional and local context:</p> <ul style="list-style-type: none"> • The key review commissioned by the Secretary of State and led by Lord Darzi has been published and sets out a coherent analysis of the current state of NHS. The report sets out the need for good leadership and good management to reform services, and investment in the workforce. • Building on the Darzi review, a Ten-Year Plan for Health is being developed for publication in spring 2025 • The CQC has been subject to a review of its operational effectiveness which has highlighted significant challenges to processes and staff and stakeholder confidence and moving forwards the focus will be to a more system-oriented approach. • The government has addressed the industrial action by doctors. Nurses have rejected their pay deal and General Practitioners have voted to take collective action. • Pressure on acute and community pathways and supporting people in a timely way remains a challenge and this will be seen in papers presented to the Board in this meeting • Work with partners across South Yorkshire continues, to develop a more sustainable integrated approach to services across the region. <p>BS reflected in relation to the Darzi review, on the importance of the service user voice, noting the focus of the Board on coproduction during discussions. He commended the link to the vlog by Vin Lewin, in relation to suicide prevention which has also been shared with colleagues across the Trust. SY added that significant progress has been made within the Trust in relation to the work on suicide prevention. She noted the Suicide Prevention strategy update for discussion in the Board meeting and stressed the importance of building relationships with the voluntary and community sector. SM noted that this will feed into the strategy discussions scheduled to take place at the Board in October.</p>
<p>PBoD 24/07/24 Item 9</p>	<p>Board Committee Activity Reports</p> <p>The Board received and noted updates provided through the Alert, Advise and Assure (AAA) reports from the Board assurance committee chairs for meetings held in August and September 2024. The following key matters were drawn to the attention of the Board:</p> <p><u>Quality Assurance Committee (QAC)</u> – Heather Smith (HS) Chair of the committee drew attention to the following, noting that there are a number of reports with further details for discussion, on the Board agenda:</p>

- Safe to share update – the committee has requested a verbal update in October on the implications for funding of the project when it ends in February 2025
- Integrated Performance and Quality Report (IPQR) – there no new risks and the key area of focus remains waiting lists for gender and ADHD, but committee were informed that work to address the ADHD waiting lists is progressing.
- Work continues to improve the mandated service user demographics which shows no improvement and is raised as an alert to the Board.
- The out of area bed usage and inappropriate use of Health Based Place of Safety remains a quality concern and this will continue to be monitored and reported through the IPQR.
- Access to the perinatal service, talking therapies and long-term neurological conditions continues to exceed targets.

HS noted that appended to the AAA report is a report on fire safety which has been added this time, following an audit recommendation that the Board received assurance of fire safety issues.

JD added that the authorised engineer has reviewed processes in September with a report expected on fire safety measures and he will ensure that the Board remains sighted on this. It was agreed to make this visible on the agenda in future and to reflect this update in the next Health & Safety annual report that is received at Board. It was agreed to bring a report to back to the Board in November as a specific agenda item after feedback from the authorised engineer report **Action JD**

HS added that in relation to the Quality Equality Impact Assessments (QEIA), the committee were concerned to hear about the outstanding 21 QEIA's relating to VIP programme proposals. NR confirmed that the number has gone down since this was reported to QAC and assured the Board that work does not proceed until the assessments have been done.

People Committee (PC) – HS interim Chair of PC drew attention to the following:

- Sickness remains at 7.1% and remains a focus of concern.
- Supervision and PDR reporting will migrate to the Manager Self Service System on ESR over the coming weeks which is anticipated to improve data recording
- The committee has requested that mandatory training figures are reported on individual directorates in future reports to highlight the hot spots and provide clearer assurance to the committee
- It has been noted that there is a disproportionate number of ethnically diverse staff in formal processes. The committee has asked for additional assurance on this and an update will be included in the next Workforce, Recruitment and Transformation Group Report.
- Total Bank and Agency usage has reduced in July 2024, and this is reported as a positive alert.

CP confirmed that more focused work is taking place on long term sickness including through the Operational Management Group and through the review of policies and procedures.

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

- Month 4 is slightly ahead of plan which has continued
- Month 5 remains slightly behind with the underlying concern in out of area usage. This is currently offset by corporate savings and some delays on expenditure. An update on Out of Area (OOA) bed usage is expected later on the in the Board meeting
- There has been an improvement in outstanding debt in months 4 and 5 and the debt position will continue to be reported as part of the Financial Performance Report.
- There is still uncertainty around the timing of the Fulwood sale and this will be discussed further in the confidential session of the meeting.
- The revised plan for the Electronic Patient Record (EPR) is progressing well. Engagement remains an area of concern, but all engagement sessions have been scheduled and work is taking place to ensure good attendance.
- Relationships between SHSC and Sheffield Hospitals Charity (SHC) are developing which is a result of concerted efforts by both organisations and this is on the agenda for this meeting.

SM requested a further update on OOA from the Director of Operations in the finance report at this

meeting.

Mental Health Legislation Committee - Olayinka Monisola Fadahunsi-Oluwole (OFO) Chair of the committee drew attention to the following:

- Least Restrictive Practice Strategy - the committee asked that future reports indicate the number of physical restraints by ethnicity or gender; however, it was confirmed that better presentation of data won't be possible until Rio is in place and more nuanced data is anticipated to be accessible in early 2025.
 - A cross-committee referral to People Committee was requested relating to staff being able to access Respect training
 - Mechanisms have been put in place to understand the quality and safety experienced by people in out of city beds and work is ongoing to limit out of city bed usage
 - Transport - issues with access to secure transport has been reported this quarter and transport concerns are being reviewed
 - Assessments of mental capacity of patients to consent to an informal admission continue to be undertaken inconsistently. The committee requested for an action to be opened to look at the Second Opinion Appointed Doctors (SOAD) decisions
 - The committee were advised that Associate Mental Health Act Manager (AMHAM) numbers remain a concern and this is on the risk register
 - Committee supported the vision-based surveillance position statement which was presented to EMT and summarises the current position and what has been done in the previous 3 years. It was agreed to share the report with the Board, and it was requested that the AAA report for the Board is amended to reflect that MHLC supported the statement, which was approved by EMT.
- Action AW**
- The committee received the Use of Force Annual Report and noted the positive progress made.

JM noted that some elements of data accuracy remain challenging which will be improved with the implementation of RIO. SM queried whether the recording of protected characteristics will be supported by RIO and whether this could be a compulsory field to complete. PE confirmed that the system can be configured to make it easier for people to complete and the right questions asked to input the data. He confirmed that there will be improved links to the GP spine note, noting that the temporary halt in the use of smartcards will be reimplemented in November to improve the connection.

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Safe Staffing Biannual Review and Declaration January to July 2024

Salli Midgley (SM), Executive Director of Nursing, Professions and Quality noted the following key points from the mid-year update of safer staffing requirements within inpatient wards covering the period of January to July 2024:

- There have been no serious or moderate incidents impacting on patient care or safety related to lack of staff.
- eRostering support and challenge meetings continue monthly and are chaired by the Head of Nursing.
- The process for implementing and removing enhanced observations is currently under review to support a dynamic multidisciplinary shared risk-taking approach – there have been occasions where this has gone above clinical establishment reviews due to acuity of patients/service users.
- A review of the scope of practice is underway, to ensure fidelity to the nursing leadership model as identified in the clinical establishment review.
- Further work based on the conclusions from the Safer Staffing Lead, as detailed in this review, has been initiated in conjunction with the Director of Operations and these will be taken forward through the leadership structure. This will report back through to Board in the 6 monthly update report.
- No additional investment is requested for inpatient services. Any adjustments to the establishment will take place through review of the additional roles and through multi-disciplinary team working, in addition to the introduction of a nursing model that supports delivery of care.

It was noted that the staff story presented to Board earlier in the meeting reflected that good care can be delivered within these staffing levels with a reduction in the number of incidents.

HS asked whether there was a timescale for review of the 12-hour shifts. SMi confirmed that a nurse has been appointed into post to lead on a 3 month project, from November, and the outcome will need to go through the Joint Consultative Forum(JCF), and will be reported through People Committee.

OMcL asked whether the flexible working agreement review is being managed by the wards or held centrally as a transformation piece and asked for clarification about activity reduction at the weekend which was highlighted during the staff story.

SMi clarified that there is a regular review of flexible working agreements in line with the policy and that weekend cover relates to Occupational Therapy staff, not nursing staff.

NR confirmed that discussions have taken place with ward managers about the challenges they are experiencing with support from People directorate and where these are straightforward it is dealt with at ward level but if an arrangement has impacted on contract, it would trigger a formal process. He noted that Woodlands View has some historical flexible working arrangements, and a formal consultation process has been undertaken.

In relation to OMcL's query as to whether the policy was fit for purpose, CP confirmed that it was and added that the focus of attention is on the application of policy in relation to recruitment and flexible requests and making sure that reviews takes place annually.

OFO note that 12-hour shifts are difficult to manage whilst incorporating time for development. SMi confirmed that it can be demonstrated that 12 hr shifts are not helpful for service users as this can impact on handovers and she emphasised that change has to have the service user at the heart of it. She added this model is only on the acute wards and was implemented a while ago, hence the need for the review.

BS referred to information in the report on how quality of care has been occasionally impacted due to cancelled or delayed activity such as escorted leave from the wards and he asked for assurance that the policy relating to escorted leave is fit for purpose noting that he is unaware of this being discussed at committees. SMi confirmed that the whole MDT is involved in s17 leave. Oversight is through MHLC – it is reviewed there as a policy and reported quarterly through the Mental Health Legislation Operational group (MHLOG). It was agreed that further discussion of how this is reported will take place outside of the meeting with the interim Medical Director and Chair of MHLC, and details of when the policy was reviewed at Policy Governance group would be confirmed by the Director of Corporate Governance. **Action: OFO/ HC**

SM noted the report provided assurance that robust and reliable processes are in place and thanked SMi and the team.

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Mortality – Quarterly Report: Quarter 1 2024/25

Jonathan Mitchel (JM) outlined reporting on mortality data following receipt through Quality Assurance Committee noting that 100% of all reported deaths during Q1 of 2024/25 and a sample of deaths for people who had died within 6 months of a closed episode of care had been reviewed:

- All of the deaths reported in quarter 1 are in relation to people living in community settings
- The Mortality Group pays particular attention to factors known to contribute to early mortality such as the inappropriate use of antipsychotics and these are looked at more closely through a Structured Judgement Review process for learning.
- The Mortality Group is currently identifying a cohort of service users receiving end of life care to review through a Structured Judgement Review process which has been raised by Healthwatch as an area of focus and the outcome of the review will be shared through learning events.

BS noted from the report that the Trust has a robust mortality review system in place which is often extremely process focused and asked whether there is there are alternatives that the Trust can consider. JM noted that a priority for the Mortality Review Group (MRG) has been to continue to engage with the national Better Tomorrow project in order to develop better learning from deaths.

It was agreed that further feedback on being an active member of the national mortality and learning from deaths group, which is a legacy of the Better Tomorrow project, would be provided by the interim Medical Director **Action HC to feedback to BS**

<p>PBoD 25/09/24 Item 12</p>	<p>Use of Force Annual Report.</p> <p>SMi provided assurance that the Trust has met the legal duties with respect to the implementation and embedding of the Use of Force as outlined in the Act (2018) noting that there has been a significant reduction in restrictive practice which has been driven by a focus on clinical engagement, therapeutic relationships and working with patients who are distressed. She further noted the importance of working with communities, service users, carers, and significant others, as a key focus for the culture change taking place across the organisation</p> <p>OMcL commended the downward trend and asked whether the reduced use of seclusion may have been flattened by Covid-19 noting that this might be reflected in the trajectory over the previous 2-3 years. SMi confirmed that quarterly reports to MHLC do cover a shorter timescale, and was aligned with practice at that time the Trust went into special measures.</p> <p>JM added that the data from 2020 may be driven by the removal of the seclusion room and the CQC recommendations from the Out of Sight report (October 2020) and confirmed that this is aligned to practice at that time rather than external factors like Covid-19. PE noted that this is a key trend due to changing practice, and the action and impact seen will continue to be monitored.</p> <p>SMi noted that there is new leadership in place in the Respect team and work is underway on a strategy which will be presented to Board with a new 3 year plan. It was agreed that this will go to EMT in December prior to reporting to the assurance committees and the Board. To note and take forward for the work programme following confirmation on timings – CJ.</p> <p>Board approved the report for publication on the website.</p>
<p>PBoD 25/09/24 Item 13</p>	<p>Suicide Prevention in England – Progress Report</p> <p>Salma Yasmeen (SY) Chief Executive noted that the report sets out the review and reflection on the national focus around prevention through Place, Partners, Health and Wellbeing Board. She highlighted the importance of the Trust working with primary care aligned with the local internal plan to prevent deaths or harm by suicide or attempted suicide.</p> <p>Darren McCarthy (DMcC), Clinical Risk & Patient Safety Advisor joined the meeting and drew attention to:</p> <ul style="list-style-type: none"> • Use of the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) data which correlates to local demographic data. • The strategy builds on previous work with some new key elements including Autistic people, pregnant women and new mothers and gambling. • Work is being undertaken to ensure a continued focus on suicide prevention to reduce the risk of suicide in SHSC service users and this will be incorporated into the SHSC Suicide Awareness Training offer which is being updated. The training package is due for a review in 2024, in line with the new strategy and newly released National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) data • Work has taken place with Sheffield Flourish in collaboration with Sheffield City Council on the recent development of the Sheffield Safety Plan • The review of risk assessment documentation with service users is a taking place to support empowerment in terms of how they are supported. • The recent launch of the Record Keeping Standards training continues to strive for improvements in patient safety. <p>OMcL asked whether further work can be done in relation to suicide data from formal external routes being subject to delays. DMcC confirmed that the Trust participates in a Real Time Surveillance system for intervention following suspected suicide. He noted that Sheffield centric data is aligned with the rest of the country, but further work is required to capture key information when thinking about demographics, risk, ethnicity and vulnerabilities.</p> <p>BS commended the new approach to risk assessment and risk formulation which is more person centred in its approach. He noted that there will be cultural challenges and asked how this step change will be managed. DMcC confirmed that risk stratification has been taken out of the DRAM documentation and the reasons for this are communicated to staff through Jarvis and through</p>

training using evidence and learning from incidents.

SY added that learning from key incidents is key to supporting staff to work in a more dynamic way. DMcC added that the move to the new document will support the cultural change and understanding and added that Record Keeping Standards training launched in April 2024 and includes work around care planning improvement and risk formulation.

AD asked how young people safely transition and work through boundaries across systems into adult support. JM confirmed there are transition protocols in place. NR confirmed that there is an agreement in place which is being developed with the Integrated Care Board (ICB) and Sheffield Children Hospital for the 16 – 25 age group. He added that the Trust has an early intervention service and eating disorder services who see 16-year-olds so a more rounded offer is available earlier.

OFO noted the report mentioned that most people who die by suicide are not known to mental health services and asked whether staff are being signposted to that element in the training. DMcC confirmed that the training is mandatory for all staff who complete risk assessments but all staff including administrative staff are encouraged to do the training. The training is delivered virtually which makes it financially viable as well as working well to support staff members, as the training can be triggering.

SY clarified that this is about fundamental safety and having the right response to an individual at a vulnerable moment and safety first is always separated out from the financial element.

JD asked in relation to partnership and advocacy, whether is there anything further the organisation can do to support the population at large. DMcC noted that sharing key messages with the communities who are being supported by other agencies such as SACMHA and Flourish will support engagement.

SM suggested enlisting the help of governors in raising awareness. It was agreed that the Corporate Governance team will engage with DMcC to plan for engaging Governors and Members **Action AW**

[Raihan Talukdar, Chief Clinical Information Officer, Guardian of Safe Working and Consultant Liaison Psychiatrist joined the meeting].

He noted, in relation to discussions that Liaison Psychiatry also liaise with Child and Adolescent Mental Health Service (CAMHS) and having a digital system like RIO will support ensuring documents are patient owned, adding that the trust is 1 of 8 Trusts chosen for the Culture of Care programme. He confirmed that the risk assessment tool will be included in RIO.

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Guardian of Safe Working Report Quarterly Report – Quarter 1 April – June 2024

Dr Raihan Talukdar, Guardian of Safe Working and Consultant Liaison Psychiatrist presented the quarterly Report from the Guardian of Safe Working which provides assurance that trainee doctors are working safe hours and that exception reports are reaching a timely and satisfactory resolution.

He noted:

- There were 2 exception reports completed by one higher trainee doctor (compared to 7 exception reports submitted in the previous quarter by four doctors and both of these were resolved with Time off in lieu (TOIL).
- Staff are reminded at their induction and during training of the process for completing an exception report.
- Junior Doctor Forums continue to be well attended with feedback being acted on via the You said, We did process. During industrial action good feedback was received on the support offered from the leadership team
- Vacancies from on-call rotas are offered to trainees prior to going out to agency and where a trainee volunteers to cover a shift, this is checked against the rota, to ensure they will not breach the Working Time Directive with appropriate rest time allocated accordingly.

AD noted that the report provides quantitative information and asked whether the richness of the effectiveness survey will be reflected in the future report. She added that junior doctors are a rich source of information about what it is like working in the Trust, compared to other organisations.

RT confirmed that the template is a standard template provided by Health Education England (HEE),

	<p>but the annual report has more qualitative information, and this can be tweaked for the next quarterly report. He added that the GMC junior doctors survey helps with benchmarking against other places and agreed that there is real value in learning from how things are done elsewhere. He noted that the title of junior doctors will change to resident doctors, and this will be reflected in the next report.</p> <p>OFO noted the cost of Out of Hours locum bookings and asked whether progress is being made on the use of agency staff. RT confirmed that the role of locums is outside the scope of this report and is only referenced to show existing trainees are not being overworked. CP added that Alex Pavlovic (Director of Medical Education and Associate Medical Director) is involved in medical workforce planning, and updates will be reported through People Committee.</p> <p>It was noted RT will be stepping down from the role and he was thanked for his work and support in leading the work with passion and commitment.</p>
<p>PBoD 25/09/24 Item 15</p>	<p>Annual Appraisal and Revalidation Board Report</p> <p>Sobhi Girgis, Revalidation Officer joined the meeting and noted:</p> <ul style="list-style-type: none"> • The approach to reporting has been amended – annex D is the only one required to be signed off. • The Department of Health is no longer involved, and oversight now resides with NHS England. • The Board can take assurance that the Trust is fully compliant with all statutory requirements and regulations regarding appraisal and revalidation. • The Trust has become a GMC Sponsor and has recruited International Fellows from India. <p>CP noted the reference in the report to creating a new post of associate medical director for equality, a higher profile role than MWRSES lead, to promote equality across different disciplines and asked how this is progressing. SG confirmed the role is in place. He noted that a provider has been identified to run regular training in giving and receiving feedback and managing difficult conversations, with the first course booked in June 2024 and attendance at training required once every 5 years – this will be a requirement for appraisal/revalidation.</p> <p>In relation to a sufficiently resourced appraisal system OFO asked for clarification on the number of appraisers and the support from PA's. SG confirmed that the Trust has been successful in recruiting sufficient number of appraisers and that payment by NHS England is based on 500 per appraisal which equates to 0.4 PA which is more than other Trusts, and therefore attractive financially.</p> <p>OMcL noted results in the report are very encouraging and commended the approach. JM added that the system set up by SG is efficient and works very well, noting that there are enough appraisers but there is a need to recruit new ones at times.</p> <p>The Board approved the recommendation of the completed Designated Body Annual Report 2023/24 for signature and completion of the Statement of Compliance in Section 7 of Appendix D which will be submitted by the Responsible Officer to NHS England by the deadline of 31 October 2024.</p>
<p>PBoD 25/09/24 Item 16</p>	<p>Transformation Portfolio Report</p> <p>James Drury (JD), Director of Strategy noted:</p> <ul style="list-style-type: none"> • Work is underway to refresh the programmes aligned to our strategic objectives including our 'home first' programme regarding Out of Area (OOA) bed eradication, flow and culture of care quality improvement work. • Progress is being made with external support from GIRFT and Real World Health who are experts in lean programmes. • Neighbourhood Mental Health Centre pilot will provide a new model of care to people aged 18 and over with mental health needs in the Heeley, Gleadless Valley and Meersbrook areas of Sheffield. The governance for this is being defined and will be reported to the portfolio Board. • The Older Adults Community Mental Health Teams transformation, which includes the memory service has been included in the portfolio approved by the Transformation Board. • Some programmes will be moving to post implementation phase. Community Mental Health

Team (CMHT) and Primary Care Mental health team (PCMHT) are preparing to close in 2025 into post implementation phase.

- Integrated Change Framework development is progressing and is shaping the way these changes are being done. Each programme will have an Executive leadership role and will be supported by a change lead, a clinical lead and an operational lead to support driving the programmes forward.

HS noted that inpatient models of pathways will be part of the 'home first' programme and asked for clarification on how elements of this pathway will be reported to Quality Assurance Committee (QAC). She commended the information relating to the post implementation phase and noted that the change impact needs to be part of the narrative of reporting, so that the changes to service users are clear, particularly where this takes place over a long period of time.

SY agreed and advised that discussion and learning from the Learning Disability (LD) service has taken place in EMT. She added that the benefits realisation stage needs to be clearer, and this will be part of the new approach of the change framework.

NR confirmed that a report on an update of the clinical model of inpatient services will be brought to QAC. **To note for QAC forward plan.**

He noted for context, that some of the programmes such as LD, CMHT, Therapeutic Environments and Leaving Fulwood are long standing and these had dependencies which were complex.

BS asked for assurance regarding the Urgent and Crisis care support with the 111-phone line and reported abandoned calls.

NR confirmed that this had been raised as an advise at Quality Assurance Committee and that the national expectation is that calls are answered within 2 seconds, with 10 minutes allocated per call. He added that it is known, through regular reviews, that the quality of the conversations is high but they are taking longer than 10 minutes. He confirmed that the average length people are waiting for a call is 1 minute 15 seconds.

BS noted that he had been assured in QAC about this.

SMi added that although the data does provide detail about who is abandoning the call, assurance cannot be given that the callers have rung back or that other support has been sought. There have been no incidents reported but this gap needs to be acknowledged. NR confirmed that where the number is recognised, and where people are known to services, these are being followed up on the same day. JD noted that the Transformation Board have requested that a waiting message is put in place to reassure service users that their call will be answered. BS agreed that this would be reassuring to those who are attempting to reach out for the first time.

SY noted it is a new service and nationally there are similar issues. She agreed for the need to review the data and noted that strengthening the mechanisms for gathering feedback from the external partner and assurance around their service will be important.

OFO asked, in relation to the OACMHT transformation whether staff were being carried along, whilst work continues to transition service users to the new model, given the delays.

SMi confirmed that any delay is due to the reconfiguration considerations which have been raised by staff so assurance can be given that staff are being heard.

SM asked that the rating in relation to the Leaving Fulwood programmes be reconsidered given we are beyond the revised timescales. **JD to note and take forward.**

16(b) Learning Disabilities Programme (LD) review:

JD presented an additional report relating to the Learning Disabilities (LD) Programme which sets out programme progress and delivery, an assessment of the impact on service user experience during the transformation, activities to close the programme and lessons learned.

He noted:

- In September 2021 the provision closed and in line with the national transforming care

programme was replaced with a good quality community offer.

- All service users are now receiving care in community services through a specialist LD service and positive joint working with new models of care and new roles supporting the delivery requirements of STOMP.
- Staffing and clinical models have been agreed and have worked within the agreed funding envelope which has required some redesign
- Service users have reported largely that they have had a good experience of care provided by the service, were likely to recommend to others and were treated with respect.
- Communications of changes has been raised as an area requiring improvement in terms of experience of service users and the Director of Operations has engaged with the staff group to support this.
- Psychology Service outcome measures has shown that service users experience higher satisfaction in terms of quality of life and decreased risk and distress at discharge than at assessment
- The average wait time in 2022 was 13.5 weeks – this has fallen to an average of 9.3 weeks in 2024 for the Community Learning Disability Team.
- The consultation period will end in October and staff will begin to work to the agreed revised job descriptions.
- A pilot of out of hours on call arrangements is underway. This will be the focus in October with training and Organisational development (OD) support provided

NR clarified for the minutes that the use of the unit was not closed but was temporarily suspended in September whilst it went through overview and scrutiny process. In relation to staff engagement, he added that this is a good example of listening to staff feedback regarding the enhanced and out of hours offer resulting in an offer in line with our mentoring crisis service that is planned to start on the 1 November 2024.

AD asked if the out of hours process will be the model going forward and NR clarified that this will be done as part of a pilot for 6 months so that it can be monitored. AD asked where physical health for people with learning disabilities is addressed as this has not been referenced in the report. JM confirmed that there are shared care arrangements with primary care to ensure that service users get physical health checks in primary care. This is continuing and is monitored across the ICB and Sheffield and is performing well compared to other areas.

HS thanked JD for the additional information given in the meeting and advised that she did not feel assured reading the paper. She added that following board visits to the service, there is still some concern that there is not enough evidence around the experience of the service user and their carers, and this has not been reflected in the update report to show that the lives of people have been sufficiently enhanced given the significant change.

SY confirmed that qualitative and quantitative data shows that there has been a significant difference made, whilst noting that there is work to do in relation to a solution for the enhanced 24/7 offer. She suggested that more of that data could be taken to QAC for a deeper dive and back to Board if needed. JD noted this was a brief report and the information would be available for more detailed reporting to QAC.

SMi advised that there is a quality report scheduled for receipt at QAC but it has been halted whilst recruitment of a clinical lead is concluded.

NR welcomed the opportunity to produce a paper focussed on quality to QAC, including the impact of the cultural change piece and agreed to discuss with this with the Clinical lead to confirm the timing of the report to the Chair of QAC and **to note for the QAC work programme. Action NR**

OMcL noted that the Learning Disabilities delay has supported the financial position, and assurance is needed that the end of year position will be achieved without that.

SY confirmed that that there is a community model in place, which offers a safe service. She noted the need to strengthen strategic communications around the transformation programmes which the new Associate Director of Communications and Corporate Governance will take forward.

HS added that governors have taken a keen interest in this programme of work and have raised concerns regarding the repeated delays. SY noted that the only outstanding aspect to the

programme is the enhanced model, and it was agreed that there is a wider point about the communication around transformation and this will be addressed as part of the integrated change framework. It was noted that the Chief Executive of Mencap has previously met with the interim Medical Director to be kept abreast of developments.

SM recommended that work takes place to provide user friendly information and a succinct list of key developments/ briefings for governors **Action SM/HS**

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Item 17

Financial Performance Report (MONTH 4)

The Executive Director of Finance (PE) outlined the financial position for Month 4 (end of July 2024) noting the following:

- At M4, the YTD deficit position of £2.722m is £0.91m better than planned (M3 £0.027m worse).
- The forecast is expected to achieve the planned deficit of £6.514m.
- The forecast deficit and efficiency savings are Red RAG rated as unidentified mitigations of £0.7m are included in the position.
- Areas of focus are Out of Area (OOA) and Medical pay as the main overspend drivers across the organisation
- EMT have agreed a new set of controls which will be communicated in the Cascade and will come into force from October
- Cash is broadly in line with plan and is Amber RAG rated as the finance team are continuing to focus on debt recovery to increase cash balances, maximise the interest receipts from the cash bank account and reduced the aged debt.

SM asked for an update on OOA and external support. NR confirmed that Board will be sighted on the overall plan 'Home First' and there is a short-term grip and control action plan in place, in which 10 out of 14 actions have been closed off or completed. He added that the medium-term focus will be on optimisation of home treatment and exploring alternatives to admission.

He advised that key enablers to this work is in the engagement with the NHS England initiative Getting it Right First Time (GIRFT), and external consultants Real World Health. Analysis from GIRFT on benchmarking against other organisations nationally has been received with feedback provided at a workshop at the end of August. This showed an improvement since 2019 in the management of touch points around crisis noting that there are elements to improve such as Home Treatment and gatekeeping.

In relation to OOA discharges, NR confirmed that following demand at the previous weekend, this is currently at 17. He noted that a meeting is planned with the teams, together with the interim medical Director, to look at how discharges can be managed and challenges unblocked. SM asked what the recovery plan is in light of this update. SY advised that the impact and latest financial position needs to be understood, and it is expected that Real World Health will be able to support with understanding the drivers to these complexities.

JM agreed with the need to address the immediate challenges and noted that GIRFT will be helpful alongside the Culture of Care work, in relation to the way risk is viewed and to support in having a more collaborative approach to managing clinical risk. NR confirmed that GIRFT will be starting work with the 3 service lines (Acute, Community and Crisis) the following week and this will be attended by Real World Health consultants.

HS asked for assurance that Joint Consultative Forum (JCF) has been involved to support discussions with staff. SY advised that there is work going on to support staff, with the right team around them, adding that quality and safety for service users placed in out of area is at the forefront of the action planning to address this. It was confirmed in relation to the Home treatment team, that the organisational development team have completed a plan to work with the staff team, and this will be the case too, with the community module which is in place.

SMi asked if there is scope to look at adjustment for meeting the financial plan and addressing areas currently assessed as red. PE advised that despite the OOA situation, there is confidence in the year-to-date position and NR confirmed that contingency is being developed in relation to the beds. CP advised that there is work continuing around roster efficiency including at ICS level, with

recruitment to reduce the need for temporary staffing and focusing on building strong teams through the health and wellbeing work.

SMi agreed that this approach links to the staff story received earlier in the meeting, noting that the stability of those teams means they do not have to lean into temporary staffing usage.

NR agreed that there are improvements in roster efficiency, but the particular challenge relates to 1:1 care particularly in PICU, and this is a piece of work that is being addressed with a view to reducing observation levels. In response to a query about progress with the Better Care Fund, NR confirmed that this is static for Older Adults and has slightly deteriorated for Adult services clarifying that the national expectation is 10%, and 5% is needed by the Trust to support the movement required in the financial plan.

JD advised that weekly meetings take place with the Director of Strategy and the Executive Director of Finance to identify plans for delivery of savings for the year. Additional controls on expenditure have been well received. SY added that the strong message to staff about driving value will continue to ensure the messages land well and are understood in the organisation which has been a big shift from the previous year. She noted that part of the Integrated Care System is also financially challenged, and CEO's attend weekly meetings to review the position and put in additional levels of oversight.

HS requested clarification to reference in the report to 'there is no cost pressure from the consultant pay award received'. PE advised that the Trust is funded on a national formula and all national pay awards for this year are being reviewed noting that staff-related costs make up 80% of all costs.

OMcL noted that progress has been made on the financials and this should not be clouded by the OOA position. In relation to the OAA plan, he added that the plan sets a difficult forecast and recommended that any revision to plan should highlight how the gap is going to be bridged.

In relation to next steps, SY confirmed that this will continue to be discussed at the EMT huddle to revise the plan and assess the financial implications to ensure that the plan remains on track, whilst progressing the work with Real World Health and GIRFT. This will be reported through to FPC in due course and as planned.

SM noted that it was important to have the discussion for Board members to note the position as it develops, to ensure the Board owns this together and noted that this will be progressed and reported through reporting cycles.

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Item 18

Integrated Performance and Quality Report

The Executive Director of Finance (PE) acknowledged the challenging operational context noting that the Trust was largely delivering on target. He referred to discussion in the previous items which highlighted where there are particular challenges with delivering against recovery plans such as OAA and sickness.

In relation to service delivery NR drew attention to concerns from Finance and Performance committee with:

- missed targets NHS 111 call abandonment rate where it was advised that the service is holding the service provider to account and supporting them to provide quality conversations with service users in the average allotted time.
- significant increase in inappropriate out of area placements which has been discussed

He noted:

- The number of women accessing the peri-natal service has exceeded the target for the first four months of the year
- Recovery rates and improvement rates have exceeded the target for the first four months of the year in Talking Therapies

SMi noted that the safety and quality issues identified within the report have been discussed in previous items of the Board meeting.

CP noted that People Committee had received the following key updates:

- Long term sickness has been targeted as part of the Health and Wellbeing Group and a task and finish group has been established to look at the cause and effect of consistently high levels of absence.
- Mandatory training has improved but there are ongoing challenges with the same subjects that lowers overall compliance. Operational Management Group have taken an action to maintain oversight of mandatory training and supervision compliance.
- Vacancy control process has been reviewed and improved with time to hire reducing

In relation to Transformation, JD noted that the Community Mental Health teams have seen a significant rise in referrals following the change to the new ways of working with Primary Care and advised that work is continuing across services and with providers to ensure the correct pathways are being followed and to ensure that waits do not build up.

In relation to exceeding the national standard for discharged length of stay in PICU, it was confirmed that one of these have been disproportionately affected by 1 patient who had been on the ward for 1095 days before being discharged/transferred to another ward and two are related to patients detained under process by the Ministry of Justice, and these are being escalated.

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Item 19

Systems and Partnerships Update

The Chief Executive Salma Yasmeen (SY) and the Director of Strategy James Drury (JD) drew attention to the following key items from the report:

- The System Leadership Executive has established a System Efficiency and Financial Recovery Board (SEFRB) with Chief Executive membership from all local NHS organisations in response to the challenging financial and operational pressures facing the system
- The Provider Collaborative Board discussed the plans that have been put in place to contribute to the delivery of the South Yorkshire system operational and financial plan for 2024/25 which include adjustments to the planned use of Service Development Funding (SDF); collaborative work on productivity; and collaborative work to reduce the use of Out of Area Placements
- The boards of all the Provider Collaborative member trusts have approved the creation of a joint committee for the purpose of taking forward shared work on services to support people with eating disorders
- Work is taking place to develop specialist community forensic mental health services, and this will be discussed in more detail in the confidential session of the Board.
- A collaborative arrangement for specialist perinatal mother and baby unit services is being developed across the Yorkshire and Humber Region with Leeds and York Partnership Foundation Trust (LYPFT) as the Lead Provider contracted to NHS England for the provision of mother and baby unit inpatient services.
- NHS England is pursuing a phased programme of delegation of commissioning responsibility to ICBs for the majority of specialised commissioning services due to transfer to ICBs in April 2025
- The Sheffield MHLDA partnership participated in a national round table event convened by the NHS Confederation in September 2024
- The Sheffield MHLDA Delivery Group meeting in September focused on the revised Sheffield Suicide Prevention Strategy 2024-28.

HS asked how much understanding there is in relation to productivity, what it means for the organisation, and whether this will become one of the KPIs.

PE explained that the national focus on productivity is in acute trust services by tariff. JD confirmed this is one of the reasons why there is not parity of esteem for mental health and learning disability services and the broader contribution to health improvements by these services needs to be promoted. SY added that the focus of the work is to look at whether there are efficiencies that can be delivered as part of the system challenge, but the ask is to remain open-minded given the rise in demand for mental health services.

SM noted that she has been asked to chair the SY MHLDA collaborative for another year and the productivity work of the collaborative will support further understanding.

<p>PBoD 25/09/24 Item 20</p>	<p>It was noted that further discussion is taking place in the confidential session of the Board.</p> <p>Estates Strategy 2021-2026 - Annual review/ progress update</p> <p>James Drury (JD), Director of Strategy noted the progress to date in delivering the Estates strategy, the current areas of focus and work underway to refresh the strategy following receipt at FPC:</p> <ul style="list-style-type: none"> • Significant progress has been made in enhancing safety through the removal of ligature anchor points (LAPs) and dormitory eradication noting that 100% of LAPs identified in the June 2021 Section 29a notice have been addressed in inpatient acute wards. • Work will continue to remove ligatures across non-acute inpatient services, as detailed in the report. • Successful completion of the move to new Headquarters Facilities • Initial progress has been made in enhancing community service facilities • Submission of an application to the New Hospital Programme for funding was unsuccessful resulting in a pause in progress. • Significant progress has been made in the increased access to Ensuite Facilities • Plans have been formulated and work has commenced to move Statutory Compliance, Risk Management, and Backlog Maintenance forward • Overview of the directorate’s strategic objectives for 2024/25 were signposted within the report. <p>OMcL noted that the implementation of a Space Management Group will provide additional assurance of efficient and effective use of the Trust Estate, noting that the revised strategy is both evidence-based and forward-looking in relation to optimisation. PE added that the strategy will support the delivery of the Sustainability Green Plan.</p> <p>NR commended the work of the Therapeutics Environment Team.</p> <p>SM noted the details in the report relating to the New Hospital Accommodation and requested that this is reflected as part of the strategy discussion in the Board in October to understand ambition and connectivity with the overall strategy. To note and take forward - JD</p>
<p>PBoD 25/09/24 Item 21</p>	<p>Finance Strategy 2022-2026 Progress Review</p> <p>Philip Easthope, Executive Director of Finance drew attention to the following:</p> <ul style="list-style-type: none"> • Business partnering is a key focus to delivering improvement and financial stability and has been embedded across all teams in the Finance department. • Improvements have been made across all deliverables despite the challenging context with adaptation around key areas of focus • Areas of improvement have been highlighted within the report to ensure greater level of triangulation of finance, workforce and activity data <p>HS commended the triangulation around ledger and establishment and asked whether there was genuine triangulation with business partnering and workforce planning. CP noted that there has been progress, and this reflects the need to continue with workforce planning at a system level.</p> <p>SY added that there is a need to submit a plan to the system by the end of November on workforce planning, and a discussion is expected back at Board around business plan, priorities and workforce plans for the following year. OMcL noted that discussions on budgets for the longer-term plan have already happened at FPC, and the medium-term plan draft will be reported through FPC and on to Board.</p>
<p>PBoD 25/09/24 Item 22</p>	<p>Annual Mental Health Act Scheme of Delegation</p> <p>Jonathan Mitchell (JM), Clinical Medical Director presented the proposed amended MHA Scheme of Delegation noting the Trust has a Mental Health Act Scheme of Delegation in place which sets out who has been authorised by the Board to carry out certain statutory tasks and which requires annual review by the Mental Health Legislation committee to ensure it remains fit for purpose to recommended to Board for approval.</p> <p>He noted:</p> <ul style="list-style-type: none"> • The addition of various roles authorised to provide information under s132/132A is so that if a

	<p>currently non authorised professional provides such information and helps the patient, then this will be duly authorised and contributes to fulfilling the Trust's legal duties</p> <ul style="list-style-type: none"> Historically, only limited professional groups were authorised by the Board to provide information as per s132/132A. <p>SMi welcomed the addition noting that this is an area of concern in how the Trust is fulfilling its legal duties under s132/132A and is noted on the Trust's Corporate Risk Register.</p> <p>Board approved the Mental Health Act (MHA) Scheme of Delegation to be incorporated into the Full SFI's, standing orders and scheme of delegation (approved at Board previously) to be published on the intranet and website.</p>
<p>PBoD 25/09/24 Item 23</p>	<p>Board Assurance Framework for 2024/25</p> <p>Deborah Lawrenson (DL) Director of Corporate Governance presented the Board Assurance Framework (BAF) for 2024/25 following receipt and discussion at Executive Management Team and the board assurance committees, noting that Board can take assurance that the BAF has been through a strong review process.</p> <p>Attention was drawn to the following key items:</p> <ul style="list-style-type: none"> Changes have been made to the risk descriptions to some BAF risks , as detailed in the report, and as recommended by EMT and the Assurance Committees to ensure the descriptions follow the principles of 'risk of....caused by.... resulting in....'. All changes have been highlighted in blue text within the report. Refinement has taken place on appetite, cross references to risks and to confirm if any changes on scoring is required (none currently proposed). Milestones, actions, controls and assurances have been updated. The next updating of the BAF will take place in November to go to EMT in December, and to the assurance committees and the Board in January <p>AD commended the dynamic way the BAF is being updated and noted that the summary section is useful for tracing the changes. She recommended that consideration is given to looking at the gaps in controls to ensure that these are changing as a result of the actions. It was agreed that review discussions will focus on the gap between the current score and the target score, and this will be reflected in the January update. Action DL/ DP</p>
<p>PBoD 25/09/24 Item 24</p>	<p>Corporate Risk Report</p> <p>The Director of Corporate Governance, Deborah Lawrenson (DL) presented the updated Corporate Risk Report following receipt through Executive Management Team, Risk Oversight Group and the Board Assurance Committees.</p> <p>It was noted:</p> <ul style="list-style-type: none"> Discussion on corporate risks has taken place in August and September, at EMT and RoG, to reflect whether those risks on the register are still relevant and appropriate. Following agreement at EMT, RoG and the assurance committees in September 2024, additional risks for inclusion on the corporate risk register are being developed relating to medical recruitment in inpatient services and community services, and cyber security. In relation to the EPR risks, it has been confirmed at EMT, RoG and Finance and Performance Committee that the Executive lead is reviewing all EPR risks with a view to having an overarching EPR corporate risk on the risk register. Three risks have been deescalated since the register was reported to the Board in July 2024, details of which are within the report Two new risks have been agreed at EMT and assurance committees in September 2024, and approved by the Executive leads relating to <ul style="list-style-type: none"> a risk that systems do not support an effective response to sexual safety, racism and violence (risk 5385). a risk that patient experience and quality of life maybe be negatively impacted due to longer than recommended waiting times (risk 5365) Work is underway to support the directorates in preparing for the Internal Audit later in the year

	<p>on directorate risk management arrangements.</p> <p>The Chair highlighted that wording was missing from risk 5385 in relation to 'reporting' and requested that this is clarified to reflect that the risk relates to 'reporting systems'.</p> <p>Board approved the 2 new risks subject to amendment of the description to risk 5385. Action AW</p>
<p>PBoD 25/09/24 Item 25</p>	<p>Charity Governance - Relationship with Sheffield Hospitals Charity and our involvement in Charity Related Events</p> <p>James Drury (JD), Director of Strategy outlined the recommendations accepted by Finance and Performance Committee (FPC) to continue developing the relationships and refining the processes to strengthen Trust engagement with Sheffield Hospitals Charity (SHC).</p> <p>He noted:</p> <ul style="list-style-type: none"> • The recently launched strategy of Sheffield Hospitals Charity (SHC) sets out four priority themes for their grant-giving work, which are aligned to the SHSC strategic direction • SHC manages on behalf of SHSC a number of small, restricted funds, which have limitations placed on their use e.g. for a specific ward. • FPC received, in April 2024, a ledger showing use of charitable funds in the previous financial year for restricted funds for SHSC. This year we have process for capturing this and access to wider funds <p>SY noted that statements from the Charity have been requested and this work is progressing. The Director of Strategy will be a Trustee of the charity which will support future relationships and endeavours.</p> <p>OMcL said that it had been noted at FPC that there is reduced awareness of how to access charitable funds. It was confirmed that there are plans for joint SHC/SHSC presentations to SHSC staff to promote the opportunity to apply for funds and to better support understanding of the practical process of applying. OFO added that SCH are a fantastic charity, and the Trust needs a more visible presence to ensure its purposes are not lost. JD provided assurance that the process is being managed and understanding is being strengthened. The Communications team are providing support in the promotion of messages and Organisational Development (OD) are helping with the arrangements for staff sessions. He noted the upcoming 62-mile campaign to raise funds for SCH, of which a number of Board members were participating in.</p> <p>BS noted the positive progress made and recommended transparency in choosing what to bid for, and to include service users in the process. JD agreed and clarified that recent proposals have come from the teams at Dovedale 2. BS added that sensitivity is required to ensure that the ecosystem of the voluntary sector and its long-standing links with communities are not under cut or undermined by existing organisations and their roles.</p> <p>The Board agreed to the current and proposed actions for the remainder of 2024 to continue the positive trajectory.</p>
<p>PBoD 25/09/24 Item 26</p>	<p>Governance report</p> <p>The Director of Corporate Governance Deborah Lawrenson (DL) presented an update of key governance matters from the following key matters were highlighted:</p> <ul style="list-style-type: none"> • The Annual Members Meeting to be held on 26 September 2024 at the OEC in Sheffield, will formally receive and approve the Annual Report and Accounts 2023/24 and consider proposed changes to the Constitution following approval at the Council of Governors and Board of Directors. • Final due diligence arrangements for newly elected and appointed Governors and for renewals of DBS for some existing Governors are in progress. • The Board of Directors have undertaken their annual review of effectiveness looking back over the period 2023/24. • One key area requiring continued focus is the length of papers and the quality of the cover sheets/summaries - although the majority of Board members were positive about the ongoing and continuous improvements made there was recognition further work is needed to consistently

	deliver high quality papers.
PBoD 25/09/24 Item 27	<p>Board work programme 2024/25</p> <p>The Board noted the updated work programme.</p> <p>AD asked for clarification on the health inequalities and health population reporting, and whether these can be brought together.</p> <p>JD confirmed that work is underway to complete the NHS Health Inequalities statement with required mandatory fields for reporting. This will be presented to the Board before publication, and in the future will be aligned with the Annual Report. It was agreed that work will take place with DL and DP to look at the work plan to see what needs to come and when Action JD</p>
PBoD 25/09/24 Item 28	<p>Any other business</p> <p>No additional business was raised at the meeting.</p>
PBoD 25/09/24 Item 29	<p>Reflections on the meeting effectiveness</p> <p>AD recommended having reference to coproduction on the report cover sheets, so that changes for service users can be reflected in the reports. It was noted that work will take place to review the Board and committee cover reports to simplify the templates by the Associate Director of Communications and Corporate governance designate, and it was recommended that this work takes place with AD Action DP</p> <p>OFO reflected the moving staff story and SM noted how this resonated with the agenda for the meeting.</p> <p>SM noted for reporting to the governors the Neighbourhood Mental Health Centre pilot, the Use of Force annual report and the Suicide Prevention strategy work.</p> <p>The Chair thanked those in attendance and closed the meeting.</p>

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

Wednesday 27 November 2024 extraordinary meeting to be held at 9.30am to receive end of year reporting.

Format: to be confirmed

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