

# Board of Directors – Public

## UNCONFIRMED Minutes of the Public Board of Directors held from 9:30am on Wednesday 27 November 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)  
 Dr Helen Crimlisk, Interim Medical Director (HC)  
 Caroline Johnson, Executive Director of Nursing, Quality and Professions (CJ)  
 Caroline Parry, Executive Director of People (CP)

**In Attendance:** James Drury, Director of Strategy (JD)  
 (non-voting) Neil Robertson, Director of Operations (NR)  
 Dawn Pearson, Associate Director of Communications and Corporate Governance (DP)

**Other attendees:** Simon Barnitt, Chief Nursing Information Officer for item 1  
 Jacqueline Sharman, Ward coordinator, Older Adults services for item 1  
 Kelly Collier, Data Warehouse Manager and EPR Solutions lead for item 1  
 Raihan Talukdar, Chief Clinical Information Officer, Guardian of Safe Working and Consultant Liaison Psychiatrist for item 11  
 Amber Wild, Head of Corporate Assurance (AW)  
 Holly Cubitt, Head of Communications (HCu)

**Apologies:** Professor Brendan Stone, Associate Non-Executive Director (BS)

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PBoD 27/11/24 Item 1	<p><b>Experience story</b></p> <p>The Board heard from staff working on the refresh of RIO for older adult services and the impact of the changes. They heard how work has taken place across older adult services to work closely and compassionately with colleagues to identify and prioritise issues with Rio, to co-create solutions that will work for the services, and build and test these solutions to ensure they are fit-for-purpose. The team reported that weekly touchpoint meetings have been taking place to gain feedback on the issues and fix or stabilise these where possible prior to the refresh. The team noted that learning from areas that did not go well in the first launch was used to inform the process for the re-launch. In addition to touchpoint meetings, the team reported that build review workshops with key members of the RIO team alongside The Access Group (TAG) have been held with each older adult team to remap care pathways and develop a way forward that would work for services.</p> <p>The chief nursing information officer and the data warehouse manager advised the board that the refresh of RIO in Older Adults services began on the 8 November with the reintroduction of smartcards and the roll out of RIO for the Mental Health Legislation team took place on the 11 November 2024, both of which went well. Both highlighted additional configuration changes and further enhancements to the system including comprehensive information on everything the services needed to know about the Rio Refresh on the staff intranet and staff communications.</p> <p>The ward coordinator for older adult services gave a detailed account of the positive experience of the relaunch of RIO noting that having all the necessary information in one system has been extremely helpful in providing the right care at the right time to patients. As a RIO champion the coordinator</p>

	<p>highlighted that feedback from staff using the new system has been very positive. Following the extensive support from the digital teams, staff now have the confidence to use and explore the system independently, thereby making the champion an additional offer of support.</p> <p>Anne Dray (AD) noted that a range of new Rio and data warehouse reports will be available which should support additional arrangements within the new system to support extraction of data such as equality and diversity data. Helen Crimlisk (HC) highlighted the triangulation from a recent board visit to older adult services resulted in positive feedback on the use of RIO and she noted that colleagues are excited to explore the additional functionality such as patient feedback and PROMS in a different way.</p> <p>Heather Smith (HS) asked how much of the learning taken from this relaunch will support the roll out in other services and inform the training required for staff. It was confirmed that following the first configuration the team now have a deeper understanding and knowledge of the system which will be transferable to Tranche 2. In relation to training, it was confirmed that this had been adequate for most staff, but it has become clear that a suite of training options is required to further support staff engagement and understanding.</p> <p>Owen McLellan (OMcL) noted the length of time and effort it takes to correct and rebuild a system, which heightens anxiety within the organisation, and he recommended caution to ensure everything is in place for the following go-live milestone. Simon Barnitt (SB) agreed and advised that the RIO champions are running weekly support groups, using the voice of experience to highlight what is working well and what requires more attention. He added that this cross-fertilising is going well, and in addition to this for the launch in March, there will be floor walkers and helplines set up to provide additional support and reassurance.</p> <p>Sharon Mays (SM), the Chair thanked the team for sharing their experience and commended their perseverance with the rollout of the RIO programme, working together in the right way to ensure a successful relaunch. The Board noted the rich learning which will be helpful for future digital engagement and agreed to take this story through the rest of the agenda at board today, as digital features in several reports on the agenda.</p> <p><b>Learning and reflections:</b> Board members reflected that the experience story highlighted the journey from a difficult first implementation to a successful start to the Rio relaunch and agreed that the use of the reporting system should continue to build and improve care, support an understanding of health inequalities and demonstrate improvements, increasing staff engagement and public confidence.</p> <p>The Chair noted that the experience story demonstrates an open and honest story of the challenges and achievements, and this is reflected in key reports on the Board agenda at this meeting.</p>
<p>PBoD 27/11/24 Item 2</p>	<p><b>Welcome and apologies</b> Sharon Mays (SM), the Chair welcomed the Board and observers to the meeting.</p> <p>Apologies were noted from Professor Brendan Stone (BS), associate non-executive director.</p> <p>SM welcomed Caroline Johnson (CJ), executive director of nursing, quality and professions, and Dawn Pearson (DP), associate director of communications and corporate governance to their first board meeting.</p>
<p>PBoD 27/11/24 Item 3</p>	<p><b>Declarations of interest</b> None specifically noted over and above the regular formal declarations of interests made by Board members</p>
<p>PBoD 27/11/24 Item 5</p>	<p><b>Matters arising and action Log</b> The Board approved closure of actions as indicated on the actions log and noted that 3 actions are in progress and 1 action is overdue. The following updates were provided in the meeting:</p> <ul style="list-style-type: none"> <li>Action 10 – it was noted that the chairs of committee meeting took place in November and due to a lengthy agenda, the discussion relating to reporting to specific committees on matters where oversight is delegated to more than one committee would be deferred to the January meeting. It was agreed that the work will continue outside of the Board meetings and any updates will be</li> </ul>

	<p>reported to the Board in the alert, advice, assure (AAA) reports so this action can be closed.</p> <ul style="list-style-type: none"> <li>Action 28 –JD noted that the independent survey report of fire doors and fire compartmentation in all inpatient environments has been received. This has been reviewed by internal experts who are in the process of compiling an action plan with costings and this is expected in December. The survey report has been to the executive management team (EMT) and has been to the health and safety (H&amp;S) committee and the findings will be reported to the quality assurance committee (QAC) in the next cycle. The H&amp;S committee maintains oversight of fire safety training and updated risk assessments and are ensuring that testing and drills/ practice are taking place more frequently.</li> <li>Action 32 – it was agreed to progress this work as part of the Governor development work and the action was agreed for closure.</li> <li>Action 35 - it was noted that work related to the board assurance framework is ongoing for receipt in January.</li> </ul>
<p>PBoD 27/11/24 Item 6</p>	<p><b>Questions from Governors and members of the public</b> There were no questions received.</p>
<p>PBoD 27/11/24 Item 7</p>	<p><b>Chair’s report</b> Sharon Mays (SM), the Chair provided an update noting the following key matters:</p> <ul style="list-style-type: none"> <li>Caroline Johnson (CJ), executive director of nursing, quality and professions, and Dawn Pearson (DP), associate director of communications and corporate governance were welcomed to their new roles. Deborah Lawrenson and Salli Midgley were thanked for their contributions to the Trust and best wishes for the future were noted.</li> <li>New Governors were welcomed to their first Council of Governors meeting in October and it was noted that Board members have been invited to attend to an extra-ordinary Council of Governors meeting and development session on 4 December to provide a further opportunity to get to know each other better, to provide an update and opportunity to provide views on the 10-year NHS plan.</li> <li>The Annual members meeting, held at the end of September was well attended. It celebrated the successes over the previous year, reflected on the challenges faced and looked ahead at how we will improve the mental, physical and social wellbeing of the people in our communities.</li> <li>The Chair of the South Yorkshire Integrated Care Board visited the ‘Decisions Unit’ in November to see a successful crisis service in action.</li> <li>The Sheffield Youth Awards which celebrated outstanding young people in Sheffield who are making a real difference in their communities took place in November 2024. The Trust were the sponsors for the mental health and wellbeing award, and the event was attended by the Chair and Bilan Omer, one of our mental health nurses.</li> <li>The Trust’s peer support workers were represented at the South Yorkshire peer support worker event which was a regional celebration and learning event. Three of the team were nominated for the NHS peer worker of the year award, and congratulations were given to Laura Frost who won the award. <i>were they all nominated for the same award?</i></li> <li>October was black history month and the ninth annual working together conference was successfully organised by the equality and diversity team and ethnically diverse staff network group with excellent attendance and with participation from the Chair and Chief Executive.</li> <li>System partnership working continues and further details will be provided in the systems and partnerships papers on the Trust Board agenda.</li> <li>The engagement process to inform the NHS ten-year plan is underway and contributions have been invited from the public and organisations via the organisation ‘Change NHS’. The Trust have invited colleagues and Governors to take part in engagement workshops.</li> <li>The Chair who is part of the NHS providers board attended the NHS providers conference and contributed to a video recording for the department for health and social care to promote the 10-year health plan online portal. This will be included in the staff communications, at the end of November.</li> </ul>
<p>PBoD 27/11/24 Item 8</p>	<p><b>Chief Executive’s report</b> 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"> <li>Coproduction on the development of the ten-year plan for health, and clarity of the operating framework and immediate priorities for the NHS is underway.</li> </ul>

- The CEO co-hosted the November national leadership forum on behalf of the leadership college for government, and had the privilege of meeting with Georgia Gould, parliamentary secretary at the cabinet office who is leading on the vision-based approach of the government. The vision groups emphasise similar critical success factors to the Trust’s own strategy refresh conversation.
- In late October, parliament passed the first budget of the new government. It was notable that in the context of fiscal constraints, investment into the NHS was still prioritised, underlining the importance of delivery and reform.
- The Secretary of State for health and social care emphasised the focus on accountability for delivery in his recent speech to the NHS providers conference noting that a new management and leadership programme which aims to ensure good, supportive leadership throughout the NHS is being developed. Further details will be shared with Board members as they become available.
- The get Britain working’ white paper has been launched which outlines plans to reduce economic inactivity and increase employment in the UK. This builds on the trailblazer programme that will be led by the South Yorkshire mayoral combined authority (SYMCA), which is focussed on improving the support available to people who are economically inactive due to ill health, helping them return to work.
- National, regional and local system partnership updates are noted in the system and partnerships items on the Board agenda, for discussion later in the meeting.
- Following the implementation of the care quality commission (CQC) action plan and subsequent additional oversight from South Yorkshire integrated care Board (SY ICB), the Trust has now received formal notification that oversight will be stepped down as from this month and is testament to the hard work and the significant collective response across the organisation to improvement.
- The financial position continues to remain challenged and full details and discussion will take place in the separate finance report item on the board agenda.

AD noted the continuation of a higher than planned out of area bed usage and asked for further detail of the work ongoing to strengthen and implement mitigation plans. SY noted that the home first programme which is part of the transformation portfolio will bring a cohesive approach to the changes required within the inpatient pathway. This will ensure clarity of purpose and involvement for staff teams, ensuring the work is co-produced, aligned and brings sustainable improvement for the benefit of service users, carers and families. The detail of this programme is on the agenda for further discussion in the confidential session of the board.

SM noted a formal consultation seeking views on options for regulating NHS managers is underway and asked whether a response will be submitted as a Trust. SY confirmed that this would take place and would be coordinated by the associate director of communications and corporate governance.

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**Board committee activity reports**

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 October and November 2024. The following key matters were drawn to the attention of the Board:

Quality Assurance Committee (QAC) – Heather Smith (HS) chair of the committee drew attention to the following, noting that there are several reports with further details for discussion, on the Board agenda:

- Waiting lists in gender identity service, eating disorder service and attention deficit hyperactivity disorder (ADHD) continue to increase but ADHD assessments have re-started.
- The Gender Commissioner visit reported positive progress with the use of peer support workers in this service and noted the good waiting well initiatives.
- The number of referrals has increased to core community mental health teams. This is currently being managed, and there is a planned review with primary care Sheffield to ensure the correct checkpoints are in place.
- Issues remain in relation to abandoned calls and waiting times with the 111 service and discussions are in place with the provider of this service.
- Delayed discharge and the average length of stay in adult acute services have seen an increase affecting out of area (OOA) bed usage.
- There has been increased usage of the 136 suite and continued issues with breaches of 12-hour periods in the emergency department.

- There continues to be no improvement in the recording of protected characteristics despite leadership through operational managers
- Waiting times have improved in the psychotherapy service, the long-term neurological service, and the relationship and sexual service
- Good practice is being shared across the Trust with the shift of focus shifting to 'living well'
- The committee received the learning disability transformation plan update, following a cross-committee referral from the Board, and there is evidence of good triangulation of service user feedback following a recent culture and quality visit.

CJ noted the impact of work underway to support staff with complex admissions support for emergency physical health care noting that there is a robust process in place for early detection and the prevention of incidents, and that there is focused work within the team from a patient experience perspective.

HC noted the positive assurance received relating to the learning disabilities transformation and noted that the assurance received indicates that the transformation had not led to a reduction in the quality of care for service users. In relation to the primary care mental health transformation, she noted that there is ongoing triangulation work in relation to referrals from GPs and psychiatry, to ensure a timely reactive response whilst balancing expectations. Any changes or plans for the medical aspect of the service and the cultural shift have been received very well.

SM asked for clarification on the plan to deal with the increased referrals to core community services. Neil Robertson (NR) confirmed that a session with partners in primary care is planned using analysis from 2023 to review demand and using the learning to identify referral management models. Weekly team huddles have been implemented to review referrals and to reduce the level of handoffs. In addition, there is improved consistent communication to GPs to support a quality response with appropriate signposting. He added that whilst referrals have increased, this has not impacted on waiting times, and this receives continued scrutiny and monitoring.

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

- Supervision is below the compliance target of 80% with some clinical services at 65.3%
- Data on performance and development review (PDR) shows only 70% of staff had had a PDR at the close of the PDR window.
- Medical appraisal data is inconsistent with PDR data
- Mandatory training compliance continues to be above the target of 80%, the list of individual subjects below 80% has remained consistent for several years now. This includes respect training, which was a cross-committee referral for the Mental Health Legislation Committee (MHLC) and the committee has asked for additional information to be presented in January 2025.
- Sickness has increased slightly from 6.2% to 6.3% and remains above the regional average. A heat map identifying hot spots will be used to inform reporting back to the committee in January.
- Employee relations casework is on an upward trajectory.

Caroline Parry (CP) noted that supervision recording will move to electronic staff record (ESR from January, and this will provide an accurate view of all the supervisions across the Trust. In relation to employee relations, it was noted that casework is on an upward trajectory, with 32% being with staff from ethnically diverse backgrounds and the committee has requested that further analysis of this data is presented to the meeting in January.

Phillip Easthope (PE) highlighted that the narrative relating to sickness levels in estates and ancillary staff is incorrect and these are not high. Hot spots noted from the directorate performance reviews are older adult areas and clinical care.

James Drury (JD) added that sickness levels have been further investigated within the estates team and have identified that the transport team as a hotspot. Actions are being addressed with the senior leadership team.

HS reiterated that the heat map identifying hot spots will inform reporting back to the committee in January 2025 and this demonstrates the importance of accurate data reporting.

SM agreed that data accuracy is important for demonstrating well-led, as well as providing appropriate

support for supervision and mandatory training. SY noted that the operational management group (OMG) will act as the internal mandatory training oversight group from 2025, strengthening oversight of these areas. She noted that the health inequalities work is central to the way the Trust responds to sickness and absence, and this will be a priority for the Trust in the following year's planning. It was noted that there is a national review of mandatory training taking place and a paper will be going to the people committee in January which will detail compliance and actions being taken to strengthen grip and control.

HS noted that supervision recording is about the quality of supervision as well as compliance and updates are given to the people committee on annual staff supervision quality and experience survey as well as updates on the improvements in recording / reporting supervision.

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

- At month 6, the year-to-date deficit position of £4.107million is £0.236million worse than planned
- The additional risks in the financial position are being driven predominantly by an increase in the usage of out of area beds and medics pay for 2024/25.
- Plans are being developed for £2.25million worth of mitigations so that the planned deficit can be achieved
- The committee has requested a forecast for the worst-case position with a plan proposed accordingly
- Aged outstanding debt has decreased from £3.9million in August, and the finance team continues with increased debt recovery action to ensure these are paid or escalated to ensure a quicker resolution can be found.
- Delays to the sale of Fulwood mean that the Trust will not be able to deliver all its 24/25 capital plan.
- All capital plans that are not already committed to have been paused, and critical schemes will be presented to the executive management team ( EMT) for approval if further funds are required
- Proceeds of sale from St Georges will support any critical requirements.
- A new estates & facilities (E&F) governance framework aimed at enhancing the governance, oversight, and risk management processes within the directorate has been introduced.

JD noted that the new E&F governance framework have been reflected in the organisational governance structure chart, and the terms of reference will be presented to EMT.

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

- Pay expenditure and budget setting, monitoring and reporting audits have been issued with significant assurance opinion
- The committee received the corporate risk register report and requested the movement of risks to include risks which have been de-escalated as well as those added.
- The committee approved the terms of reference (ToR) for the information governance, cyber security and artificial intelligence group.
- The committee received the AAA report from the Trust emergency preparedness group and recommended the self-assessment of the core standard to the Board for onward submission to NHS England (NHSE).

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**Mortality – Quarterly report: Quarter 2 2024/25**

Helen Crimlisk (HC), interim medical director outlined the reporting on mortality data following receipt through the Quality Assurance Committee:

- All deaths reported by SHSC staff in quarter 2 are in relation to people living in community settings and the majority are older people with a diagnosis of dementia and conditions related to older age.
- Structured judgement review processes will take place with a cohort of service users receiving end of life care chosen as an area of focus from Healthwatch, and a cohort of service users who have a diagnosis of eating disorder, chosen due to concerns about mortality and urgent care in this group of service users. The outcome of the reviews will be shared through learning events.

HS welcomed the triangulation of learning outcomes from the learning from deaths processes against the learning extracted from patient safety incident response processes into the deaths of service users and from coronial inquests. CJ noted that structured judgement reviews will be completed by a growing pool of clinical staff across the Trust, and all reviews will be presented to the patient safety

oversight panel before final review at the mortality review group. SY recommended that the governance structure is aligned to the improvement network in the organisation, which is thriving, and is a way of supporting the learning across all directorates. It was noted that this would be picked up by the executive management team as part of the development of the integrated change framework - **to note- EMT**

SM agreed that any changing governance structure should support the review of groups to ensure that the right groups are doing the right things, in the right place and recommended capturing the changing governance to support corporate memory of what has taken place and to demonstrate governance in action. AD noted that the committee review of effectiveness of the assurance groups will support the process to actively capture the work of the groups currently to support how this might influence future governance structures. SY agreed that this would be included in the action for the executive management team (EMT) so that the governance is there to support the management of risk.

Olayinka Monisola Fadahunsi-Oluwole (OFO) asked for clarification about the graph in the report reflecting the learning disability deaths and HC advised that the LeDeR data is received from the local authority in chunks, and is therefore not reported in real time, and it was agreed to look at how this is reported in future reports. HC – **to note and take forward.**

SM asked whether RIO would support with the structured judgement reviews, and it was confirmed that RIO will support with this.

The Trust Board noted the updates received.

[Dr Raihan Talukdar, Guardian of Safe Working joined the meeting]

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**Guardian of safe working report– Quarter 2: July to September 2024**

Dr Raihan Talukdar (RT), guardian of safe working and consultant liaison psychiatrist presented the quarterly report 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 6 exception reports (ER) completed relating to hours of working.
- Five of these were submitted by a foundation year doctor and were resolved with payment as time in lieu (TOIL) was not possible due to placement rotation.
- The remaining ER were due to overtime because of unexpected clinical activity and was resolved with TOIL.
- The 11th period of industrial action by junior doctors occurred on 27 June to 2 July. The guardian of safe working plays a crucial role in balancing the rights of junior doctors to take industrial action with the need to maintain safe working conditions and patient care standards, and feedback from the junior doctor’s forum revealed that doctors felt supported during this time.
- Resident doctor forums continue to be well attended and engaged with.
- It was identified by the British medical association (BMA) in May 2024, that the software used to ensure compliance to rotas (RLDatix by Allocate) may have resulted in incorrect payment, an issue impacting all Trusts who use. This is an ongoing process for which updates will follow as guidance from the BMA is received.

In response to OFO’s query about the five episodes submitted by a foundation year doctor, it was confirmed that these were in relation to continuity of care and safety of patients, and on call is always the mitigation for working over the hours. RT added that on review there was no real pattern of concern.

OMcL noted from the report that August is a peak period for people being off, and asked in relation to higher agency usage over August whether planning could take place to ensure that induction periods are covered. It was confirmed that this is in relation to changeover of rotations and that there has been an increase in shifts covered internally and a decrease in agency usage on the on-call rotas generally.

AD noted the importance of the first 24 hours when starting new employment and asked whether learning from the doctors’ induction could be taken for use with other staff groups. SY confirmed that the Trust has a strong welcome event that is attended by the Chair and the CEO and work is ongoing

	<p>to understand more of what happens when people go into their clinical areas. CP added that the induction sessions have been improved over last 12 months, and there are checklists for local inductions, and a supportive offer for international recruits.</p> <p>The Trust Board noted that recruitment to the guardian of safe working role was ongoing and thanked RT for his valuable input.</p> <p>SM summarised the following next steps <b>to note and take forward</b>:</p> <ul style="list-style-type: none"> <li>• CP to look on what learning could be taken from the medical induction experience</li> <li>• HC to look at planning for cover for August and review of agency usage on the on-call rotas generally</li> </ul> <p>[Dr Raihan Talukdar, guardian of safe working left the meeting]</p>
<p>PBoD 27/11/24 Item 12</p>	<p><b>Systems and partnerships update</b></p> <p>Salma Yasmeen (SY), the Chief Executive and James Drury (JD) the director of strategy drew attention to the following key items from the report noting that further details will be discussed in the confidential session of the Board:</p> <ul style="list-style-type: none"> <li>• The system leadership executive met in October and discussions included a focus on planning for the 25/26 year linked to the forthcoming ten-year plan for health</li> <li>• The provider collaborative board discussed the positive progress with the work on productivity, supported by Akeso, which was a key component of the wider South Yorkshire system efficiency work. A draft report highlighting opportunities was in the final stages of verification with each Trust and further detail is presented at the confidential Board</li> <li>• Progress continues with the development of joint committee arrangements for eating disorders between the partners in the South Yorkshire MHLDA provider collaborative. The committee is working towards being in full operating form by April 2025.</li> <li>• In October, adult secure mental health services provided at Cheswold Park hospital in Doncaster transferred to South West Yorkshire Partnership NHS Foundation Trust following a due diligence process and ensuring the continuity of these adult secure mental health services in South Yorkshire.</li> <li>• The local authority is leading on implementing the Sheffield city goals which will support the Trust strategy refresh.</li> <li>• 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.</li> </ul> <p>SM noted that Chairs and Chief Executives and the system leadership executive of the integrated care board (ICB) attended a development session with extended focus on the long-term plan and the collective feedback will be shared with the Board members.</p> <p>HS asked for clarity on the use of the better care fund from the Sheffield health and care partnership Board as noted in the report. JD confirmed that the better care fund is on track, and the plan is awaiting sign off by NHSE. JD also noted another important local development is the establishment of a new 18-25 mental health pathway due to launch next year, informed by strong service user engagement, and led by the organisation 'ChilyPep'. Further reports are expected as proposals for the future service offer is developed for agreement with partners.</p> <p>SM requested that the timing and governance arrangements in relation to the development of the joint committee arrangements for eating disorders between the partners in the South Yorkshire MHLDA provider collaborative is reflected in the Trust constitution and standing financial instructions in due course. <b>Action JD/DP</b></p>
<p>PBoD 27/11/24 Item 13</p>	<p><b>Fair and Healthy Sheffield plan</b></p> <p>James Drury (JD) director of strategy presented the fair and healthy Sheffield plan. This is a joint plan developed by the Sheffield health and wellbeing board of which the Trust is an active member. He reminded Board members of the discussion held at the October Board strategy, planning and development session and he noted that the plan is based on the principles established by Sir Michael Marmot which have been successfully adopted by other cities to make a tangible and sustainable difference to equity and outcomes.</p>



JD advised that in the first year (2025/26 and the remainder of 2024/25) it is proposed that the areas in which the Trust contribute to the delivery of the fair and healthy Sheffield plan are the following three of the eight building blocks, which the Board members are being asked to comment on, these are:

- Tackle racism and discrimination
- Ensure fair access to quality NHS services and social care services
- Address the climate and environment crisis

HS welcomed the plan noting the radical shifts in relation to workforce. She challenged the wording used to describe the radical shifts and recommended that these be more ambitious in the narrative. JD agreed to incorporate this ambition into the operational planning process and to have clear, smart objects for the year ahead. He noted that additional data and information is required to understand the current position to be able to make more ambitious changes. CP agreed that there is an opportunity to refresh the people plan alongside this and advised that there is a lot that can be done already around recruitment, widening participation, and wellbeing support.

AD agreed with this direction of travel and for the baseline on these building blocks to be established so that this can be captured in reporting such as the annual report.

SY noted that this reflects the discussion around the strategy refresh had by the executive management team (EMT). She added that there is a requirement to deliver on the equality framework by NHSE and SMART objectives will set the ambition clearly.

[Jo Hardwick joined the meeting]

SM noted that reference to the integrated care partnership (ICP) is missing from strategy discussions and recommended that this is strengthened in future reporting.

The Board supported the fair and healthy Sheffield plan, noting the Trust's commitment to contributing to its delivery, and agreed the proposed areas for alignment and action, noting the following to be considered:

- Narrative and wording to be ambitious and tied back to the action plan.
- Strengthen the narrative relating to the ICP and the plan in strategy discussions.

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### **Bi-annual population health and inequalities report**

Jo Hardwick (JH) head of population health and inequalities, and James Drury (JD) the director of strategy introduced the report which provided a general overview of the work underway in the Trust in relation to population health, healthcare inequalities and prevention. The main areas of development were discussed, and the following was noted.

#### Health inequalities statement 2023/24:

The health inequalities statement is a legal requirement of all Trusts and Foundation Trusts, and integrated care boards (ICB) to complete on an annual basis and the first draft of report was presented for discussion at the Board development session in October 2024.

Amendments have been made to the health inequalities statement in response to feedback from the Board development session and a final draft version is presented for approval for publication.

It was clarified that future reporting will be incorporated into the annual reporting timeline, and this has been noted on the Board work programme. It was noted that data may not differ significantly for the initial deadline for annual reporting in January 2025, and this will be accurately reported by April 2025. It was confirmed that the QUIT Programme (smoking cessation) reporting is included in the health inequalities statement report.

Trust Board **approved** the publication of the statement.

#### Health inequalities Board self-assessment

NHS providers produced a framework and associated self-assessment to support Trust Boards to focus on health inequalities and ensure it was part of their core business.

This was discussed and reviewed during the Board development session in June 2024 and the self-assessment subsequently completed. A set of objectives were identified through the tool, themed into four categories and given a self-assessed maturity rating. The four categories are: building public health capacity and capability, data insight evidence and evaluation, strategic leadership and accountability, systems partnerships.

The Trust Board **noted** the health inequalities board self-assessment is aligned to the work taking place on the Trust strategy refresh.

#### Health inequalities action plan

The health inequalities statement, self-assessment and fair and healthy Sheffield plan have all influenced the development and content of the health inequalities action plan. The action plan will link to the Trust strategy refresh and ensure that health inequalities is embedded into all business, ensuring progress is reported to the Board with future updates on population health and inequalities.

Trust Board **noted** the draft inequalities action plan and agreed to the direction of travel

OMcL noted that data quality continues to be a challenge to working in a population health way and asked when the capturing of data will improve. JH confirmed that although the personal characteristics of people are not being captured completely or accurately, impacting on the extent to which health inequalities can be addressed, there is positive progress, through focused protected characteristics work with the data warehouse team, of which the Rio implementation will be a key enabler.

SY agreed that not enough traction is being made in improving the recording of protected characteristics and she highlighted a piece of work taking place to provide intensive input for teams. SY suggested that a targeted piece of communication work with the senior head of service further supports reporting on protected characteristics and to ensure systems are place. **For DP to note and take forward.**

OMcL referred to the public health registrar post which ended in June 2024 and noted that this is being recommended for recruitment, and he asked what had changed. JH clarified that the placement came to an end in June 2024. HC further clarified that the post is part of a regional scheme that provides public health training, and the Trust is being championed as a provider, but this is made less attractive due to there not being a public health consultant available for supervision. She added that there is ongoing discussion about linking in with the work of the Quit team (health and hospitals team) who have a broader remit in health prevention and close working relationships are being developed with the trust healthy hospital team manager and sustainability lead where there is clear and evidenced overlap of priorities.

SY confirmed that as part of the strategy refresh taking place, there will be further clarity following discussion on where investment takes place in the areas of digital and health inequalities. SM noted assurance received in the utilisation of existing Trust resources as referenced in the report and bringing this work into the mainstream, which longer-term creates a healthy and more sustainable culture in relation to health inequalities.

HC reiterated that is not about having new posts but is about changing the way the organisation works. It was recommended that this should be reflected in future reporting, and to strengthen references to work that is going on to develop working relationships across the organisation.

HS noted the discussion held in quality assurance committee in relation to health inequalities with a focus on how to measure impact and change. She advised that the organisation needs to be clear about what is identified for delivery, and to then determine what will help to deliver this. JH agreed that the knowledge and information from the self-assessment together with the fair and healthy Sheffield plan will support the action plan required to progress this work. HC added that this includes ensuring training and development opportunities are available to all staff, to make sure that health inequalities is everybody's business.

SY recommended that this action plan links into work with other teams such as the engagement team, staff network groups and the quality team and other action plans relating to inequalities such

as NHS workforce race equality standard (WRES) and NHS workforce disability equality standard (WDES) and focusing on the strategic plan across the organisation. **For JD to note and take forward.**

[Jo Hardwick left the meeting]

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### **Integrated performance and quality report (IPQR)**

Phillip Easthope (PE), executive director of finance acknowledged the challenging operational context noting that the Trust was largely delivering on target. He referred to discussions in previous items which highlighted where there are particular challenges with data recording and with delivering against recovery plans such as out of area (OAA), delayed discharges, health-based place of safety and others which are impacting on delivery of the financial plan. PE referred too to previous discussion that whilst sickness rates are levelling, they remain high, and supervision compliance remains below target with supervision recording moving to ESR in January 2025.

In relation to the development of the IPQR, it was noted that there are no significant changes to note this month and this work remains ongoing.

NR provided an update on service delivery:

- Core community services continue to maintain a much-reduced waiting list, however waiting lists for Sheffield adult autism and neurodevelopmental service (SAANS) and gender identity service continues to increase.
- The ADHD service is currently in the process of recruiting to a new staffing model.
- Recruitment to the workforce plan is underway and once staff are in post, the number of assessments completed will increase which should see a reduction in the waiting list over time and an improvement in the referral to assessment time long term.
- Delayed discharge bed nights have been increasing and average length of stay is increasing, in part attributed to delayed discharge. Referrals for liaison psychiatry continue to be high.
- There are significant increases in the number of service users on wards subject to Ministry of Justice (MoJ) restrictions which is having impact on length of stay.
- Waiting lists continue to increase in the eating disorder service.
- Health based place of safety breaches continue to be a challenge as the suites are used as an alternative to an admission bed.

NR noted an error on page 6 of the report relating to use of bank and agency staff in inpatient wards and advised Board members that this pertained to 1 area, not all acute wards.

SM noted that there has been a lot of collective Board discussion with all Board members in the previous week about the delayed discharges and the MoJ patients in advance of this Board meeting, at committees, and at the non-executive directors meeting which was attended by the CEO.

It was confirmed in relation to a query from SM about the 72hr follow up that the target of 80% is a national target and in relation to adult community mental health outliers, as detailed on the cover report, it was confirmed that this will be followed up outside of the meeting to ensure this is clearly reflected in the chart. **To note and take forward PE/NR**

CJ provided an update on safety and quality. She noted that reporting on protected characteristics has been discussed in previous items and highlighted the following:

- Reported incidents – unreviewed incidents are predominantly accounted for, and teams are being actively supported to review outstanding incidents.
- The number of medication incidents has continued to decrease since June and targeted work is taking place with the chief pharmacist.
- A sexual safety incidents dashboard has been developed and is shared from services to executives for improved analysis of incidents and communication. The deputy director of nursing and quality leads this workplan for service users and works with the deputy director of people on the staff sexual safety programme.

HC provided the following update in relation to incidents:

- The number of reported racial/cultural abuse incidents continue to remain low; this does not reflect the experience of staff, or the people and focused work continues, extending across the

organisation and linked to the culture of care programme.

- Work is ongoing across several services to improve flow to reduce the number of out of area placements, and this intersectionality between the challenges around flow, and the issue with safety needs to be acknowledged in an over pressured system.

SM noted that it was good to see a patient safety and experience dashboard is being developed which will bring all data together, to enable triangulation of patient experience feedback with incidents.

SY noted that the most pressured and challenging part of the system relates to providing services in urgent and crisis care. Due to the demand for urgent emergency and crisis services, including liaison services which has shifted to a trend of higher mental health presentations at Sheffield teaching hospitals, and she reiterated the need for the Board to be assured that safe care is being delivered. HC confirmed that safe care is being provided, and this is being challenged where it is not being seen, noting that the staffing model has recently been reviewed within the health-based place of safety as part of that work.

Safer staffing:

CJ noted that services are reporting effective use of staffing and good fill rate, however preceptees are impacting on clinical establishment review staffing requirements, associated with helping preceptees achieve competency such as take charge and medicines management. Older adult services also report having several service users cared for on enhanced observations, requiring additional staffing support, and the support worker role is being utilised for this work. A review of the observation policy is being undertaken to ensure that the use of enhanced observations is in line with least restrictive practice principles. In relation to the previously mentioned increased use of bank and agency staff due to increased acuity levels on one acute inpatient ward, she noted that work is underway to support staff development and confidence in this area.

HS asked for clarity on the measures being used for safe and effective care and for assurance that progress is being made to support staff confidence levels through a provision of a robust system. CJ advised that experience data, metrics on observation, and preceptorship development are part of a range of metrics being pulled together and this is being benchmarked. She added that where there is a stabilisation of leadership, a reduction in observations can be seen.

NR added that emergency readmission rates are low, with the Trust being at 1.8% against national target of 10%, which has gone down from the mean average of 3.7%. NR noted that there is a correlation between readmission rate and longer length of stay, and it is known that the Trust has a longer length of stay which will be impacting on these figures.

HS noted the additional information provided and requested that quality of care is included in future reporting to support understanding.

SY noted for further clarity that having people with longer lengths of stay and having people in the wrong place is a safety and quality issue. SY acknowledged that work to normalise the currently disjointed flow system with colleagues needs to support how we do things differently to ensure best possible outcomes. Work is ongoing with external consultants across several services to improve flow, but largely to improve the quality and safety experience of patients, and further discussion on this will take place in the confidential session of the Board.

### **People update report**

CP noted that reference in the report to PDR data had remaining the same for several years with no evidence of traction, is incorrect and this is linked to the data around supervision and mandatory training. She added that sickness data has been discussed in previous items and highlighted the good work that is ongoing to develop the health and wellbeing hub for staff which consolidates a range of support available across the organisation. CP informed the Board that staffing numbers has risen for the first time this financial year which is a positive sign given that vacancy control is fully embedded and triangulated with finance and only essential posts are being recruited to. Time to hire has reduced and this is due to fewer vacancies being recruited to as teams look to work more efficiently. Medical staffing and usage of locum staff will be reported through the medical workforce dashboard at the people committee to ensure accurate reporting, and updates will be reported to the board through the AAA report.

	<p>JD drew a connection between sickness absence hotspots and incident reporting, and he noted that interventions made to address environments will be beneficial to sickness numbers, and the work of the health and safety committee is drawing together some of those threads.</p> <p>SM noted the queries raised during the discussion and highlights to be drawn out on the cover reports, as well as inaccuracies with the data presented <b>for PE to note and take forward with future reporting.</b></p>
<p>PBoD 27/11/24 Item 16</p>	<p><b>Financial performance report (MONTH 6)</b></p> <p>Phillip Easthope (PE) executive director of finance outlined the financial position for Month 6, in addition to the update provided in item 9 of the agenda:</p> <ul style="list-style-type: none"> <li>• The year-to date position is £236 thousand behind on the £4.107million plan</li> <li>• An additional £1.1million is required to achieve the planned £6.5 million deficit</li> <li>• Value improvement and recovery plans totalling £9.5million have been developed and at month 6, this is on track to deliver £5.1 million due to out of area increase.</li> <li>• There remains a significant risk to delivery of the plan if out of area usage stays at the current levels for the remainder of the year this would create an additional £2.4million overspend.</li> <li>• With the additional risks in the financial position, plans are being developed for £2.1million worth of mitigations so that the current forecast can be achieved, and subsequent to the report being circulated, and with the month 7 position being understood, this figure has been revised to £2.25million, of which there are plans in place for £1.5 million.</li> </ul> <p>OMcL noted that the finance and performance committee had requested further assurance on the plans for the £2.25million and this will be going back to the committee for discussion.</p> <p>It was noted that further discussion in the financial position will be taking place in the confidential session of the Board.</p>
	<p><b>Transformation portfolio report</b></p> <p>James Drury (JD) director of strategy provided the following highlights:</p> <ul style="list-style-type: none"> <li>• Leaving Fulwood planning delays continue to impact on the 24/25 capital plan. Revenue costs continue to be incurred and ongoing security costs.</li> <li>• The EPR programme Board continue to report a green rating. The Rio relaunch on 8 November is on track with robust support plans in place, and this has been reinforced in the Board story earlier on in the agenda. Tranche 2 activities continue as planned however challenges remain for services to attend the necessary workshops. In addition, work is ongoing to rationalise the number of forms which will be used, bringing standardisation where possible.</li> <li>• The learning disabilities programme staff consultation has been completed and recruitment can commence to specified roles.</li> <li>• The community mental health team (CMHT) programme has moved into the post implementation review stage focusing on monitoring outcome measures, benefits realisation and determining an approach to continuous improvement to sustain and improve the new service.</li> <li>• Phase 1 of the medical model for the primary care mental health team (PCMHT) has been implemented. The PCMHT programme board reported a worsening position of green to amber due to concerns and delays pertaining to the implementation of phase 2 of the staffing model.</li> <li>• Transformation portfolio Board membership has changed to include the project and programme managers alongside the senior responsible officers, to support dependency management between the programmes</li> <li>• Data from the workshops with teams who support change and improvement has been used, alongside evidence backed literature to develop the Trust approach to the integrated change framework and the collective leadership group in December will support putting this into place.</li> <li>• The Gleadless and Heeley neighbourhood mental health centre pilot was approved by the transformation board for inclusion in the portfolio as well as the older adult's transformation programme both of which will be included on the reporting cycle for next time.</li> </ul> <p>AD asked for clarification between the older adults' transformation programme and the stakeholder engagement on the older adults' estate work and asked for proposed timelines for Board reporting on the estates work. JD confirmed that older adults' mental health stakeholder engagement work took place over the summer, following the national service framework for mental health and work that will progress through the transformation programme will include transitions between services, memory</p>

service changes based on needs. JD assured Board members that the executive management team (EMT) will be focused on looking at the scoping of that work to ensure that it is right. NR added that the estates work is focused on the early stages of the therapeutic environments for older adults, which is currently being scoped and will be looking at how services can be brought together and ensuring that there is parity between adults and older adults, to ensure that services are modern, fit for purpose and meet the national expectations for mental health services.

SY accepted that there are challenges and advised Board members that there is currently a disconnect which is why there will be robust oversight and EMT focus. SY reiterated that this work is in the early stages, and it will be presented back to the Board when it is ready.

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### **Operational plan 2024/25 progress update**

James Drury (JD) director of strategy presented an update on progress with the operational plan and strategic priorities for the Board to take assurance that the operational plan deliverables are being progressed and risks to delivery are being managed appropriately. He noted:

- The waiting lists and waiting well quality improvement (QI) collaborative is progressing well
- The delivery our patient carer race equality framework (PCREF) continues to progress well, and our delivery plan is now in place.
- The transformation programmes for community mental health and learning disability services are progressing
- The financial deficit position is worse than planned and the underlying position remains highly challenged
- The communications aspect of the communications and engagement draft strategy has been refreshed and updated, a draft has been presented to EMT and further work is taking place to develop the engagement approach

In relation to the communications and engagement draft strategy, SY confirmed that this is a Board level strategy and work on this has paused to ensure alignment with the new Trust strategy taking place in the next few months. This will be reported to the Board and timing for receipt of this will be noted on the Board work programme – **to note and take forward AW**

AD agreed that the priorities outlined in the report feel correct in the context of the Board discussions taking place and asked what the biggest risk is for ensuring the safety for service users and staff through winter. JD confirmed that operationally, teams are connected into winter planning across the integrated care system (ICS) and the shift in demand in mental health service is not as great as in acute hospital services. PE advised that discharge funding and winter planning has been part of the planning for the Trust for several years and is part of the funding that is in place throughout the year.

NR confirmed that there is a robust winter plan, in collaboration with Sheffield place, that is overseen at EMT, and which details all components from an emergency response perspective. He added that the risks lie in the competing demands across the system and there is a need to be mindful of working in partnerships.

It was agreed that an update on winter planning would be included in the CEO report to the Board in January to ensure that this is visible at Board **Action NR**

HS asked for clarity in relation to the RAG rating status of programme reports and whether the green status signifies implementation of an action rather than outcome of an action. JD confirmed that the green rating currently establishes confirmation that the work set out to be done, has been completed, and recognised that the narrative in the report can be confusing if the action has been implemented but there is additional work required in relation to ongoing challenges. It was agreed to clarify within future reporting that the RAG rating relates to the implementation status. **For JD to note and take forward.**

SY noted that the report has been helpful in demonstrating the significant amount of work that is going on despite the day-to-day challenges faced and highlights the work of the Board. The organisation in building optimism and focusing on what can be delivered together. SM agreed that capturing this in terms of progress made throughout the year is useful and will be helpful for annual reporting. She asked whether a one-page visual of the progress can be created for sharing across the organisation is available. SY confirmed that this was done as one of the leadership cascades

	<p>which was then disseminated to all teams and JD agreed to consider this for future reporting.</p> <p>CP highlighted the integration of workforce planning into the business planning process and noted that further discussion on the workforce plan would be taking place in the confidential session of the Board.</p> <p>[Liz Johnson, head of equality and inclusion joined the meeting]</p>
PBoD 27/11/24 Item 19	<p><b>Annual equality and human rights report</b></p> <p>Caroline Parry (CP), executive director of people and Liz Johnson (LJ), head of equality noted that public authorities are required to publish information annually about what they are doing to progress equality objectives they have identified under the Equality Act 2010 and related regulation and presented the following key points of the report:</p> <ul style="list-style-type: none"> <li>• Reflects that activity relevant to equality diversity and inclusion takes place across the organisation and is embedded as business as usual as well as targeted and specific activity</li> <li>• Highlights how our activity relevant to equality diversity and inclusion align with the organisational strategies and operational plan.</li> <li>• The Trust is progressive in having roles and activity with a specific focus on human rights and population health and is an early adopter of the patient and carer race equality framework</li> </ul> <p>The Board were assured that the organisation is responding to the statutory duties of the Equality Act and <b>approved</b> the annual equality and human rights report for publication.</p> <p>[Liz Johnson, head of equality and inclusion left the meeting]</p>
PBoD 27/11/24 Item 20	<p><b>Clinical and social care (2021-2026) strategy annual review</b></p> <p>Helen Crimlisk (HC), interim medical director presented updates and assurance regarding the progress with the implementation of the clinical and social care strategy:</p> <ul style="list-style-type: none"> <li>• The strategy is part of a core five-year plan to increase quality whilst reducing inequalities across the Trust and was coproduced with extensive involvement from service users, carers, colleagues in SHSC and partners across Sheffield.</li> <li>• The person centred workstream has closed, in terms of developing its outputs but will continue to be embedded through business as usual (BAU)</li> <li>• Development of a patient facing app, which will allow the completion of patient reported outcome measures (PROMS) by service users which integrate with RIO is taking place.</li> </ul> <p>In relation to training, HC noted that the report identifies the need to develop a comprehensive training and clarified that whilst training is important in some areas, this is about improvement work and cultural change rather than an add-on, and work is ongoing to have this included in the narrative of these programmes.</p> <p>OFO commended the well-presented paper which showed depth of thought and reinforcement of information.</p> <p>SM asked for clarification on the reporting structures of the strategies to the Board, and whether the enabling strategies will continue to be reported. JD advised that the structure of reporting will be brought back to the Board for agreement, but the direction of travel is that there will continue to be some enabling strategies, but fewer than there are currently, and there will be some plans for delivery. Work has started to benchmark with good practice from other organisations.</p>
PBoD 27/11/24 Item 21	<p><b>Emergency preparedness resilience response (EPRR) assurance framework 24-25 submission</b></p> <p>Neil Roberston (NR), director of operations presented an update of the self-assessment against core standards submission for 2024-2025 which was <b>approved</b> at the private Board of directors meeting in October 2024. He noted:</p> <ul style="list-style-type: none"> <li>• the self-assessment against the core standards indicates that the Trust will achieve a compliance of 74%.</li> <li>• A check and challenge process has taken place with the chief operating officer from the integrated care board (ICB) during which positive feedback was received on the progress made.</li> <li>• A few minor amendments were made and resubmitted, the results should be received in the following few weeks.</li> <li>• An action plan will be put together in relation to the remaining compliance areas for delivery by</li> </ul>

	<p>October 2025, and which will be reported through the audit and risk committee.</p> <p>OMcL noted the significant improvement on the previous year's submission and asked how this result benchmarked with other organisations. NR confirmed that the Trust is benchmarking well and is on par with other mental health providers and with Sheffield children's hospital (SCH). He added that following the revised health and social care act 2022, the EPRR has been devolved to the integrated care board (ICB) and benchmarking therefore takes place regionally.</p>
<p>PBoD 27/11/24 Item 22</p>	<p><b>Corporate risk report</b></p> <p>Dawn Pearson (DP) associate director of communications and corporate governance presented the updated corporate risk report following receipt through the executive management team, the risk oversight group and the Board assurance committees, and noted:</p> <ul style="list-style-type: none"> <li>• There are twelve risks on the corporate risk register</li> <li>• Four new risks have been added to the risk register for board approval which have had approval from the respective assurance committees (5041, 5399, 5409).</li> <li>• One risk (risk 5410) relating to hospital discharge of restricted patients yet to be considered by its monitoring committee and is presented to the board for information.</li> <li>• One risk (risk 5051) monitored by the finance and performance committee has an increased score from 12 to 16, and this was approved by the committee in November. The scoring will continue to be monitored in line with financial reporting at the committee.</li> <li>• Nine risks have been deescalated since the register was reported in September 2024. Seven of these relate to EPR and will continue to be managed on the programme board risk register</li> <li>• At the request of the Audit and Risk committee, a review of risks that have had little change to their scoring has been undertaken which has identified four risks as being static. Two of these (risk 4513, 5047) have been reviewed and deescalated, and will be approved at the Mental Health Legislation Committee in December 2024.</li> </ul> <p>SY noted the item on the confidential agenda relating to EPR training and recommended that the EPR risk description is reviewed to reference training, in line with the update provided. <b>Action: AW with risk owners.</b></p> <p>AD asked for clarification of the 2 remaining risks identified as being static, that had not been deescalated. It was confirmed that these have been reviewed and agreed that the current risk scores will remain due to ongoing challenges and the target dates for these risks have been revised.</p> <p>The Board noted the updates provided.</p>
<p>PBoD 27/11/24 Item 23</p>	<p><b>Governance report</b></p> <p>Dawn Pearson (DP) associate director of communications and corporate governance presented an update of key governance matters and requested that the Board consider and approve the proposed changes to the Constitution, as detailed within the report.</p> <p>It was noted that these additional changes do not relate to elements which require the approval of the annual members meeting, and the audit and risk committee confirmed their support for these changes in advance of discussion. They have also been shared at the Council of Governors meeting in October.</p> <p>JD noted the discussion earlier in the meeting in relation to the timing and governance arrangements of the development of the joint committee arrangements for eating disorders between the partners in the South Yorkshire MHLDA provider collaborative, and that these will need to be reflected in the Trust constitution.</p> <p>It was agreed that as the proposed wording has been agreed by the Council of Governors, and at the Audit and Risk committee, that this will be <b>approved</b> by the Board and any further changes will be recommended for approval when they are known.</p> <p>[post meeting note: The report advised that one of the changes relating to the Standing Orders, Standing Financial Instructions or Scheme of Delegation of the Board of Directors should go in Annex 8, section 9, but this has been noted as an error, and the item has been included in section 14.3 of the constitution]</p>



<p>PBoD 27/11/24 Item 27</p>	<p><b>Board work programme 2024/25</b> The Board noted the updated work programme, and the following items were agreed for inclusion:</p> <ul style="list-style-type: none"> <li>• Health inequalities statement, in line with reporting of annual report.</li> <li>• Communications and engagement strategy – timing to be confirmed.</li> </ul>
<p>PBoD 27/11/24 Item 28</p>	<p><b>Any other business</b> No additional business was raised at the meeting.</p>
<p>PBoD 27/11/24 Item 29</p>	<p><b>Reflections on the meeting effectiveness</b> AD noted:</p> <ul style="list-style-type: none"> <li>• There has been useful discussion on data and reflected that it will be useful to have the data interpreted in future reporting so that baseline targets and triangulation can have better informed discussions.</li> <li>• There has been significant cross-referencing between the Board and the committees, and between items on the agenda which has contributed to joined up discussions in the public and confidential sessions.</li> <li>• The culture of the organisation has been more implicit in the items on the agenda and has been reflected in discussions about induction for new staff, listening to teams to support their wellbeing, physical health of service users, a health inequality, and continuous improvement including the implementation of Rio.</li> </ul> <p>OFO noted:</p> <ul style="list-style-type: none"> <li>• The useful Board story at the start of the meeting which reflected the successful implementation of tranche 1 of the programme in the update from the RIO champion.</li> <li>• The improved presentation of the reports which were easy to read and were interesting and appropriate.</li> <li>• There has been appropriate challenge about delivery</li> </ul> <p>SM noted:</p> <ul style="list-style-type: none"> <li>• It has been good to see sustainability coming through as a theme.</li> <li>• There were good strategic links in all of the reports such as the equality objectives, the workforce plan and all of this is starting to come together.</li> <li>• The health and inequalities work is starting to feel like business as usual, as noted by reference to this in so many of the papers</li> </ul> <p>The Chair thanked those in attendance and closed the meeting.</p>

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

**Wednesday 29 January 2025**

***Format: to be confirmed***

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