

Front sheet: Public Board of Directors
Item number: 9
Date: 29 January 2025

Private/ public paper:	Public
Report Title:	Board Committee activity reports
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Vision and values:	The role of each Committee is to support the Trust Board by ensuring the strategic priorities are met. This includes the consideration of people who use and work in service (ensuring our services are inclusive and a great place to work), any environmental or legal impacts and value for money (effective use of resources).
Purpose and key actions:	This report highlights key matters, issues, and risks discussed at committees since the last report to the Board in November 2024 to alert, advise and assure the Board.
Executive summary:	<p>Following an action at the Trust Board in September, work has taken place to produce a new alert, advise, assure (AAA) report template following consultation with the non-executive directors, executive directors and the corporate assurance team, and this has been implemented from December 2024.</p> <p>Each committee has considered issues under three key categories in their alert, advise, assure (AAA) reports. Alert: items from the from the meeting that require highlighting positive or negative and how it is being actioned.</p> <p>Advise: summary of the agenda items raised, and any new areas of monitoring or existing monitoring where an update has been provided to the committee and there are new developments.</p> <p>Assure: specific areas of assurance received warranting mention to Board or for noting key reports received at an assurance committee.</p> <p>The AAA reports for the Board subcommittees are attached at the appendices.</p> <p>Appendix 1 and 2 - Quality and Assurance Committee AAA report from December and January 2025</p>

	<p>Appendix 3 - People Committee AAA report from January 2025</p> <p>Appendices 4 and 5 - Finance and Performance Committee AAA report from December and January 2025</p> <p>Appendix 6 - Audit and Risk Committee AAA report from January 2025</p> <p>Appendix 7: Mental Health Legislation Committee December 2024</p> <p>Minutes from board assurance committees will be shared with the board via iBABs and non-confidential minutes are available to the public upon request</p>
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes	X	No		
Deliver Outstanding Care	Yes	X	No		
Great Place to Work	Yes	X	No		
Ensuring our services are inclusive	Yes	X	No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<ul style="list-style-type: none"> Well-Led Development plan that effective governance systems are in place to assess, monitor and improve the quality and safety of services. Supporting principles within the Code of Governance for NHS provider Trusts (April 2023) issued by NHS England to help NHS providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public, through effective flow of information between the committees and the Board. 	
BAF and corporate risk/s:	The committees have oversight of all BAF and corporate risks. Different committees offer assurance on a range of these including the management of associated risks.
Any background papers/ items previously considered:	<p>Reports highlighted in the alert, advise assure reports have been received at all the assurance committees:</p> <ul style="list-style-type: none"> Quality Assurance Committee People Committee Finance and Performance Committee Audit and Risk Committee Mental Health legislation Committee
Recommendation:	<p>The Trust Board are asked to:</p> <ul style="list-style-type: none"> formally note the minutes of the committee meetings being presented to the Board receive the alert, advise, assure (AAA) committee activity reports within the appendices for assurance and discussion.

Appendix 1 **Alert Advise Assure**
Quality Assurance Committee (QAC)
11 December 2024

Alert:

Continued Use of Out of Area (OOA) Placements and Delayed Discharges.

- Continued high levels of OOA beds usage and delayed discharges have been escalated to Place and ICS and are a key focus of the Home First Programme. There is a significant impact of the higher than planned OOA usage on the Trust's finances.

Vaccination Rates

- Remain low with further risk of high rates of flu and covid with expected impact on patient areas and staff. Extensive work on engagement is taking place to improve take up rates.

Demographic Data Recording.

- Issues remain in the recording of patient demographics a project group has formed to focus on the barriers preventing this improving. A comms campaign is suggested to increase awareness of the importance of recording important information. A recovery plan will take effect and report into the committee to gain traction and pace.

Advise:

No cross referrals received by the meeting.

Emerging Quality Risks – Forest Lodge

- The committee are assured on the actions taking place to mitigate the risks and a report will come back to the committee in February 2025.

Emerging Quality Risks – Woodland View

- Frequent whistleblowing to the Care Quality Commission (CQC) has highlighted environmental and clinical quality concerns. Work is underway with the CQC and Freedom to Speak Up Guardian to encourage the use of internal reporting. A written report to come back to the committee in January 2025

Learning and Safety Report:

- Quality Improvement projects are currently in place to work on the 'so what' measures clearly in place
- There is evidence on consistent themes on communication issues which will be reported back to the committee through the thematic review.

- Challenge and focus remain key to avoid complacency and ensuring there is no hidden culture.
- More detail and evidence of actions from learning responses to come through in future reporting.
- Commitment to ensuring that the learning and actions embedded.

Clinical Quality and Safety Group Report:

- There is evidenced triangulation with reports to the group coming through to the committee as stand-alone items or integrated with other reports.
- The group receive regular reports from Birch Avenue which may allow learning lessons on therapeutic environments which could assist Burbage.
- A rapid stabilising approach is in place on Burbage which is ensuring concerns are raised efficiently and in a timely manner.
- Caroline Johnson (CJ) and Dawn Pearson (DP) are discussing governance routes for future reporting from Tier II groups. In the meantime any matters requiring escalation will be reported as matters arising to the committee.

Health and Safety Group Q2 progress report:

- There is evident significant progress in relation to understanding the fire door risks. The external contractors report has now been finalised and will inform the planning of the required capital work.
- Additional measures have been implemented including risk assessments returning to annual instead of risk based and increased inpatient fire drills to 6 monthly.
- Further information is requested on the mitigations in place on the bigger risks within the report for pace of assurance in ongoing reporting.

Safeguarding Assurance Group Report:

- Increased number of requests for information for consideration of Subject Access Requests and Domestic Homicide Reviews.
- Weekly steering groups showing significant positive effect on Burbage.
- A full review of the Allegations Against Staff policy has been completed in conjunction with volunteers and a lived by experience member.

Community Mental Health Services Transformation

- Further engagement is required in respect of service user and carer feedback.
- Work is underway on the closure report aimed to be received at the committee in February 2025 with engagement to continue.

IPQR

- Medication errors continue to reduce and work is continuing on hot spots to address these errors.
- Daily incident meeting continues with Burbage as an area of focus.
- Plans are in place to mitigate waiting times on Memory Service with introduction of weekend working aiming to increase capacity.

- Improvements are evident in the waiting times for primary and crisis care.
- Interventions are beginning to show progress whilst not at the intended pace, there will be a deep dive in relation to the expectation from partners moving forward with focus on delayed discharge.

Gender Identity Service Recovery Plan

- An alternative approach on how assessments are completed has led to the Trust becoming the lead for the Northern Region of Gender Clinics.

Preventing Future Deaths – action plan submitted to coroner

- SHSC and the acute trust are working in collaboration to develop the action plan and progress will be monitored and reported to the committee once final closure is completed.

Quality Objectives

- Limited assurance was received on the year 1,2 and 3 objectives due to patient level reporting with moderate assurance on year 4 objectives.

Assure:

Quality and Equality Impact Assessments:

- A discussion is to take place with CJ and DP to identify a governance route linking the quality information and legal duties of the Trust.

Policy Governance Group

- The committee received the up to date group report and ratified the decisions of the group.

Risks reviewed: All risks reviewed by risk owners and approved by the committee.

- Risks 4100 updated and approved.
- No risks were deescalated
- New risk 5410 was approved by the committee.

Feedback to Trust Board:-

- Continuing to seek data on protected characteristics with the need for improved pace, an improvement plan has been put into place.

Approved by Chair and date:

Anne Dray , 6th January 2025

Appendix 2 **Alert Advise Assure**
Quality Assurance Committee (QAC)
 15 January 2025

<p>Alert:</p> <p>Hotspot Update Report</p> <ul style="list-style-type: none"> • A written report was received by the committee demonstrating assurance there is grip and control in areas identified for concern, although continued attention by the Care Quality Commission (CQC) is noted. • Updates will come to the committee bimonthly to ensure grip and control continues with a high level of scrutiny to include metrics. This will be overseen by the Clinical Quality and Safety Group and reporting monthly to the Executive Management Team (EMT) <p>IPQR</p> <ul style="list-style-type: none"> • Continued use of OOA placements showing a significant increase. • Lengths of stay higher than a year ago. • Delayed discharges remain high and, whilst there have been some improvements over the last month, remain higher than a year ago. • The increase in individuals on acute wards subject to Ministry of Justice restrictions continues to have significant impact on delayed discharge figures. • Significant impact is evident from winter pressure on the emergency department impacting trolley waits, with an increase in pressure to manage MH in A&E quickly. • We continue to be concerned about waiting lists in some of our specialist services, as outlined in previous reports. <p>The committee asked for explicit reporting on current risks within the summary of the report to ensure visibility.</p> <p>Positive Alert:</p> <p>IPQR</p> <ul style="list-style-type: none"> • NHS England (NHSE) targets are being met and maintained in our Perinatal and Talking therapies services. • Continued improvement is evident in Specialist Psychotherapy services relating to time of referral to assessment; the Trust is performing well nationally.

<p>Advise:</p> <p>No cross referrals received by the meeting.</p> <p>Quality Assurance Report</p> <ul style="list-style-type: none"> • The committee are concerned with the continued delays in implementing the quality management system due to RIO implementation. • There have been delays in culture and quality assurance visits due to a change in leadership however fundamental standard of care visits have now resumed. • More assurance about quality (rather than process) is required in future reporting, including the use of data indicators and also feedback from service users & carers. <p>Sexual Safety Workplan</p> <ul style="list-style-type: none"> • Work is underway but the committee could not be assured of impact due to the lack of evidence of progress. It was requested that future reporting included a dashboard
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to show impact of progress against actions, including milestones. The Executive Summary of the report should focus on this.

Quality Equality Impact Assessments

- The committee commented it would be beneficial to demonstrate where there may be differential impact of proposed changes.
- The committee remain assured on the robust processes in place

Community Mental Health Service Allocations

- There has been a reduction in community mental health caseloads, although referral rates have increased. PCMHT have collectively agreed pathways and assessments in order to address this. However, this is a work in progress.
- Individuals without named workers has reduced, but not enough to be assured that there will be no impact. Further work is required.
- The committee requested further assurance on the impact on service user experience as a result of the length of waits for key workers and how unintended consequences of the Community service change are being addressed.

Protected Characteristics Recovery Plan.

- The committee received the first report of the recovery plan, but it was not an assurance paper and so requested that future reports detail evidence of impact with data.

Home First Programme

- The committee received the first report of the programme, but it was not an assurance paper. The committee requested the next report to include progress against performance indicators and an assessment against an outline of the intent of the programme.

IPQR

- There has been linking with a national piece of work around enhanced observations relating to safer staffing and a full review of the Observation of Inpatients policy is underway with completion anticipated for April 2025.
- Work is underway with the provider of the 111-crisis line to look at national aspirations and KPI's

Policy Governance Group

- The committee received the up-to-date report and ratified the decisions of the group.

2025 – 2027 Strategy Workstreams (Use of Force Strategy) Post MHLC

- The committee received the strategy for information.

Internal Audits Action Tracking Report

- 2 open actions monitored by Quality Assurance Committee (QAC) related to Care Planning and DRAM (Clinical Record Keeping) which received limited assurance are due at the end of March 2024 and are on track for completion.

Board Assurance Framework

- Risk number: 0029,0031,025B,0024 have been reviewed and updated and approved for onward submission to the Board

Assure:

Medicines Safety Report

- In terms of controlled drug discrepancies, there is evidence of traction, with positive impact from support with the wards. This gave assurance to the Committee.
- There had been a reduction in incidents rating moderate and above with 84.9% of the incidents classed as near-misses or negligible impact. Other key measures of medicine management remain stable.

Lived Experience Report

- The service user and engagement strategy is coming to an end and will feed into the overall Trust strategy as a core strand. This was commended by the Committee.
- An improvement plan has been put into place to address the requirement for an increase in service user, family and carer feedback.

- The committee are assured on the growing grip and traction evident whilst recognising there is currently limited assurance around the collation of feedback, onboarding of volunteers and progress with PCREF milestones.
- A report on service users in out of area placement to come to the committee in February as a Matter Arising.

Risks reviewed: All risks reviewed by risk owners and approved by the committee.

Corporate Risk Register

- Proposal to separate risk 5365 to 2 separate risks 4756 and 4757 relating to gender and ADHD.
- Risk 4001 proposed for escalation to scoring 12.
- The risk score for risk 5001 relating to delayed discharges and out of area beds has been increased from 12 to 16, and to be reviewed again at the end of January.

Feedback to Trust Board:-

- **Cross committee referral to ARC** – A summary chart on the top risks and where they stand in terms of scoring to identify static risks to be implemented with movement of risks detailed on the cover sheet of the report for the Corporate Risk Register.

Approved by Chair and date:

Heather Smith 18 January 2025



People Committee 14 January 2025

Alert:

- **Positive alert** regarding the reduction in long term sickness 4 months in a row however will continue to monitor short- and long-term sickness levels.
- There has been no significant improvement in Supervision levels on a trust wide basis, however it is anticipated that moving to manager self-service and having medical appraisals on a separate dashboard will help to improve this metric.
- There has been no significant improvement in Mandatory Training levels, work is taking place with operational colleagues to increase ability for staff members to attend training sessions.
- Time to hire is at 95.86 days which is believed to be due to clinical and high band roles being in the recruitment process. A further review is underway to understand the case for this increase. The target set by the ICS is 60 days.
- The levels of ethnically diverse staff in case work has not reduced and further work to understand this was requested by the Committee. , The committee noted that cases at fact finding stage have been included and it was advised to split fact finding stage and formal case data in future reports.
- The committee received limited assurance from the Acute and PICU Supervision Recovery plan. It was noted that the supervision tree and policy are to be reviewed and a report with more narrative and assurance will be provided at the March 2025 meeting.

Advise:

- An update on Fire doors and mitigations was received as part of the Health and Safety Q2 report.
- An update on violence and aggression against staff was received but more assurance has been requested in future update reports such as the impact of actions, targets, and involvement from staff.
- The committee were advised that 52% of workforce, finance and business plans have been submitted and a deadline for completion of mid-February.
- Inclusion and Equality Assurance Group Report was received and benchmarking from the National team has identified 3 areas for improvements which are being pursued.
- Tier 2 Reviews of Group's Effectiveness and Annual Reports were received and will be considered as part of People Committee's annual report which will be presented in March 2025.
- An update on National and Regional People updates and news was received for consideration, noting the job evaluation work in progress aligned with the nursing and midwifery profile review.
- The Sexual Safety Report was received ahead of presentation to Quality Assurance Committee. The committee asked for KPIs and triangulation with

other groups to be conducted.

Assure:

- There were no matters of assurance to report to Board of Directors

Risks reviewed:

BAF risks 0013, 0014, and 0120 were reviewed by the committee and the recommendations from Executive Management Team were approved.

Feedback to Trust Board:

There was no additional feedback to the Board other than indicated in the alert and advise section of this report.

Approved by Chair and date: Heather Smith, 20/01/25



Appendix 4 **Alert Advise Assure**
Finance and Performance Committee (FPC)
12 December 2024

Alert:

Financial Performance Report

- At Month 7, the year-to-date deficit position of £5.069m was £0.734m worse than planned (M6 £0. 236m worse).
- To achieve the planned deficit of £6.514m, the forecast included additional mitigation/savings required of £1.262m.
- With the additional risks in the financial position, plans are being developed for £2.25m worth of mitigations so that the current forecast can be achieved.
- As of month 8, there has been a £200k under plan and the year-to-date overspend was £5.3m against a £4.8m plan.
- This is a result of out of area overspend by £0.9m, which is £200k more than planned for due to increased demand, however other areas have underspend by £1.1m, £0.6m more than planned due to improvements in recovery plans, recruitment slippage and additional pay award funding.
- It is anticipated there will still be a gap to plan of £900k therefore a mitigation plan for this is still in place but this is an improvement from last month.
- Out of Area acute activity increased in October which meant the recovery plan was not achieved, this was additional spend compared to forecast for October of £262k.
- As of December, the Out of Area position is 26 in Acute and 11 in PICU. It was confirmed that by the end of December there needs to be 9 out of beds and 6 PICU beds to achieve our forecast.
- Escalation calls are taking place weekly to assess the opportunities to reduce the usage.
- Delayed discharged are still not on plan; at 16 but target is 23, which is compounding the out of area issue.
- Sheffield Council have assigned 6 social workers which will ensure each case has an assigned social worker which is helping to reduce the delay to discharge.
- Aged Debt has increased in the last year which is having a negative impact on the Cash balance. The amount outstanding has stabilised since September, the Finance Team continues with increased debt recovery action to ensure older disputed debts are paid or escalated to ensure quicker resolution can be found. Some debts are being escalated to Executive level to resolve and reduce the amount outstanding. The overdue debt of £980k for South Yorkshire Housing Associate has been escalated, and Sheffield Teaching Hospital have agreed to pay £250k of the £700k owed however there is a £100k dispute that is being escalated.

2024/2025 Finance Plan

- The draft finance plan aims for 100% overspend to be reduced with all other areas aiming for a 4% savings challenge to achieve a £4.841m deficit and break-even for 2027/28. Consideration of these targets will be given once benchmarking from the National Mental Health productivity work is obtained and further work on key variables is undertaken.

Advise:

- **No cross referrals** received or made by the meeting.

Assure:

Corporate Benchmarking

- The report was received and options will be assessed as part of the 2025-26 planning process to adjust Value Improvement Programme targets based on the benchmarking information.

Review of Standing Orders, SFIs & Scheme of Delegation

- The report was received and approved for onward presentation to Audit and Risk Committee, ahead of presentation to Board of Directors.

Risks reviewed: All risks reviewed by risk owners and approved by the committee.

- Risk 5399 updated and approved.
- Risks 5344 and 5051 have no changes
- No new risks to note

Feedback to Trust Board:

- FPC was not assured the gap in mitigation plan will be achieved to deliver the financial plan and were concerned about further increases in out of area bed usage. FPC requested the Director of Finance to give specific comment on confidence of delivery in future reports.
- FPC commented the 1st draft plan was a good initial draft and recognised the work required on key variables.

Approved by Chair and date:

Owen McLellan 10/01/2025



Finance and Performance Committee 16.01.2025

Alert:

- RIO training booked figures were at 11.5% for all staff at the time of the committee which is lower than anticipated. However, face to face sessions have been established and rooms have been made available for these sessions to take place. Operational managers are supporting staff with Rio training and rostering is being managed to ensure staff and wards have capacity to attend. The committee were advised that there is a plan in place to achieve a 90% target by the go live date.
- Out of area remains a risk to the year end position. At the time of the committee there were 42 patients in out of area beds, with a target to reduce this to 39 by the end of January and then to 30 during February and March.
- At the end of month 8 there was a £0.9m mitigation to find, however the increase in out of area spend resulted in an increase to forecast of £2.3m, bringing the overall to £3.2m of risk. The committee were assured that the mitigation plans delivering to 100% would offset the majority of this risk, leaving £0.5m worth of risk yet to be mitigated. There is still risk to delivery of the mitigation plan for 2024/25.

Advise:

- The committee received the draft 2025/26 Finance Plan which indicated based on the position at month 8, that the expected plan value is £8.4m, which is £5.6m worse than year 2 plan from 2024/25. This is due to additional non-recurrent mitigations in 2024/25 and expected reduction in ICB income in 2025/26.
- The committee raised a concern that the Value Improvement Programme (VIP) is £1.6m against a plan of £7.3m and have asked that understanding on how out of area spend may impact on the next financial year is considered in the next iteration, which will be received in February and March, ahead of a final plan being presented to Board of Directors in March 2025.
- There were various discussions around capital during the Transformation Portfolio update and when receiving the Sustainability strategy however it was noted that there will be minimal spare capital therefore careful consideration will be given to potential capital projects before they are agreed.

Assure:

- There were no items to raise to the Board of Directors at this time.

Risks reviewed:

The following BAF risks were reviewed and the recommendations were approved by the committee: BAF.0021a, BAF.0021b, BAF.0022.

There were no changes to BAF Risks 0026, 0027, 0030, 0032.

Feedback to Trust Board:

A cross-committee referral from FPC to Audit and Risk Committee was opened to review the BAF report to committees and ensure that there is consistency across the reports and to include information that would highlight the impact of the updates. This will be address at Audit and Risk Committee on 21st January 2025.

Approved by Chair and date:

Owen McLellan 21/01/2025



Appendix 7 **Alert Advise Assure**
Mental Health Legislation Committee (MHLC)
4 December 2024

Alert:

- **Supporting staff to attend Court hearings:** reminder that this is an important legal obligation that requires compliance.
- **Ongoing pressure for beds:** Focus on health-based place of safety as next quarter will show a slight increase in seclusions. Work is ongoing to mitigate risks with a particular focus on workforce, waiting well and home first.
- **Numbers of associate mental health act managers (AMHAM)** a concern and how we attract AMHAM requires focus as a valued role.
- **Communication concerns**
Second Opinion Appointed Doctors (SOAD) relating to Mental Health Act decisions

Advise:

- **No cross referrals** received by the meeting.
- **Feedback from Mental Health Legislation Operational Group reported:** Activity in relation to detention and triangulated with appeals meaning the direction of travel was positive. Seclusion review breaches have been reviewed and reduced - risk now removed. There have been three legal directives one resulting in a required a summons of staff. Some issues about how this occurred have been addressed with the Tribunal Office. Reminders sent to staff of importance of attendance. High level of 136 detentions by Police with most being discharged – feedback to South Yorkshire police to support shared approach. Teams are looking at how we can improve information to patients using a range of videos to support communication. Bite size training on suite 132 continues. Mandatory training has been improved with digital delivery and assessment.
- **Feedback from Least Restrictive Practice Oversight Group Q2 report:** A paper was presented which highlighted 2021-2024 strategy workstream ending in December 2024, training compliance on track in line with quarter one which was positive. To note: future reporting may describe a less favourable picture. Training compliance has decreased and a focus on improvements is being implemented. ‘Culture of Care’ pilot will help the shift from risk assessment to person centred assessment.
- **Human Rights Framework Q2 progress report:** There will be nineteen new practice leads by the end of the month. RESPECT training is positive, and a Human Rights Day is scheduled at Forest Lodge with a focus on patient involvement. The Trust are part of a wider regional network, aligned to several universities to promote and align our work. Need to plan for future training and focus as Human Rights should be an important Board focus.

- **Associate mental health act managers (AMHAM) activity report:** New KPIs introduced which will form part of future reporting. Several new AMHAMs in the recruitment process. Recruitment processes have been improved and accelerated with support via social media and role specification reviewed to attract a workforce. A dedicated Trust website page will promote the role and continue to support recruitment.
- **Annual report effectiveness reports** will take place and findings presented at the March 2025 Committee for information.

Assure:

- **Previously received Human Rights framework Q1 update:** now reworked. Visit by 'Human Rights Watch' observed Trust training and approach to Human Rights across the organisation and visited and spoke with people from Neighbourhood CMHT in Heeley Gleadless, Clinical and Social Care Strategy and Engagement Team to see how the Human Rights angle was integrated. They were so impressed they will return and class the Trust as an exemplar in this area.
- **Discussion took place on utilisation of Maple ward as a seclusion unit** and use of suite and how the ward approach is aligned with the Trust direction of travel and adequate and sustainable medical cover. Assurance that CQC recommendations have been acted upon and a standing operating procedure (SOP) is in place to manage activity. Lots of engagement and discussion on this with a key focus on quality, service user experience (where experts by experience have fed in), having the resources required and patient information such as a leaflet. Future progress will be reported in 6 months' time, but key message was that the service is ready and open for use.
- **Use of force strategy** – Ongoing work to develop this following a conference early this year generated feedback to support the strategy, workstreams and reporting. This now includes an additional workstream for community. Big conversation events will take place including people who use services. This is aligned with culture of care standards. Committee approved the approach.
- **A policy status update and Blanket Restrictions Policy:** committee accepted the report and approved the amendments to the policy.

Risks reviewed: All risks reviewed by risk owners and approved by the committee.

- Risks 5026 and 5124 updated and approved.
- Risks 4513 and 5047 deescalated
- No new risks to note

Feedback to Trust Board:

- To **continue our Human Rights Focus** and journey and Trust Board to acknowledge a desire to continue this agenda beyond July 2025 – embedding in talent and making this business as usual. **Visit by 'Human Rights Watch' observed the Trust as an exemplar.**
- Committee was keen to see **patient information supported by Rio** as an additional platform.

Approved by Chair and date: Olayinka Fadahunsi 04/12/2024