













**Council of Governors**  
**Item number: 8**  
**Date: 24 April 2025**

<b>Private/ public paper:</b>	<b>Public</b>								
<b>Report Title:</b>	<b>Board update report from the meeting held in March 2025</b>								
<b>Author(s) Accountable Director:</b>	<p>Sharon Mays, Chair</p> <p>Non-Executive Directors - Anne Dray; Olayinka Monisola Fadahunsi-Oluwole; Owen McLellan; Heather Smith</p> <p>Associate Non-Executive Director, Brendan Stone</p> <p>Dawn Pearson, associate director of communications and corporate governance</p>								
<b>Presented by:</b>	Dawn Pearson, associate director of communications and corporate governance								
<b>Vision and values:</b>	The Trust vision is to ensure we work together for service users. Good Governance supports the <b>commitment to quality</b> , ensuring we <b>work together to improve services</b> and <b>deliver outstanding care</b> .								
<b>Purpose and key actions:</b>	<p>This <b>report is presented to the Council of Governors (COG) following the most recent public Board meeting</b>. The report highlights the key issues the Board discussed and to highlight those that relate to or require the attention of Governors.</p> <p>For information <b>all public Board papers and minutes</b> can be found here:  <a href="https://www.shsc.nhs.uk/about-us/board-directors/meeting-minutes-and-agendas">https://www.shsc.nhs.uk/about-us/board-directors/meeting-minutes-and-agendas</a></p> <p>Below is a key so to reference <b>how each item relates to Trust strategic priorities</b>:</p> <table border="1"> <tr> <td></td><td>Effective use of Resources</td></tr> <tr> <td></td><td>Improvement and Transformation</td></tr> <tr> <td></td><td>Delivering outstanding care and ensuring our services are inclusive</td></tr> <tr> <td></td><td>Partnership working and a great place to work</td></tr> </table>		Effective use of Resources		Improvement and Transformation		Delivering outstanding care and ensuring our services are inclusive		Partnership working and a great place to work
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<b>Executive summary:</b>	<p>The <b>report contains</b> an update on the following:</p> <ol style="list-style-type: none"> <li><b>Board story:</b> Lived experience role in gender identity service (GIS) and the peer support worker pathway</li> <li><b>Chair and Chief Executive</b> update.</li> <li>The <b>latest finance update</b>.</li> <li><b>Improvement programmes</b> and priorities update.</li> </ol>								





	<p><b>5. Outstanding care</b> update which includes:</p> <ul style="list-style-type: none"> <li>✓ Mortality report</li> <li>✓ Least restrictive practice (use of force) plan</li> <li>✓ Guardian of safe working report</li> <li>✓ Independent mental health homicide review action plan.</li> <li>✓ Patient led assessment of the care environment (PLACE)</li> </ul> <p><b>6. Great place to work</b> update which includes:</p> <ul style="list-style-type: none"> <li>✓ Annual People Strategy (2023-2026) (people delivery plan) report</li> </ul> <p><b>7. System and Sheffield partnership</b> update.</p> <p><b>8. Additional items and reports</b> received by the Board.</p> <p><b>9. Approved documents and publications</b></p> <ul style="list-style-type: none"> <li>✓ Least Restrictive practice (use of force) plan.</li> </ul> <p><b>10. Confidential Board</b> update</p> <p><b>11. Alert, advise assure</b> for committees attached as <b>appendices two to seven</b>:</p> <ul style="list-style-type: none"> <li>• Quality and Assurance Committee – February and March 2025</li> <li>• People Committee – March 2025</li> <li>• Finance and Performance Committee – February and March 2025.</li> <li>• Mental Health Legislation Committee – March 2025</li> </ul> <p>Attached in <b>appendix one</b> is a summary of the Board content.</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.					
<p>The Health and Social Care Act 2022 enhances and amends the Health and Social Care Act 2012 Act, setting out the legal framework within which a Foundation Trust operates, which includes the following:</p> <ul style="list-style-type: none"> <li>• Constitution (including Standing Orders for practice and procedures of the Board of Directors and the Council of Governors);</li> <li>• The Accountable Officer Memorandum.</li> <li>• The Codes of Conduct.</li> <li>• Standing Financial Instructions as a framework for financial governance,</li> <li>• Scheme of Reservation and Delegation which describe the powers reserved to and delegated by the Board</li> </ul> <p>These documents together provide a regulatory framework for the business conduct of the Foundation Trust</p>					
<b>BAF and corporate risk/s:</b>	The update relates to all Board Assurance Frameworks (BAF) and all corporate risks.				
<b>Any background papers/ items previously considered:</b>	The <b>report is a standing item at all COG meetings</b> . The last report which covered an update from both November 2024 and January 2025 Board was presented to the CoG at the meeting in February 2025.				
<b>Recommendation:</b>	<p><b>Council of Governors are asked to:</b></p> <ul style="list-style-type: none"> <li>• Receive and note the information and update from Board.</li> <li>• Identify any future reporting requirements for COG.</li> <li>• Comment on the summary format: <b>appendix one</b>.</li> </ul>				


# Board update report to Council of Governors (COG)




April 2025

updates from the Board of directors meeting dated March 2025.



Key: How each item relates to our strategic priorities	
	Effective use of Resources
	Improvement and Transformation
	Delivering outstanding care and ensuring our services are inclusive
	Partnership working and a great place to work




   	<p><b>1. Listening to service users/carers and staff</b></p> <p><b>1.1 March 2025 story: development of the lived experience peer support worker (PSW) role within the gender identity service (GIS) and the PSW pathway.</b></p> <p>The Board heard about the development of the PSW role and pathway and noted the improvements. The service improvements were evident by positive feedback. A focus on:</p> <ul style="list-style-type: none"><li>✓ Better team communication and engagement.</li><li>✓ Support from PSW to wait well before an assessment.</li><li>✓ Improvements to service user information, such as simplifying clinical letters.</li><li>✓ Information to support service user pathway so they are clear on what to expect.</li></ul> <p><b>Board member reflection:</b> All Board members agreed that the lived experience role supports an important bridge between service users and clinical services. Support ensures person-centred care and the time to ensure focussed emotional support. It is evident that a peer helps each individual service user understand the complex service pathway. Further improvements will include collaboration with partner and voluntary organisations to ensure support and signposting. It was agreed that lived experience and the PSW role should be embedded in the workforce offer and priorities.</p>
   	<p><b>2. Chairs report</b></p> <p>The Chair provided an update noting the following key areas:</p> <ul style="list-style-type: none"><li>• Changes to the <b>leadership team</b> with Helen Smart (HSm) joining the Board as interim chief operating office (director of operations) noting that recruitment is in train for the substantive post. Gulnaz Akhtar (GA), interim director of performance and delivery has had the secondment from NHS England (NHSE) extended until March 2026.</li><li>• The new <b>electronic patient record system</b> (RIO) went live on 25 March 2025, noting thanks to all concerned and the significant amount of work from all staff involved to get to this position was acknowledged.</li><li>• Highlighted that a <b>development meeting of the Council of Governors (COG)</b> took place during March 2025 which provided an opportunity for the Governors to contribute to the development of the Trust strategy. Also, a chance to contribute to the development of a communication and involvement strategy which would help embed and drive the organisational approach. This work means that Governors were fulfilling a key statutory duties in representing the interests of members and the public and influencing strategy.</li><li>• <b>Governor elections</b> taking place from 28 March 2025, with twenty seats available. Governors have been asked to promote the elections with constituencies. A comprehensive approach to promote elections will also take place, supported by the Trust communications team, the Board of Directors, and senior staff within the Trust</li></ul>










	<p>alongside partnership organisations.</p> <ul style="list-style-type: none"> <li>• The <b>launch of the new Trust values</b> taking place in April 2025 following Trust-wide engagement during 2024.</li> <li>• The <b>SHSC Shine awards</b> which took place in February 2025, resulting in fifteen shine awards being presented from a significant 264 nominations. It was a fantastic event, which provide an opportunity to celebrate the work staff do every day to improve the lives of people in Sheffield. Additional thanks were given to the communications and procurement teams who planned, delivered, and supported the event.</li> <li>• <b>Congratulations</b> were given to Zoe Dodd and Melissa Simmonds who were <b>finalists in the Northern PoWEr Women awards</b> in March 2025.</li> <li>• It was noted that <b>International Women's Day (IWD)</b>, and <b>LGBT+ History month</b> were celebrated during February and March. A series of powerful blogs to mark the month were featured from members of staff.</li> <li>• Finally, the <b>third annual research and evidence showcase</b> event was held on 19 March 2025 which highlighted key research studies, latest evidence and the invaluable contributions of service users from across the Trust. The Chair noted the extent of the work from all involved and that it was a fantastic opportunity to highlight the great work of the Trust in research.</li> </ul>
	<h3 data-bbox="268 712 689 741">3. Chief Executive (CE) report</h3> <p data-bbox="268 763 1417 831">Salma Yasmeen (SY), Chief Executive drew attention to the national, regional, and local matters:</p> <p data-bbox="268 864 1442 1099">There have been some significant announcements regarding <b>leadership changes in national NHS roles</b>. Thanks, recorded to Amanda Pritchard, whose leadership during the most challenging times was noted. NHS welcomes Sir James Mackey, currently chief executive of Newcastle Hospital NHS FT, who will take on the role of NHS England chief executive on an interim basis overseeing a new national team. Fiona Edwards will also be welcomed as the new NHSE regional director for northeast Yorkshire, taking on the role previously held by Richard Barker.</p> <p data-bbox="268 1133 1437 1335">In addition, on 13 March, the Prime Minister also announced that <b>NHS England</b> would be abolished, along with many of its responsibilities. SY noted that this will create significant challenges for colleagues who are navigating the impact of this decision. Holding compassion during this time will be required as the Trust also navigates these changes. Further announcements in relation to <b>significantly reduce integrated care boards (ICBs)</b> are expected with the intention to deliver further reductions in operating costs.</p> <p data-bbox="268 1368 1442 1536">A report from the <b>Institute for Fiscal Studies</b> has reported the significant growth in health-related benefits claims, highlighting the clear relationship to increasing mental health. The Trust plays a significant role in ensuring our <b>pathways to work</b> programme is embedded and that we identify opportunities of investment in ensuring inclusive economic growth.</p> <p data-bbox="268 1570 1447 1805">There is continued focus on driving the <b>transformation and improvement</b> agenda, with a significant and transformed improvement to the electronic patient record (<b>RIO</b>) going live on the 25 March. Thanks were noted to all involved, noting the positive organisational response to implementation and the robust governance provided by the Board of Directors. Following the launch, a stabilisation phase will ensure an embedded approach, and an optimisation plan will be brought back to the Board of Directors to ensure the Trust fully utilises and capitalises on the new system.</p> <p data-bbox="268 1839 1426 1939">In partnership with the Mental Health Learning Disabilities and Autism Provider Collaborative (MHLDA PC) a <b>136 South Yorkshire wide Health Based Place of Safety</b> suite has been opened. This suite is hosted by the Trust.</p> <p data-bbox="268 1973 1369 2040">Planning guidance has now been published, with the welcome news that the <b>mental health investment standard</b> will be retained.</p> <p data-bbox="268 2063 1447 2163">All <b>NHS Trust Chairs and Chief Executives</b> attended a critical <b>operational planning meeting</b> in London. The meeting intended to identify steps to ensuring greater efficiencies whilst driving operational delivery for the year ahead.</p>

	<p>The <b>staff survey results</b> have been published and whilst results remain in the lower quartile, improvements have been made from the previous year.</p>
  	<h4 data-bbox="268 163 850 197">4. Effective use of resources Board items</h4> <h5 data-bbox="268 219 730 253">4.1 Financial performance report</h5> <p data-bbox="268 275 1422 409">At month 10, the <b>year-to-date deficit position of £6.3m is £0.6m worse than planned against the £6.5m full year plan</b>. To achieve the planned deficit, additional mitigation/savings of £1.1m are required with £0.7m found to date. Further work continuing across the organisation to meet the financial plan for 2024-2025.</p> <p data-bbox="268 432 1350 533"><b>Out of area spend remains the main driver for the deterioration</b> of the financial position, it was £6.4m overspent and reflects the scale of cost pressure that the organisation has been able to manage in this financial year.</p> <p data-bbox="268 555 1449 723">Continued focus and effort on delivering safe, high-quality care continues as part of the <b>Home First programme</b>. The Trust continues to see a reduction in the number of patients receiving out of area hospital care, work continues to ensure this continued challenge is managed. A comprehensive programme of work is underway to strengthen operational grip and accelerate medium and long-term sustainable changes.</p> <p data-bbox="268 745 1449 846"><b>Aged Debt has increased in the last year</b> which is having a negative impact on the cash balance, and it was confirmed at the meeting that the outstanding debt has been agreed to be paid, and this is now in progress.</p> <p data-bbox="268 869 1436 969">It was noted that <b>funding arrangements for education</b> are changing, and NHS England are reducing percentage funding relating to the fixed establishment of training roles, once notified of any big change it will impact on the financial plan for 2025-26.</p> <p data-bbox="268 992 1398 1093">There will continue to be a focus on <b>recovery plans</b> in relation to over establishment levels for staffing and agency and locum spend to support the financial plan for 2025-2026.</p> <h5 data-bbox="268 1115 778 1149">4.2 Transformation Portfolio report</h5> <p data-bbox="268 1171 1449 1406">The Board heard that the <b>home first programme</b> reset is progressing well. Home first is a new project that will help us improve how service users move through our services safely. We want to make sure that people are admitted when they need it, receive good care and they are discharged when ready. We are looking at our patient journey on our inpatient wards from admission and assessment, care planning and treatment to referral, discharge or transfer. We are also looking at service users' social care needs earlier so they can continue their recovery journey at home.</p> <p data-bbox="268 1429 1449 1630">The Board noted that with regards to the <b>learning disabilities programme</b>, which has been delayed, the Board and Council of Governors have been seeking assurance on the progress of this programme. It was noted that that a further three months has been requested, as it has not been possible at this time to identify a single site although this remains an aspiration. The team will be quite large with 102 staff when fully recruited and the Hub (where service users can be seen) will be upstairs at Firs Hill Rise.</p> <p data-bbox="268 1653 1436 1832">A space assessment has been undertaken by estates, and plans are in development for estates work. New digital equipment has been installed at Firs Hill Rise and is currently being arranged at Grenoside and some laptops still need upgrading. Work is still in progress with plans to be complete by June. The key elements to support delivery of the revised model are summarised as:</p> <ul data-bbox="268 1832 1449 2168" style="list-style-type: none"> <li>• Estates development and team alignments underway</li> <li>• Digital upgrades which are underway</li> <li>• Organisational Development (OD) work has started and is working on culture and multidisciplinary working. This is going well, and the team appreciate the value of this focus on them as a holistic team.</li> <li>• Recruitment to all key roles with all additional staffing roles going out to advert and many are already recruited / on boarded. The comms work to promote these was very helpful.</li> <li>• Unfortunately, there have been no applicants for the clinical lead role (which is 3/7 per week) nor the consultant psychiatrist roles, although there are 2 well-respected</li> </ul>



	<p>part-time locum psychiatrists and 1 part time substantive psychiatrist in post. The remaining posts will go out to advert again in the near future</p> <ul style="list-style-type: none"> <li>• The out of hours pilot has been completed. This involved a period of extended hours and extensive ongoing training for urgent and crisis staff to support people with a learning disability in crisis out of hours, in line with Green Light principles. This has been presented to LD Board and discussions are ongoing with commissioners about the right model for the future.</li> <li>• Plans will go through the quality review group and quality improvement committee in the next 2 months and be fed into the regional scrutiny process later this year as planned.</li> <li>• A review of the clinical model and stocktake of the position is being commissioned in line with conversations by commissioners.</li> </ul> <p>It was confirmed that the transformation board recognises the delay, and they have asked for an updated plan with clear steps of what is going to happen with appropriate timescales. The Board asked to be clear on progress narrative and phasing in the next report</p> <p><b>4.3 Integrated Performance and Quality Report (IPQR)</b></p> <p>From the regular report received at the Board key areas drawn out were:</p> <ul style="list-style-type: none"> <li>✓ Continued work to look at long and short-term sickness; ongoing challenges with some areas of mandatory training, recording of supervision and performance development reviews (PDR).</li> <li>✓ Progress on recovery plans for out of area usage and drivers for delivery of the finance plan.</li> <li>✓ Ongoing work to improve recording of protected characteristics with the quality assurance committee to receive a detailed report at their meeting in April 2025.</li> <li>✓ Health-based place of safety (HBPoS) suite breaches have reduced in January, although remain at a high level. The intention is to have zero breaches which forms part of the objectives of the home first programme. The breaches that have occurred within the new 24-hour standards, have been in the Trust suites, and not the regional third suite</li> </ul> <p>These updates aligned with other reports received at Board.</p>
 	<p><b>5. Delivering outstanding care Board reports</b></p> <p><b>5.1 Mortality report</b></p> <p>The Board <b>received the quarter three report providing assurance that a robust process is in place</b> for reviewing all reported deaths. It was noted that the Trust is compliant with the national quality board (NQB) standards for learning from deaths, and work is taking place with the executive director of nursing, professions, and quality to align and integrate the mortality reporting with PSIRF (patient safety incident response framework) processes. In response to previous challenge from the Board to focus learning from deaths in particular areas, work is underway with the population health lead to have a broadly focused inequalities-based approach to reporting.</p> <p><b>5.2 Least Restrictive practice (use of force) plan 2025-2028</b></p> <p>The Board approved least restrictive practice plan 2025-28 for <b>publication on our website</b>, which sets out the next phase of work on reducing restrictive practice. The inclusion of feedback from service users and their lived experience of restrictive practice in the report was commended and it was noted that service user stories are used within the least restrictive practice training. The executive director of nursing, professions and quality advised the Board that during the months of February there has been <b>no seclusion across the whole of the organisation</b>.</p> <p><b>5.3 Guardian of Safe Working report</b></p> <p>Dr Zoe Kwan, consultant psychiatrist in older adults and the guardian of safe working told the Board that <b>all resident doctors continue to work hours that are compliant</b> with their contracts and all relevant legislation, and they continue to work hours that are compliant with their contracts and all relevant legislation.</p>

	<p><b>5.4 Independent mental health homicide review action plan</b></p> <p>NHS England (NHSE) have requested that mental health providers review local action plans. These plans will address the issues identified in the independent mental health homicide review relating to the tragedies in Nottingham. The aim is to expand plans to capture learning from internal sources.</p> <p>The executive director of nursing, professions and quality advised that an audit has taken place to gain immediate assurance that policies do not permit discharge from services based on non-attendance, unless supported by robust multi-disciplinary discussion and an action plan against the NHSE maturity index for intensive and assertive treatment was completed in December 2024. Work that is underway was highlighted:</p> <ul style="list-style-type: none"> <li>• Weekly audit of care plans, risk assessments and record keeping across community mental health services has been implemented.</li> <li>• Training has been implemented to improve the quality of risk assessment in community mental health teams (CMHT).</li> <li>• A thematic review into family and carer involvement in care is underway.</li> <li>• A steering group has been established to develop and implement a programme of work to implement the learning from the reviews.</li> </ul> <p>Updated action plans are being discussed in both public trust and public integrated care Boards and will be submitted to the ICB by 30 June 2025.</p> <p><b>5.5 Patient led assessment of the care environment (PLACE)</b></p> <p>The Board received a summary update from the 2024 PLACE process, and it was noted that improvements have been made on 2024 results showing that the Trust is 1% away from reaching the national average. A thematic analysis shows the areas that require improvement relate to food and disability access to buildings and these will be areas of focus for 2025.</p> <p>The action plan for 2025 will focus on the provision of good quality food in all in-patient environments and improve oversight of and support for the maintenance of cleaning standards. This will fall under the schemes of the capital plan which will also include plans to address disability and dementia access.</p> <p>It was noted that the disability category in PLACE does not consider neurodiversity. The Board asked to develop a method for reviewing the suitability of our environments for people who are neuro diverse. The approach will be a longer-term approach to agree the standards, then review each part of the estate. The aim is to report back on that next year alongside the PLACE results.</p>
	<p><b>6. Great place to Work</b></p> <p><b>6.1 Annual people strategy (2023-2026) delivery plan update report</b></p> <p>The Board received an annual update on the progress of the people strategy and the progress on the people delivery plan 2024/25. The Board reflected on earlier discussions relating to the board story which highlighted the importance of strengthening the voice and recognition of peer support workers and of the need to focus efforts relating to areas that have not changed over the previous few years such as PDR, supervision, and mandatory training. It was agreed that these will be added to the workforce priorities.</p>
 	<p><b>7. Ensure our services are inclusive (partnerships and transformation)</b></p> <p>An update on system working in partnerships for Sheffield and an integrated South Yorkshire care system (SYICB) were provided. The Board noted the update from the South Yorkshire integrated care system, which included continued work towards meeting our collective financial plans; the South Yorkshire MHLDA Provider Collaborative, through which we seek to improve productivity and transform care; the Sheffield Health and Care Partnership, through which we align and improve local service delivery, including improving flow and discharge planning, and the Sheffield Health and Wellbeing Board, through which we contribute to addressing the determinants of health and tackling inequalities.</p> <p>In the confidential session the Board approved the final details of the South Yorkshire eating disorders joint committee (SYEDJC), prior to the joint committee going live in April 2025.</p>

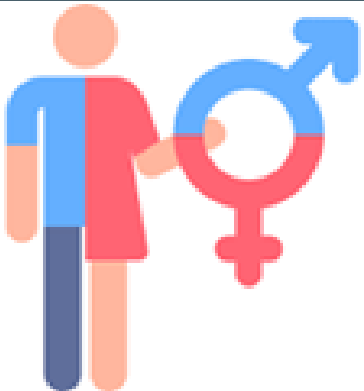
	<p><b>8. Other key reports received at the Board included:</b></p> <p>8.1 The Board received and approved updates on our <b>Board Assurance Framework (BAF)</b> for 2024/25 which provides oversight of our highest strategic risks, and the corporate risk register for March 2025 which provides an update on the organisational risks.</p> <p>8.2 The Board agreed all the changes proposed to the <b>Annual Review of Standing Orders (SO), Standing Financial Instructions (SFI) &amp; Scheme of Delegation</b> apart from those relating to the eating disorders joint committee. The revised SO's, SFI's and scheme of delegation will be brought back to the public Board of Directors, following receipt at the Audit and Risk Committee (ARC) in May 2025.</p> <p>8.3 The Board noted an update on <b>governance matters</b> which included the annual process for receiving declarations of interests, gifts, and hospitality, a note that the initial report from the work with the Good Governance Institute (GGI) who have been appointed by the Trust to conduct a developmental well-led review has been received and will be shared for further discussion at the Board of Directors development session in April.</p>
	<p><b>9. The Board approved the following documents for publication on our website</b></p> <p>9.1 The least restrictive (Use of Force) plan 2025-2028.</p>
  	<p><b>10. Key issues discussed in the Board confidential session</b></p> <ul style="list-style-type: none"> <li>• An update on the status of the organisation's financial plans for 2025-26.</li> <li>• An update on an update on the on the sale process of Fulwood House.</li> <li>• An update on RIO following the delivery of a significantly complex change programme, noting that timing for the optimisation plan to be reported to the Board.</li> <li>• A detailed discussion on the Home First programme took place which provided confidence in the approach being taken to understand and address the issues relating to flow.</li> <li>• Updates on our <b>complaints, serious incidents, safeguarding, CQC enquiries</b>, claims, inquests and employment issues are received at each meeting.</li> </ul>
   	<p><b>11. Alert – Advise – Assure (AAA) Committee reports</b></p> <p>The reports from non-executive Chairs of each committee are appended.</p> <p>Appendix 2 and 3: Quality assurance committee – February and March 2025  Appendix 4: People committee –March 2025  Appendix 5 and 6: Finance and performance committee – February and March 2025.  Appendix 7: Mental health legislation committee – March 2025</p>



# Board report: March 2025 highlights

## Board story (1): value of lived experience and peer support workers (PSW) in Gender Identity services (GIS):

- ✓ Better team communication and engagement.
- ✓ Support from PSW to wait well before an assessment.
- ✓ Improvements to service user information, such as simplifying clinical letters.
- ✓ Information to support patient pathway so they are clear on what to expect.



## Chair (2) and Chief executive officer (CEO) (3) updates:

**Chair: welcome** to Director of Operations (interim) Helen Smart. **Update:** Gulnaz Akhtar Director of Performance and Delivery (interim) with us until March 2026. **Rio** launch, **Governor involvement** in strategy development, **Governor elections**.









**CEO on: National NHS and leadership changes** such as abolition of NHSE, reduction in ICB workforce. Also, importance of pathways to work, **mental health investment standard** to be retained. Staff survey results now published.

## 3. Since February, the Trust celebrated: (3)

- ❖ Shine staff awards
- ❖ LGBTQ+ History month
- ❖ International women's day
- ❖ Northern Power women award finalists for 2 staff members.



# Board report: March 2025 highlights

Priority	Update on:	Highlight:
<b>Effective use of Resources</b> 	<b>Deficit position was £6.3m against the £6.5m full year plan</b> Recovery plans in place (4)	 <b>launch of RIO</b> March 2025 (10)
<b>Improvement and Transformation</b> 	<b>Learning disability services</b> phased delivery plan to progress (4.3)  <b>Sheffield focus on</b> flow and discharge planning and addressing health inequalities. (7)	 Home first is helping to <b>reduce out of area (OOA)</b> placements (4.2)
<b>Delivering outstanding care and ensuring our services are inclusive</b> 	<b>Mortality report</b> for quarter 3 (5.1)  <b>Independent mental health homicide review</b> action plan – submission to ICB in June (5.4)  <b>PLACE survey results</b> require a focus on food, estates, disabled access and neurodiversity. (5.5)	 least restrictive practice plan 2025-28 approved. <b>zero seclusions reported</b> in Feb 2025 (5.2)
<b>Partnership working and a great place to work</b> 	<b>Guardian of safe working (5.3)</b>  Annual <b>people strategy update (6.1)</b> , improving <b>long term sickness absence, mandatory training/ supervision (4.3)</b>  Work with <b>South Yorkshire ICB on financial plans and a joint eating disorder committee.(7)</b>	 Launch of <b>South Yorkshire Health based place of safety (HBOPS)</b> (4.3)

**Alert Advise Assure**  
**Quality Assurance Committee 12 Feb 2025**

**Alert:**

**IPQR –**

- Continues increases in OOA beds and patient flow owing to higher-than-average admission and longer discharge rates.
- Community Mental Health waiting times remain high seeing a 200% increase in referrals. A review of the pathways in conjunction with primary care and GPs is taking place however there is evidence the establishment of pathways remains a concern. This is having a negative impact on staff morale but not having any detrimental effect on the 4 week waiting time standard once people enter this 'gateway'.
- Waiting times in specialist services continue to improve however eating disorders, gender services and the memory service remain a concern.

**Memory and OACMHT Waiting times Recovery Plans**

- Memory Service waiting times- There is little evidence of traction or pace of change reflecting this area as a significant concern. Noting the Trust as an outlier in terms of performance, indicative that there are other solutions which could be tried. Difficulties remain with the recruitment and retention of nurses.
- Older Adults Community Mental Health Team waiting times – There is lack of significant improvement.

**Positive alerts**

- 72 hour follow up performance has increased to 92.6%.
- There are improvements in the call abandonment rate on the 111-crisis line. Whilst not yet reaching targets there is movement and evident traction.
- Autism Spectrum Disorder (ASD) waiting list is at its lowest in 2 years: whilst remaining a concern, it shows positive progress.

**Advise:**

**OOA Beds – Lived Experience Update**

- A paper was received responding to the requests from members on how experience of service users is captured, highlighting the contact process with out of area patients/families and feedback mechanisms. There is further work required and insufficient information to date. The committee requested this to be highlighted in the HomeFirst report in March 25, detailing resources and focus.

**Quality Equality Impact Assessments**

- The panel has recently been expanded to be more representative, which should be reflected in future reports. The committee remain assured on the robust processes in place with productive feedback.

**Health and Safety Report Q3**

- EMT received a report in January detailing financial costs and the options for rectification of the issues with fire doors.
- The committee are aware of the mitigations in place but sought more assurance about their execution and efficacy.

**ADHD Recovery Plan**

- The service is transitioning into a nurse-led model with movement anticipated by the end of March 2025 however challenges around recruitment remain
- A trial is underway with a private organisation CARE ADHD undertaking assessments on the Trusts behalf and positive feedback has been received so far.

**Quality Objectives**

- There has been slower than anticipated progress on quality objective 4 (feedback) which has been raised as an issue. However following recruitment of a Safer2Share lead there has been positive impact on the statistics.

**Proposal to open 3rd HBPos**

- The committee received the proposal for information, with confirmation the suite is now open as a 12 month pilot with resources reviewed as required.

**Assure:****Research, Innovation, Effectiveness, and Improvement Group (RIEIG) Report and Annual Plan – including Quality Improvement Update**

- The Quality improvement (QI) waiting well programme is coming to an end with the final meeting aimed to extract learning from the dissemination of the first QI collaborative programme. There is evidence of impact and change.
- There needs to be further evidence that we are becoming an evidence-based Trust, in line with the strategic aim.
- The Committee commended the group on the progress being made and noted intent to implement more robust processes around dissemination of NICE guidelines.

**Tier II Review of Effectiveness**

- Annual reviews of effectiveness were received from all tier II groups detailing any key themes and will be used for the committee annual report.

**Risks reviewed:**

4757 – the committee approved the escalation to the corporate risk register.

4757 – the committee approved the escalation to the corporate risk register.

4001 – the committee approved the reviewed score and risk description.

**Feedback to Trust Board:**

**Approved by Chair and date: Heather Smith 28 February 2025**

## Alert Advise Assure

### Quality Assurance Committee 12 March 2025

#### Alert:

##### IPQR

- Continued increase in demand in Community Mental Health Services is negatively impacting staff morale and productivity within the service. There is now management oversight in place.
- Inappropriate use of OOA beds remains on the increase with use in January exceeding any previous figures.
- Although there has been a reduction in number of breaches in Health Based Place of Safety (HBPoS) there are some significant lengths of stay, impacting quality and experience of patient care.
- Waiting lists in specialist services remain a cause for concern, although reductions have been seen in a number of service lines, which is encouraging.

#### Positive Alert:

##### Gender Identity Service Recovery Update.

- Whilst there remain long waiting lists (a national issue) there is evidence of improvement at SHSC. We are now meeting our assessment trajectory in line with our commissioned target, which is a significant improvement on performance in 2024.

The committee commended the way this has been achieved through workforce reform, quality improvement projects and organisational development involvement, evidencing how change and impact can be made using a collaborative approach.

This is a case study of good practice.

(To note: progress with recording of protected characteristics will be reported after the April meeting, when a longer report is due)

#### Advise:

##### Mortality Report Q3

- The committee received the report with an extensive discussion and, whilst acknowledging that the Trust is compliant with National standards for reviewing deaths, there **is limited assurance** on the impact and use of extracted learning.
- There is concern over deaths without ethnicity recorded and the impact this could have on ethnic minorities.
- For future reporting the committee asked for a consideration of health inequalities as part of the analysis and learning.
- The committee also asked that we are given more assurance about our management of risk. A report will come to the committee as a result.
- A **cross-committee** referral was made to **Finance and Performance Committee** to identify how committees have oversight of the benefits of RIO in terms of improved quality of information to improve our practice (ie the benefits of RIO for patient care).

##### Patient Learning & Safety Report Q3

- The committee received the report with an updated format aligning with the patient safety priorities.
- 100% of all incidents were reviewed by the Daily Incident Safety Huddle (DISH) within 24 hours of submission. However, there was **limited assurance** on the impact and use of extracted learning.
- The committee noted the overlap of the report with the mortality report and



requested more collaboration in order to streamline and identify better practice.

- It was noted the inclusion of more detail about our approach to managing self-harm, as requested at previous committee.

#### **Physical Health Group Report Q2/Q3**

- The committee were assured that there are systems in place to monitor physical health but were not provided with sufficient information to be able to judge if this is adequate or not. Clarification of impact measures and identification of measures of successful progress would be helpful.
- There remain issues with capacity with vacancies in the team impacting dissemination of training and other elements of the work plan.
- Issues of collaborative working with acute and primary care colleagues were discussed.

#### **Independent Thematic Desktop Review / homicide Report**

- The committee received the report and were updated on the action plan, where progress is being made.
- Committee asked for a key to be added to identify the meaning of the RAG rating on the action plan prior to submission to the Board.
- Work on actions arising from the homicides in Nottingham is being collated with this work. A joint report and action plan will come to the committee in May prior to the Board, in line with NHS England requests.

#### **Policy Governance Group (PGG)**

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

#### **Safer Staffing Review**

- The committee received the report post People Committee for information.

#### **Board Assurance Framework**

- The committee noted and approved the proposed changes to the BAF for onward submission to the Board. The committee requested a summary of changes to be highlighted in the front sheet and developed prior to submission to the Board.
- It was noted BAF 0029 to be used as a guide to measures of success for the Home First programme.

#### **Home First Programme**

- The committee received the update and whilst being assured that plans are being put into place there needs to be evidential impact going forward. Current work is ongoing with respect to developing measures of success, including patient experience and outcome measures. The committee welcomed this approach.
- Flow issues are to be addressed in the short, medium and long term to achieve a sustainable approach and to reduce the use of out of area bed usage which is a poor model of care
- Two lived experience members have now joined the Home First programme board.

#### **Hotspot Update Report**

- The committee welcomed the updates received on the Hotspot areas of risk with detailed data available for each area.
- Articulation of exit criteria from the 'hotspot' category would be a welcome addition in future reporting.

#### **Assure:**

##### **Quality Equality Impact Assessments**

- The committee received the report detailing the QEIA relating to 16-25 transition service.
- The committee are assured of the process and are assured there will be continual review to ensure it remains robust. It was noted that the programme board had been expanded to be more inclusive.

##### **Infection Prevention and Control Group Report Q1/2/3**

- The annual audit programme is progressing and on track for completion by the end

of Q4

- There are significant improvements in the systems and processes for outbreak management which has resulted in fewer outbreaks over the last year.
- The committee are assured the group is on top of the action plan with significant evidence of progress.
- The committee are satisfied and assured of the well managed processes in place.

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

**Corporate Risk Register**

- New risk 5429 relating to section 42 enquiries being unallocated within statutory timeframes has been added to the corporate risk register.
- Risk 5432 proposed for escalation to the corporate risk register scoring 15

**Feedback to Trust Board:**

**Approved by Chair and date:**

## Alert Advise Assure

**People Committee 11<sup>th</sup> March 2025**

### **Alert:**

#### Sickness

- Short term sickness is increasing due to seasonal Flu/Cold/Covid. The flu campaign has been extended to March 2025.
- Overall sickness levels remain higher than target and are an outlier in the region.
- Long Term sickness continues to drop due to increased efforts by HR teams to support staff and managers. It is now at 4%, down from 5%.

#### Mandatory Training

- Mandatory training in most areas continues to be maintained above the 80% compliance rate but there remain a number of subject areas that are persistently below 80%. To note that Moving and Handling is at 61% due to not having a lead in post.

#### Employee Case Relations

- The committee remain concerned that there is a high number of ethnically diverse staff in formal employee relations cases. It was noted that this data is also reported to Joint Consultative Forum (JCF) who work closely with the HR Advisory team to identify interventions and bias. Two checkpoints, which provide independent scrutiny, have been implemented. However, it is felt that the main work needs to take place before cases become formal. Further investigation is to take place including trend analysis.  
Assurance has been received from national teams relating to the number of ethnically diverse staff in case work, and that approx. 20% of the workforce across the Trust is now from an ethnically diverse background, so proportionality is evident. However, committee remains concerned and questioning about this issue.

To note: supervision percentages remain a cause for concern, but a new system of recording has been implemented for the month being reported, so a further analysis will be undertaken once this new reporting system has bedded in.

### **Advise:**

#### Bank and agency usage

- Operational systems are being further strengthened to manage temporary staff usage. There has been a significant decrease in spend on agency staff over the past year.

#### Acute and PICU Supervision recovery plan

- The new version of the recovery plan was shared. Work is taking place with Support Workers and the Organisational Development team to look at staff needs and what can be done to support supervision. Training is being put in place to ensure managers understand the recording system for supervision. Whilst no impact can yet be seen from the new recovery plan, the committee

commended the fresh approach, as previous iterations had not impacted.

- It was noted that the quality of supervision is also being addressed to ensure it is of the right standard.

#### People Strategy 2023-2026 annual review

- The report was received and the committee asked if consideration could be given to implementing some underlying performance indicators under the key performance indicators and to include further benchmarking to see how the Trust measures regionally.
- The Trust has been approached by the Research unit at the University of Sheffield to look at piloting work on retention which will help with impact measures. It was also noted that “pathways to work” outlined in the government white paper ‘Get Britain Working’ will also be a key element of the 2025/6 people plan and refreshed People strategy for 2026-2029.

#### NHS Annual Staff Survey Results 2024

- The 2024 Staff Survey result report was received however the data is embargoed at this time. The committee praised the improvement in the response rate and the plans to further improve activity and engagement.

#### Safe Staffing Report

- The report was received, and an amended version will be presented to the Board of Directors. This amended version alongside the 12-hour shift report will come to People Committee as a matters arising paper in May, with an update report to come to People Committee in July to review the final proposal for the establishment.

#### **Assure:**

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

#### **Risks reviewed:**

BAF risks 0013, 0014, and 0020 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, March 2025**

## Alert Advise Assure

### Finance and Performance Committee 13.02.2025

#### Alert:

##### Financial Performance Report – Month 9

- Medic pay is the largest driver behind pay overspend. It was noted that Executive Management Group have approved a paper relating to Acute medical staffing which sees a reduction of £160k, which will be factored into budget setting. All other areas of medic workforce are being assessed.

##### Draft 2025/26 Finance Plan

- The trajectory for out of area is being reviewed as presently the average is 40 beds however the new finance plan aims for an average of 20 beds. The committee were concerned if this target is achievable.
- The Trust is on the higher end of what is being requested for Productivity and 4-5% is the limit of what is feasible to achieve. The targets have been sent out to all areas asking for 4% reduction in overspends and asking them to identify if there are any other areas of overspend that can be identified. Initial totals come to £18m with the finance plan requiring £8m in savings to be achieved. It was noted that the 4% target is going to be applied flexibly across the services as they understand a blanket approach to budget setting will not work for all services.
- The committee asked that the available benchmarking is utilised more within the finance plan and subsequent reporting. It was noted that there are areas where it is presently used but it was agreed wider use of benchmarking should be undertaken.

#### Advise:

- Operational Plan 2025-26 - Draft Plan Including five-year capital plan update was received ahead of submission to the Board of Directors in February 2025.
- National International Financial Reporting Standards (IFRS) 8 Operating Segment Declaration was received proposing that the reporting standards remain the same which the committee approved.
- Tier 2 annual reports and meeting effectiveness were received and it was noted that there were suggestions to amend governance reporting between tier 1, 2, and 3. Executive Management Team have requested a review of Business Planning Group and the governance routes now that Operational Management Group and Estates Strategy Implementation Group have been established. A report will be brought to FPC when those conversations have been finalised, therefore the changes relating to governance in the terms of reference can't be



approved at this time.
<b>Assure:</b> <ul style="list-style-type: none"> <li>There were no items to raise to the Board of Directors at this time.</li> </ul>
<b>Risks reviewed:</b> <p>There were no changes to the Board Assurance Framework risks or Corporate Risk Register.</p>
<b>Feedback to Trust Board:</b> <p>There were no additional points to note to the Board, nor were there any cross-committee referrals to the other Board assurance committees.</p>
<b>Approved by Chair and date:</b> <p>Owen McLellan 18/03/2025</p>

## Alert Advise Assure

### Finance and Performance Committee 13.03.2025

#### Alert:

##### Draft 2025/2026 Finance plan

- Discussions are taking place regarding South Yorkshire central deficits therefore there is a risk that this year's residual deficit may need to be split between the Trusts. The basis for this has not yet been agreed.

#### Advise:

##### Transformation Portfolio Report

- Rio training is at 65% completion and there are no concerns that go live will not be met. It was also noted that the senior management team have met and there is a focus on the staff who have partial completion as this would improve the figure by 26%. It was also noted that on call has been strengthened for when Rio goes live.
- Fulwood sale is due for completion on 29 April 2025. A meeting has taken place with the estates consultant and lawyer to assess the progress. If Espresso do not complete the sale on 29 April, the Trust will be able to trigger a 10-day period for payment or terminate the contract, however everything appears on track. There are a few governance checks to complete which will be taken through Board of Directors.

##### Finance position for month 10

- At Month 10, the year-to-date deficit position of £6.3m is £0.6m worse than planned (M9 £0.8m worse).
- Out of Area overspent by £1.6m due to numbers continuing at a high level, the majority of this overspend was expected. This has been offset by underspends in other areas, including underspending on the neighbourhood Mental Health hub (£0.8m).

##### Finance position for month 11

- The year-to-date position at month 11 is £5.5m which indicates surplus in month due to finalising full year contract issue, additional funding and capital funding rather than in month performance. It is expected to deliver £6m surplus against original plan therefore £0.5m ahead of plan.
- The month 11 forecast in out of area was £8.15m overspend with approx. £1-200k of risk given the current out of area position.
- The current out of area position at the time of committee was 35 with a target of 30 by month end, which means there hasn't been delivery against plan. The committee were assured that significant work is taking place through medical, nursing, and operational staff to reduce these numbers, including additional flow management which will help manage admissions.

##### Board Assurance Framework

- 2 risks have been reduced and these were approved by the committee.

#### Assure:

##### Estates & Facilities Oversight Group Report

- The first assurance report for this group was received and showed good progress. It was requested that future reports show the review of the Estate's portfolio along with the outcomes, dashboards and KPIs.
- It was requested that the absence levels for Estates and Facilities are reviewed and assurance is provided in future reporting.

**FPC 2025-26 Objectives**

- The committee received the annual report and approved the 2025-26 objectives noting that attendance has been good across the year and work is ongoing to improve report writing as well as making the Integrated Performance & Quality Report more effective.

**Risks reviewed:**

The following risks were approved for reduction:

- BAF0026 There is a risk that we fail to take evidence led approach to change and improvement. Risk has decreased to  $3 \times 4 = 12$
- BAF0032 There is a risk that our estate does not enable the delivery of our strategic priorities. Risk has decreased to  $3 \times 3 = 9$

There were no changes to the following risks: BAF 0021A, BAF0021B, BAF0022, BAF0027, and BAF0030.

There were no changes to the FPC related risks on the Corporate Risk Register.

**Feedback to Trust Board:**

There were no additional points to note to the Board, nor were there any cross-committee referrals to the other Board assurance committees.

**Approved by Chair and date:**

Owen McLellan 18/03/2025

**Alert Advise Assure**  
**Mental Health Legislation Committee (MHLC)**  
5 March 2025

**Alert:**

Mental Health Legislation Operational Group Q3 (MHLOG)

- The Trust received several legal directions issued by the Tribunal Service for not having submitted Tribunal reports when it had been ordered to do so, which is a matter for concern and action.
- Concerns were raised that the tribunal issue has been ongoing and has previously been alerted to the Board. It was suggested that the Committee Chair and Executive Medical Director meet in between the committee dates to provide assurance of the current legal direction status.
- Discussions are also taking place outside of MHLC about a paper be presented to Executive Management Team which would monitor and provide assure outside of MHLC.
- A deep dive is being undertaken to look at all the tribunal reviews received over the last 12 months to assess any trends or hot spots. A summary of this deep dive will be included in the Q4 MHLOG report to MHLC.

Least Restrictive Practice Oversight Group Q3 (LRPOG)

- There has been an increase in the use of seclusion although this remains below March 2024 levels. This rise is mostly in relation to practice at Forest Lodge Assessment ward which historically reported low use of seclusion.
- Not only has there been an increase in use but additional concerns have been raised in relation to non-adherence with seclusion process guidance. This has been escalated to the Directorate Leadership Team and Director of Nursing, Quality and Professions and will be incorporated into an overall practice development / improvement plan.
- This plan includes assuring that all staff are familiar with and competent to implement any use of seclusion in line with the Trust Policy and Code of Practice.

**Advise:**

Mental Health Legislation Operational Group Q3 (MHLOG)

- During Q3, the Care Quality Commission (CQC) visited the Trust on two occasions to carry out Mental Health Act Monitoring Visits. The visits were to Endcliffe ward and Grenoside Grange.
- Concerns of particular significance include patients not being involved in their care/planning, carers not feeling involved, some staff attitude issues, and Independent Mental Health Advocates (IMHAs) feeling their work is on occasion not enabled by the Trust. Responses and action plans have been submitted.
- The committee were very concerned about some of the points that were raised from the recent CQC visit and that some of these issues had been raised in 2019

and 2023. Robust audits are to be put in place so issues can be highlighted and tackled before they become significant issues and that a digital platform Tenable has been acquired which will support audit keeping.

- The recently commissioned governance review will help to ensure that care groups are reporting and recording things like S132/s132a compliance reliably.

#### Least Restrictive Practice Oversight Group Q3 (LRPOG)

- The group are looking at supportive digital services which can help connect service users maintain contact with families and carers whilst on the ward.
- There is ongoing work to ensure that behaviours of our neurodiverse patients are understood and accommodated
- There is ongoing redevelopment with involvement of the Respect team to support this, This is a little hindered due to lack of administration support.

#### Associate Mental Health Act Managers (AMHAMs) Activity Q3 Report

- There is still little diversity in the make-up of the AMHAMs

#### **Assure:**

#### Mental Health Legislation Operational Group Q3 (MHLOG)

- The committee were very happy with the progress made to ensure patients are informed of their rights and noted that the improvements have been a result of several reasons. Work is ongoing to ensure continued improvement.

#### Human Rights Framework Progress Report Q3

- There has been great success in promoting human rights across the organisation with continued promotion and a link with least restrictive practice.

#### Associate Mental Health Act Managers (AMHAMs) Activity Q3 Report

- The committee heard that AMHAMs were not provided with laptops and their use of home equipment has unearthed governance issues. This has been escalated to the Caldicott Guardian. Mitigations have been put in place and a digital solution is being developed to safely share patient information. Information Governance training is also being developed for AMHAMs as a result of this finding
- The committee were asked about the potential that lack of an SHSC laptop could prevent some people applying from being an AMHAMs as they may need to supply their own equipment. It was confirmed that laptops can be used at Trust sites and travel allowances cover the cost of this, mitigating against any disadvantage for AMHAMs who do not have a computer.
- The job advert for AHMAMs has been updated on Jarvis and details updated.
- Reimbursement of the AMHAMs is to be referred to People Committee for ratification
- AMHAMs are issued with day parking permits when they visit the Trust Headquarters.



of Reference review

- The MHLC annual report was reviewed by the committee and there was one amendment suggested to include a note that non-executive directors have been coming to the committee to cover the vacant NED post and that the meetings have been quorate with robust NED attendance.
- The committee noted that work is still underway regarding reporting into the committee and that the good governance institute review will provide further insight on how best these reports can be provided.
- It was noted that there needs to be a statement relating to unconscious bias to support all committees on understanding this. Several offers were made to the Associate Director of Communications & Corporate Governance to help with this statement.

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

- Risk 5026 relating to Deprivation of Liberty Safeguards (DOLS) framework has no change to the score.
- Risk 5124 relating to compliance with s132/132A Mental Health Act has no change to the score.

**Feedback to Trust Board:**

There were two cross-committee referrals from MHLC:

- To People Committee to ask them to ensure that staff are getting access to RESPECT training.
- To Audit and Risk Committee to assess what action should be taken when risks are “stuck” for a significant amount of time without measurable progress.

**Approved by Chair and date:** Olayinka Monisola Fadahunsi-Oluwole 12/03/2025