

MINUTES OF THE TRUST BOARD MEETING

Thursday, 30 November 2023

Cinderford Town Council Offices, Belle Vue Centre, Cinderford

PRESENT:

Ingrid Barker, Trust Chair
Douglas Blair, Chief Executive
Angela Potter, Director of Strategy and Partnerships
Dr Amjad Uppal, Medical Director
Graham Russell, Non-Executive Director
Jan Marriott, Non-Executive Director
John Trevains, Director of Nursing, Therapies and Quality
Marcia Gallagher, Non-Executive Director
Neil Savage, Director of HR & Organisational Development
Nicola de longh, Non-Executive Director
Sandra Betney, Director of Finance
Steve Alvis, Non-Executive Director
Steve Brittan, Non-Executive Director
Sumita Hutchison, Non-Executive Director
Vicci Livingstone-Thompson, Associate Non-Executive Director

IN ATTENDANCE:

Kristy Blick, Student Specialist Practitioner, District Nurse
Anna Hilditch, Assistant Trust Secretary
Bren McInerney, Members of the Public
Chris Witham, Trust Governor
Eleanor Bullman, Student Specialist Practitioner, District Nurse
Lavinia Rowsell, Director of Corporate Governance/Trust Secretary
Mo Rashid, Insight NED Development Programme
Peter Gardner, Trust Governor
Sharon Buckley, Deputy Chief Operating Officer

1. WELCOME AND APOLOGIES

- 1.1 The Chair welcomed everyone to the meeting. Apologies had been received from David Noyes and Helen Goodey.

2. DECLARATIONS OF INTEREST

- 2.1 Marcia Gallagher and Jan Marriott reminded colleagues of their involvement as Chair and Trustee respectively of Crossroads Forest.
- 2.2 There were no new declarations of interest.

3. SERVICE STORY PRESENTATION

- 3.1 The Board welcomed Lisa McLean (Infection Prevention Control (IPC) Nurse) to the meeting. Lisa spoke to the Board about a patient who had been admitted to the Dilke Hospital following a transfer from the Acute Trust where he had been admitted after a fall in November 2022. The patient (an 85-year-old male) had struggled for years with C.diff. After being unresponsive to standard treatment attempts, the patient was put forward for the Trust's first faecal transplant.

- 3.2 Faecal microbiota transplantation (FMT) is also called a stool or poo transplantation. It can be an effective treatment for people with diarrhoea caused by a type of bacteria called *Clostridioides difficile* (C. diff). FMT is thought to work by helping to rebalance the bacteria and other organisms (the microbiota) in the intestines. The microbiota is transferred from a donor into your intestines either using a liquid or capsule preparation of FMT.
- 3.3 Lisa informed the Board that the transplant required a significant amount of time and effort to make sure that the patient received this in a way that didn't compromise his health and wellbeing, and the care was wrapped around him, and various adjustments made to the usual transplant approach to ensure we delivered a patient centred approach. Multi-disciplinary team working was put in place with the transplant team, the gastro team and the Infection Control team.
- 3.4 The Board noted that the first attempt was unsuccessful, so a second transplant was arranged. Lisa advised that the patient was still suffering with diarrhoea however, he was now testing negative for C. diff which was great news. The patient was currently awaiting discharge from hospital but positively he had been moved back into a bay bed, rather than an individual room which had boosted his mood and wellbeing.
- 3.5 Lisa informed the Board that GHC performed well in terms of infection control measures, with only 5 reported cases of C. diff in the past year. She said that being able to offer a patient this type of specialist care and treatment through the community hospitals was a huge development.
- 3.6 John Trevains noted that the Trust ran its own in-house cleaning services which gave us more control in how well this was carried out. Jan Marriott said that the patient had been barrier nursed for a prolonged period, yet there had been no onward transmission or cross infection which was a huge achievement. The facilities team at the hospital had done a tremendous job.
- 3.7 The Board thanked Lisa McLean for attending and sharing this story, which highlighted innovative practice, collaborate system working and a real focus on patient-centred care. The Board agreed that a message of thanks should be passed on to the facilities team at the Dilke Hospital as it was important that the impact they have on a daily basis was recognised appropriately.

4. MINUTES OF THE PREVIOUS BOARD MEETING

- 4.1 The Board received the minutes from the previous Board meeting held on 28 September 2023. The minutes were accepted as a true and accurate record of the meeting.

5. MATTERS ARISING AND ACTION LOG

- 5.1 There were no matters arising.

6. QUESTIONS FROM THE PUBLIC

- 6.1 There were no questions from the public.

7. QUALITY DASHBOARD REPORT

- 7.1 This report provided an overview of the Trust's quality activities for October 2023.
- 7.2 John Trevains informed the Board that overall, the report demonstrated that some positive work was being carried out and high-quality services were being delivered. This month's report also included additional information regarding: Learning from Deaths Q2, Non-Executive Director Quality Visits and the Non-Executive Director Audit of complaints Q1 and Q2.
- 7.3 The report highlighted those Quality issues for priority development to the Board and it was noted that this data was triangulated with the Performance Dashboard report:
- Continued focus regarding moderate harm pressure area harms, noting potential increases in rates through increased reporting, improved identification and mindful of prior condition on transfer to our Trust's care.
 - Continue to develop assurance on Trust safeguards against closed culture risks inclusive of improved recording of clinical supervision and independent advocacy activity.
 - To expand the range of training data to include 'essential to role' subjects. There is ongoing work with the Learning & Development Team to accommodate additional training for clinical staff to support them in practice. This includes, for example, Clinical Observation Training, Risk Assessment & Management & Incident Management Training.
 - To expand current patient safety data set to include themes related to restrictive practice. Particular attention is being applied to improving recording of rapid tranquilisation and continued focused work in falls reduction and pressure area care.
 - To provide in partnership with operational colleague's additional focus to safeguarding supervision attendance (currently at 63%) and recording of household contact details.
- 7.4 Those areas showing a positive improvement this month included:
- Detail provided this month reports good achievement against the Trust Quality Priorities and Commissioning for Quality and Innovation (CQUIN) activity.
 - Increased number of embedded learning events taking place across the Trust
 - Continued improving recruitment position at Wotton Lawn Hospital (WLH) with a trajectory to be fully established at Band 5 level, for the entire WLH site, by end of November 2023.
 - To date 92% complaints have been closed within 6 months, this compares to 87% last year.
 - Significant reduction over time in moderate harm falls incidents, much of this can be attributed to falls reduction work at Charlton Lane and Community Hospitals.
 - Good progress has been made in providing more detailed reporting of Statutory and Mandatory training and Clinical Supervision but more work is required to be able to use this data for full assurance.
- 7.5 In October there were 1414 patient incidents reported in Datix (205 more than September). 1281 were reported as No and Low harm incidents and 133 as Moderate or Severe harm or Death. The Patient Safety Team continue to review incidents in teams with reporting anomalies and share comprehensive reports with service level Ops and Governance meetings to support the development of insights into patient care.
- 7.6 The Board noted the data within the report relating to pressure ulcers, noting that there had been an increase in severe harm pressure ulcer incidents in October. It was thought likely that these were directly linked to those patients who were approaching end of life. It was noted that this picture was mirrored regionally and nationally. A deep dive into pressure ulcers was scheduled for the January Quality Committee.

- 7.7 Sumita Hutchison made reference to the sexual safety incidents and asked what the Trust had in place to support colleagues. John Trevains said that he was proud of the work done in this area over the past 18 months, which included educating professionals and staff. All incidents were reviewed and signed off via the Safeguarding Team. The Trust had recently signed up to the new Sexual Safety Charter and further information on this had been included in the Chief Executive's Report to be presented later in the meeting.
- 7.8 The Board noted the quality priorities included within the report. John Trevains advised that further narrative on the priorities, including progress against them would be included in future reports.
- 7.9 The Board once again welcomed this report, noting the developments underway and the good level of assurance provided.

8. PERFORMANCE DASHBOARD

- 8.1 Sandra Betney presented the Performance Dashboard to the Board for the period October 2023 (Month 7 2023/24). In line with the planned Performance Indicator Portfolio reconfiguration, this report now presented performance indicators to the Board across four new domains including Nationally measured, Specialised & Direct Commissioning, ICS/Locally contracted and a Board focus. A fifth Operational domain, which includes measures such as waiting times would be monitored operationally each month to examine frontline performance, identify trends or potential recommendations for domain escalation and would be presented at the Resources Committee.
- 8.2 **Nationally measured domain** - Sandra Betney reported that the *Adolescent Eating Disorders routine referral to treatment within 4 weeks* was the only national indicator under threshold for the period. However, she advised that the adolescent assessment and treatment waiting lists had both reduced and huge progress had been made which was important to note.
- 8.3 **Specialised & directly commissioned domain** – The Board noted that there were 4 health visiting indicators which were slightly behind their thresholds for the period, however, there were currently no concerns about this.
- 8.4 **ICS Agreed domain** - The Core CAMHS 4-week wait indicator was in exception but presented a significantly improved position for October, just behind threshold. There was an expectation that this would be back on target in the next reporting period.
- 8.5 **Board focus domain** – The Board was asked to note that Bed Occupancy levels remained high for October across both Physical and Mental Health services.
- 8.6 Although not in exception, Appraisal performance and Turnover had improved over the year.
- 8.7 The Board noted the Workforce KPI and Performance report which would be reported and discussed in detail at the December 2023 Great Place To Work Committee. Further integration of Workforce reporting such as recruitment and workforce profiling into the Performance Dashboard will be further considered and developed in 2024 through the Measuring What Matters work stream. A review of exception criteria for aggregated indicator performance within the Performance Management Framework has begun. Alongside consideration for highlighting further sensitivity of localised performance, this work will lead

to a trial of a new approach for Workforce data in the November Performance Dashboard presented at December's Resources Committee.

- 8.8 Sharon Buckley presented the Chief Operating Officer report to the Board highlighting key points to note around system flow, MIIU usage, HomeFirst and Forest of Dean Hospital mobilisation. It was noted that bed occupancy within the community hospitals was high and assurance was sought on the impact of the Forest hospital transition with the reduction in bed numbers available. Sharon Buckley advised that an extensive programme was underway with associated workstreams and this was being managed and monitored very closely.
- 8.9 The pressure on acute mental health beds remained high although it was pleasing to note that over the past few weeks the Trust had restored some balance and no longer had people waiting for admission. There remain some positive long lead signs that we are starting to impact on length of stay within acute mental health. However, progress here is slower than hoped and a reset day to re-examine and remind the teams of the work that took place earlier in the year has been scheduled. On a positive note, the Trust was now in a much-improved position in terms of recruitment at band 5 across the acute wards.
- 8.10 Graham Russell made reference to waiting lists and reiterated his request made at a previous meeting for further information on demand, demographics, and prioritisation of the waiting lists. Sandra Betney confirmed that work had been taking place in response to this request and an update was scheduled to be presented at the December Resources Committee.
- 8.11 Jan Marriott referred to the indicators in exception for Health Visiting. She said she had a concern around those marked as "declined review" as parents were working full-time, meaning that Health Visitors would try to visit the child at their nursery. She said that the Health Visitor assessments were all about seeing the family together in the home setting to enable colleagues to assess for potential safeguarding risks. It was suggested that looking at this service and the potential provision of out of hours services to meet family commitments could be considered moving forward.
- 8.12 The Board noted the assurance provided and thanked colleagues for this detailed and informative report.

9. FINANCE REPORT

- 9.1 The current system plan is break even and the Trust's plan is break even. At month 7 the Trust has a surplus of £1.425m compared with a plan of £0.249m. The 2023/24 Capital plan is £17.785m and spend to month 7 is £7.124m against a plan of £11.562m. Cash at the end of month 7 is £40.400m.
- 9.2 The Cost improvement programme has delivered £3.661m of recurring savings against a plan of £4.137m. Forecast is £5.443m against plan of £5.443m. Non-recurring savings have been delivered to date of £2.985m compared with the plan of £2.59m. Forecast is £4.440m against plan of £4.440m.
- 9.3 The Trust spent £4.965m on agency staff up to month 7. This equates to 3.9% ytd of total pay, excluding centrally funded employers' contribution to pensions of 6.3%, compared to the agency expenditure ceiling of 3.7%. October agency spend continued on a downward trend of previous months at 3.03% of total pay. The Board noted that this was a key area of focus for the Trust. Steve Alvis asked whether the target for next year would remain the same.

Sandra Betney said that she did not currently expect the agency ceiling to change for next year.

- 9.4 The System position at month 7 is a £4.031m variance to plan, an improvement of £1.564m on last month. The reported system forecast currently remains break even.
- 9.5 Additional non-recurring financial support has been announced for the NHS in 2023/24. Gloucestershire ICS submit a revised forecast outturn on 22nd November, and an extraordinary Board meeting took place on 21st November to discuss the Trust and system positions.
- 9.6 Steve Alvis asked about the pay award impact on the Trust's financial position. Sandra Betney advised that it was expected that there would be pay award funding made available nationally for medical staff.
- 9.7 Ingrid Barker referred to the system risk share indicators and targets, noting that GHC had not yet achieved its target for improving rapid response demand and capacity by 3%. It was noted that actions had been taken to increase the level of referrals into the service. Sharon Buckley noted that referrals were starting to come through and a lot of work was taking place, but it was currently difficult to predict.
- 9.8 The Board expressed thanks to Sandra Betney for the presentation of this positive report, and to colleagues more widely across the Trust for the sound financial management in place.

10. CHAIR'S REPORT

- 10.1 The Board received the Chair's Report which highlighted the activity of the Trust Chair and Non-Executive Directors since the previous meeting of the Board in September. Key areas of focus remain ensuring effective system working, ensuring equality, diversity and inclusion are at the heart of how we work as a Trust and that the voice of the Trust is heard locally and nationally to ensure the needs of our community are understood and inform policy and practice.
- 10.2 Ingrid Barker said that colleagues were saddened to hear of the passing of Mervyn Dawe. Mervyn served as a Public Governor representing Stroud for six years, coming to the end of his term in June 2022. However, many colleagues will have worked with Mervyn over many years in both his Nursing and Unison roles. On behalf of the Trust Ingrid had expressed our sincerest condolences to his wife Karen, and his family and attended Mervyn's funeral which took place on 1st November.
- 10.3 The Board was asked to note the outcome of the recent Governor nomination/election process. Ingrid Barker said that she was delighted to welcome two new Governors to the Council – Chas Townley (Tewkesbury) and Roger Stewart (Cheltenham) who would commence on 1st January 2024. A third vacant position, in the Gloucester constituency, would be going out for election, with the successful candidate also taking up the position from 1st January. The Board was pleased to note that two existing Governors, Laura Bailey (Tewkesbury) and Kizzy Kukreja (Staff: Medical Dental & Nursing), had been successfully reappointed for a second term. Sadly, Jacob Arnold had tendered his resignation, having secured a new post. The Trust wished Jacob well and thanked him for his contribution as a public governor and deputy lead governor.

- 10.4 On 8th November the Trust celebrated the long service of colleagues who have worked in the NHS for 20, 30 and 40 years. Our annual Long Service Recognition event was held at Churchdown Community Centre and Ingrid Barker said that she had the pleasure of celebrating with colleagues and presenting recipients a certificate to commemorate their service. It was noted that volunteers and experts by experience were also recognised alongside substantive employees.
- 10.5 On 23rd November, the Trust was presented with the prestigious Armed Forces Covenant Gold Award. The Award was presented by Jon Beake, Regional Employer Engagement Defence, Defence Relationship Management in the South West. This award is testament to GHC's continued dedication and support for the Armed Forces community and reflects our commitment to upholding the principles of the Armed Forces Covenant. Ingrid Barker said that the Trust was honoured to receive this recognition.
- 10.6 The NHS Providers Annual Conference took place on 14th and 15th November in Liverpool. This year's theme was *Vital!*, representing the essential care the provider sector delivers, the deep commitment of staff, and the importance of ensuring our health service is sustainable for the future. Ingrid Barker was joined at the conference by the Chief Executive and Graham Russell, Vice Chair. The conference provided a useful opportunity to explore key issues impacting the healthcare sector and an opportunity to network and attend sessions delivered by expert speakers over the course of two days.
- 10.7 The Board noted the content of the Chair's report and the activity updates included within it covering attendance at regional and national meetings and events, and local meetings with partner organisations.

11. CHIEF EXECUTIVE'S REPORT

- 11.1 Douglas Blair presented this report which provided an update to the Board and members of the public on his activities and those of the Executive Team since the last meeting in September.
- 11.2 Douglas Blair had continued to carry out service visits, team meetings and to 'hot desk' from different sites. He said that he had welcomed the opportunity to meet with colleagues, learn about their roles and understand any of the challenges facing their service areas.
- 11.3 On 16th November Douglas Blair attended the Right Care Right Person ('RCRP') Conference, hosted by Gloucestershire Constabulary. Right Care Right Person is a nationally agreed strategy to change the way police and health partners respond to mental health emergencies in the future and aims to reduce policing time spent responding to: Concerns for Welfare, Walkout of Health Care facilities, Transport to Mental Health provision (i.e. s136 Place of Safety Facilities) and Absent Without Leave from Mental Health units. The in-person event was convened to determine the best collegiate approach to implementing RCRP in our county. Key stakeholders from across the system attended the event to ensure system partners, including health and care agencies, emergency services and social care, continue to provide services in a collaborative and productive way. The NHS in Gloucestershire is committed to continue to work alongside the emergency services to make sure anyone with urgent and emergency mental health needs can be treated safely and compassionately. The agreed approach in Gloucestershire will be based on a strong partnership approach, a phased approach to change, with implications worked through before any changes are made. Douglas Blair advised that working groups were in place to work through the proposals, to include resourcing issues. Further updates would be presented as required.

- 11.4 The new Forest of Dean Community Hospital was due to open in Spring 2024 and we have recently published our transition plans. The transition will begin within the next few months, with teams and services gradually moving out of the former hospitals to the new site. We have notified the Forest of Dean District Council that we will first market Lydney Hospital for sale, followed by the Dilke Hospital at a later date. One part of the Lydney Hospital site (Stonebury House) will be retained by the Trust as it will continue to be occupied by several teams for the foreseeable future. Both sites have been registered as Assets of Community Value and we are working with Lydney Town Council who have resolved to trigger the full moratorium period and therefore have until 2nd April to develop a community-based proposal to put forward for consideration developing the site. As an NHS organisation we must follow strict guidelines while disposing of sites that have become surplus to requirements. This includes generating best value – both financial and social – so that any capital can be invested in enhancing patient care while releasing public land for new use.
- 11.5 On 4th September NHS England launched its first ever sexual safety charter in collaboration with key partners across the healthcare system. The charter requires organisations to commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to implement ten core principles and actions by July 2024 to help achieve this. GHC have signed up to the charter to demonstrate our commitment to ensuring that our staff and patients feel safe and supported when at work and under our care. We are dedicated to continuing to strengthen our position on tackling domestic abuse and sexual violence (DASV) to identify, safeguard and care for individuals who have been or are being sexually assaulted or abused. A review of our policies, support and training for staff has been undertaken against the ten core principles to identify and strengthen those practices already in place. We will work to ensure any areas highlighted as requiring further action are addressed as quickly as possible and in any event before the July 2024 deadline.
- 11.6 The Community MH Transformation (CMHT) programme continues to make good progress with the Locality Community Partnerships embedded now in Forest of Dean/Tewkesbury and Gloucester City. We are on track to commence shortly in both Cheltenham and Stroud, with Cotswolds later in the new year. We have just completed a successful round of small grant applications from our Voluntary Sector partners with over 24 applications received amounting to bids significantly over the original fund that we had allocated. We are in the process of reviewing all of these and determine the allocation of funds and will be feeding back to organisations shortly.
- 11.7 Following the publication of NHS England's first ever anti-racism framework, the Patient and Carer Race Equality Framework (PCREF), the Trust is taking further steps in our commitment to reduce inequality and inequity. The PCREF has been co-designed with services, patients and carers to improve the experiences of care for people from ethnically and culturally diverse communities. This mandatory framework will become part of Care Quality Commission (CQC) inspections. The Trust is starting work to implement the framework, with the view to embed it fully by the end of the financial year 2024/25. The PCREF will become part of our Trust's business as usual planning and will be developed and implemented in partnership with our communities.
- 11.8 The Board noted the content of the Chief Executive's Report and recognised the huge amount of work that continued to take place by all members of the Executive Team, locally and nationally.

12. FREEDOM TO SPEAK UP GUARDIAN REPORT

- 12.1 The Board welcomed Sonia Pearcey (FTSU Guardian) to the meeting to present this six-monthly report. The Board also welcomed Hannah Holder, Nurse and FTSU Champion. The report for Q1 & Q2 2023-24 provided an overview of the cases, some national and regional updates and the proactive work undertaken by the Freedom to Speak Up Guardian.
- 12.2 Sonia Pearcey reported that there had been 40 cases raised to the Freedom to Speak Up Guardian in the first two quarters of 2023-24. Last year there were 77 cases raised to the GHC Freedom to Speak Up Guardian over the year, a slight increase on the previous year, compared to 54 cases 2021-22, 120 cases in 2020-21 and 60 in 2019-20.
- 12.3 Feedback continues to be positive from colleagues who have accessed the Freedom to Speak Up Guardian service. Nicola de longh said that she was impressed to see the number of people who had reported that they would speak up again and the positive feedback received. She said that this really did demonstrate the support and the confidence that colleagues had in the FTSU Guardian.
- 12.4 A new Freedom to Speak Up in-house application went live on 30th October and colleagues are also now speaking up through this route.
- 12.5 In July 2023, BDO our external auditors report concluded a substantial opinion across both the design and effectiveness of the controls in place for the Trust's Speaking Up processes. The areas of good practice were highlighted within the report, alongside those areas where further development was required. Overall, this had been a very positive report.
- 12.7 National Speak Up Month took place in October which focused on removing the barriers that can stop people from speaking up and an opportunity to further raise awareness and the difference which Freedom to Speak Up is making.
- 12.8 The Board noted that three new Guardians have been appointed within Gloucestershire at the Integrated Care Board, Local Medical Committee and Gloucestershire Hospitals NHS Foundation Trust, which is a positive move for the system.
- 12.9 Marcia Gallagher noted that there had been a lot of uncertainty for colleagues at the Dilke and Lydney Hospitals about the move to the new Hospital and she asked whether there had been an increase in Speaking Up from those areas. Sonia Pearcey advised that no increase from this area had been seen, noting that the Trust had carried out extensive engagement with all colleagues who would be affected by the Forest Hospital development.
- 12.10 The Board agreed that it was important to keep focus on the culture of Speaking Up, and to ensure that colleagues felt that it was a positive action rather than being seen negatively as a whistleblower. A lot of important work was taking place and continued efforts on promotion were needed.
- 12.11 The Board once again thanked Sonia Pearcey for her work and dedication to FTSU. In return, Sonia wished to express her thanks to John Trevains for his support in this area.

13. ANNUAL SUSTAINABILITY REPORT

- 13.1 The Board received the first Annual Sustainability Report, noting that more granular reporting of sustainability would be received at the Resources Committee on a bi-annual basis.

- 13.2 This paper provided an update on progress with Carbon Footprint reduction in line with NHS net zero targets. The latest carbon report from 2022-23 indicates that there has been a 14% decrease in emissions from the previous year, and a 33% decrease compared to the baseline year 2019-20. The report also provided an update on the positive progress with delivery of the Trust's Green Plan from 2023-24 and the way in which this plan is supporting the delivery of our sustainability goals, with linked nationally and locally defined targets.
- 13.3 It was noted that the Integrated Care Board (ICB) has worked alongside the Sustainability Teams at GHC and GHT to ensure that individual Trust Green Plans are fully aligned with the goals and objectives set out in the One Gloucestershire ICS Green Plan so the goals and objectives to reach net zero across Gloucestershire ICS are consistent with the national NHS targets.
- 13.4 The Board noted the positive progress with delivery of the Green Plan and Carbon Footprint reductions in line with the NHS net zero targets. The Board also welcomed the format of the report and the visual examples included within it.

14. BOARD ASSURANCE FRAMEWORK

- 14.1 The purpose of this report was to provide assurance to the Board on the management of strategic risks and present the Board Assurance Framework (BAF) for November 2023 - March 2025.
- 14.2 Along with the Corporate Risk Register the Board Assurance Framework (BAF) supports the creation of a culture which allows the organisation to anticipate and respond to adverse events, unwelcome trends and significant business and clinical opportunities. It helps to clarify what risks are likely to compromise the trust's strategic and operational objectives and assists the executive team in identifying where to make the most efficient use of their resources in order to improve the quality and safety of care.
- 14.3 The BAF for 2023/25 reflects the Trust's Strategic Aims and Objectives and has been updated in light of discussions at the Board Risk Seminar held in June 2023. The current BAF has been subject to a detailed review, with feedback sought on current risks, but also reflecting on new risks that should be incorporated given changed circumstances since the last BAF was developed.
- 14.4 Areas that have been of particular consideration during the review are ensuring Health Inequalities are effectively incorporated; reflecting on system and national issues, both in funding and in practice; considering where the Board's focus should be for the next 18 months.
- 14.5 The risks on the revised BAF have been confirmed by the Executive and reviewed by the Board Governance Committees. It is recognised that it is a living document that will evolve as circumstances change. A particular area of focus over the next quarter will be to ensure that appropriate deadlines are assigned to all mitigating actions.
- 14.6 The Board received and endorsed the proposed BAF for 2023/2025 and noted the overarching risk profile for the Trust at the end of Quarter 2.

15. USE OF THE TRUST SEAL

15.1 The Trust's Standing Orders require that the use of the Trust's Seal be reported to the Trust Board at regular intervals. The common Seal of the Trust is primarily used to seal legal documents such as transfers of land, and lease agreements.

15.2 Since the last report to the Board on the 25 May 2023, the seal had been used five times during Q1 & Q2 (1st April 2023 – 31 September 2023). This report was noted.

16. COUNCIL OF GOVERNOR MINUTES

16.1 The Board received and noted the minutes from the Council of Governor meeting held on 20 September 2023.

17. BOARD COMMITTEE SUMMARY REPORTS

17.1 Great Place to Work Committee

The Board received and noted the summary report from the Great Place to Work Committee meeting held on 5 October 2023.

17.2 Mental Health Legislation Scrutiny Committee

The Board received and noted the summary report from the MHLS Committee meeting held on 18 October 2023. Following the earlier discussion about the PCREF, Sumita Hutchison advised that the MHLS Committee was taking the lead for this, and a detailed report would be coming to the next meeting in January.

17.3 Working Together Advisory Committee

The Board received and noted the summary report from the WTAC meeting held on 19 October 2023.

17.4 Resources Committee

The Board received and noted the summary report from the Resources Committee meeting held on 1 November 2023.

17.5 Quality Committee

The Board received and noted the summary report from the Quality Committee meeting held on 2 November 2023.

17.6 Appointments and Terms of Service Committee

The Board received and noted the summary report from the ATOS Committee meeting held on 8 November 2023.

17.7 Audit and Assurance Committee

The Board received and noted the summary report from the Audit & Assurance Committee meeting held on 9 November 2023.

18. ANY OTHER BUSINESS

18.1 There was no other business.

19. DATE OF NEXT MEETING

19.1 The next meeting would take place on Thursday, 25 January 2024.