



**Unadopted Minutes of the Public Meeting of the Board of Directors held on Tuesday
28 September 2021 by Video Conference**

Present:

Members:

Annette Laban	Chair
Tony Buckham	Non-Executive Director
Mark Gwilliam	Director of Human Resources and Staff Development
Michael Harper	Chief Operating Officer
Jennifer Hill	Medical Director (Operations)
David Hughes	Medical Director (Development)
Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
John O'Kane	Non-Executive Director
Maggie Porteous	Non-Executive Director
Neil Priestley	Chief Finance Officer
Rosamond Roughton	Non-Executive Director
Toni Schwarz	Non-Executive Director
Martin Temple	Non-Executive Director
Shiella Wright	Non-Executive Director

Participating Directors:

Paul Buckley	Interim Director of Strategy and Planning
Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Sally Conlan	Deputy Nurse Director, Vaccination Centre (STH/99/21)
Anne Hilton	Service Manager, Vaccination Centre (STH/99/21)
Karen Jessop	Deputy Nurse Director (STH/99/21)
Rachael Winterbottom	Business Manager (Minutes)

Apologies:

Anne Gibbs	Director of Strategy and Planning
Chris Newman	Non-Executive Director

Observers:

Six Governors
Two members of staff
One member of the public

Minute	Item	Action
STH/94/21	Welcome and Introductions Annette Laban welcomed Board members and those in attendance to the meeting.	
STH/95/21	Declarations of Interests There were no additional declarations or relevant declarations highlighted.	

STH/96/21 Minutes of the Previous Meetings Held in Public on 27 July 2021

The Minutes of the meeting held in public on 27 July 2021 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/97/21 Matters Arising and Action Log

The Board **AGREED** the recommendation to close action number 26. A deep dive on discharge was scheduled later on the agenda.

STH/98/21 Chair's Report

Annette Laban, Chair presented her Briefing for August and September 2021. The report highlighted her key internal and external engagements since the last meeting and provided an update on the following developments:

- The appointment of Pearse Butler as South Yorkshire and Bassetlaw Integrated Care System Independent Chair and South Yorkshire Integrated Care Board Chair Designate.
- The completion of her annual performance appraisal and agreement of objectives for 2021/22.

The Board of Directors **NOTED** the Chair's report

STH/99/21 Clinical Update – Delivery of Vaccination Programme

Chris Morley, Chief Nurse introduced the item and welcomed Sally Conlan, (Deputy Nurse Director, Vaccination Centre and Hospital Out Of Hours service), Anne Hilton, (Service Manager, Vaccination Centre) and Karen Jessop (Deputy Chief Nurse) to the meeting.

The team gave a presentation on the Trust's successful delivery of Covid-19 vaccination services as lead provider of services across the South Yorkshire and Bassetlaw Integrated Care System (ICS).

Key points to note were:

- In December 2020, in line with Joint Committee on Vaccination and Immunisation (JCVI) guidance the Trust commenced delivery the vaccine to priority cohorts one and two via hospital hubs established at the Northern General Hospital.
- As part of the national vaccination programme, the Trust, as lead provider, was responsible for the delivery of the large scale vaccination centre for South Yorkshire and Bassetlaw (SYB).
- The Sheffield Arena was opened on 25 January 2021 as the large scale vaccination centre for SYB, with additional capacity provided at the Octagon Centre in Sheffield between 9 June and 30 July 2021 which included the provision of a walk in service.
- Patient experience of the service had been very positive and

the service had been continually improved in response to patient feedback.

- To allow the Sheffield Arena to resume provision of its core business, the Trust had transferred the location of the large scale vaccination centre to the Longley Lane site on 26 July 2021, which was now approved for multi-vaccine use and is adjacent to the Northern General Hospital.
- Over recent months the Trust had been working closely with Sheffield City Council (SCC) and Public Health colleagues to provide a mobile vaccination service, targeting areas of the city where vaccine take up was particularly low. The Trust delivery model which used registered nurse vaccinators had given the Trust the flexibility to provide this pop up service.

The discussion following the presentation largely focussed on capturing the learning from the success of the vaccination programme. Karen Jessop noted that learning from each phase of the vaccination programme to date had been applied as the programme had evolved.

In response to a question from Shiella Wright, Paul Buckley confirmed that a formal evaluation of vaccination services was planned and would be undertaken. Learning would be applied to other services as appropriate, including learning around patient flow management.

Chris highlighted that a key factor in the success of the programme delivery was the standardisation of training, systems and processes.

It was also confirmed that the Trust in collaboration with SCC and Public Health colleagues was seeking to capture specific information around the reasons why people were choosing to access vaccination via pop up mobile services.

The Board of Directors recognised the extremely impressive achievements of the vaccination programme, which had delivered at scale and pace and had prevented many additional deaths from Covid-19. On behalf of the Board, Annette Laban thanked Anne, Sally and Karen for their presentation.

STH/100/21 Chief Executive's Matters

The Chief Executive's report had been shared with the agenda papers; Kirsten Major, Chief Executive highlighted the following points:

STH/100/21 a) Covid-19 Gold Commander Update

Kirsten Major provided an update on the current position in relation to Covid-19. This included an update on the Trust's current number of Covid-19 inpatients; including those in critical care; those who sadly died from Covid-19 and total number of admissions. She noted that the number of Covid-19 inpatients at the Trust had remained stable during the last month and that nationally rates of community infections had decreased.

Kirsten's update also covered the following matters:

Vaccination Programme

- The vaccination programme in SYB continued to deliver first and second doses to the population as well as providing booster doses to those who were eligible.
- As highlighted earlier in the meeting the Trust as lead provider for SYB was working with Public Health colleagues to target areas with high levels of vaccine hesitancy.
- The Trust also continued to have one to one conversations with frontline staff that had yet to receive the vaccine.

Asymptomatic Staff Testing (Lateral Flow)

- The Trust continued to participate in the national programme of twice weekly asymptomatic staff Covid-19 testing.
- In addition to this a Trust programme was in place for non-vaccinated staff to undertake lateral flow testing before each day at work.

Operational Pressures

In terms of the reset and restoration of services the Trust was making good progress against plans. However, the Trust was experiencing significant operational pressures due to; the sustained levels of Covid-19 activity and associated constraints, pressures on emergency pathways and the continued need to provide elective care. The staff absence rate had also remained high overall for the time of year compared to the rate in previous years.

Kirsten highlighted that referrals into the Trust had recovered and therefore the patient treatment list (PTL) was increasing. The PTL had increased between June and July 2021.

Kirsten described the range of actions which the Trust was taking in response to current challenges, which included:

- A session with Management Board members on 1 October 2021 to explore innovative ways to deliver care both in the short term for winter 2021/22 and in the medium to longer term, and;
- A further review of how staff can be supported over the coming months and longer term.

Ros Roughton referred to a recently published report, which indicated that people in deprived areas were more likely to wait longer for elective care and asked if in addressing the recovery work the Trust was considering actions to address inequalities. Kirsten confirmed that the Trust was very cognisant of this issue and highlighted that an analysis was being undertaken across the ICS to review which patients are taken off waiting lists and whether there were any patterns of concern. It was agreed to present the outcome of this analysis to the Finance and Performance Committee when it was

available.

The Board of Directors **NOTED** The update in relation to Covid-19.

STH/87/21 b) Integrated Performance Report

Kirsten noted that the Integrated Performance Reports (IPR) for both June and July 2021 were presented as there was no Board meeting held in August. The June 2021 IPR was referred to by exception.

The following matters were highlighted:

Deep Dive - Impact of Covid-19 on Human Resources Metrics

Mark Gwilliam, Director of Human Resources and Staff Development presented a deep dive on the impact of Covid-19 on Human Resources (HR) metrics and steps taken by the HR Directorate to support the Trust in its response to the pandemic.

Points to note were:

- The HR directorate had worked with colleagues across the Trust to develop a system to record Covid-19 absence levels on a daily basis.
- The pandemic had increased non-Covid absence rates above the levels seen in 2019.
- The impact of the pandemic on mandatory training and appraisal compliance rates was limited; compliance rates had not dropped below 86% and 81% respectively.
- In terms of recruitment, there had been an initial improvement in the time to fill rate during the first wave of Covid. This was due to reduced levels of recruitment activity and the need to increase the workforce in response to the pandemic. The time to fill rate had increased during the first quarter of 2021/22 due to an increased volume of adverts and candidates as well as reduced capacity in the HR team.
- Agency spend had reduced during 2020/21 and this trend had continued during 2021/22. This reduction was due to increased use of bank workers and the positive impact of international recruitments.
- The Trust had continued to perform well in terms of retention and turnover. The retention rate had improved during 2020/21 and turnover had reduced during this period. Turnover had increased during the first quarter of 2021/22.
- Work undertaken by the HR directorate in collaboration with other Trust services were highlighted and included, supporting staff safety through the risk stratification process and staff impact assessments, supporting the deployment of staff across the Trust, the development of the Homeworking Policy and interpreting and applying national rules relating to workforce.
- The Trust health and wellbeing offer had been greatly increased to support staff. This offer included a range of psychological support.

Questions and comments following the deep dive included:

Prompted by Toni Schwarz there was a discussion around recruitment and retention of different staff groups. Toni asked if the current operational pressures and the likely challenges for winter 2021/22 might impact negatively on the staff retention rate in coming months.

Mark confirmed that retention levels at the Trust were good in comparison to other trusts but noted that recruitment was a challenge for some staff groups and areas.

Mark confirmed that a recruitment strategy was currently being developed and would be presented to TEG in October 2021 which would consider actions to address specific recruitment challenges.

Chris Morley reminded the Board that staffing levels for nursing and midwifery were reported monthly to the HR and OD committee along with details of recruitment including the use of the Nursing and Midwifery Workforce Planning tool.

Deliver the Best Clinical Outcomes

Jennifer Hill, Medical Director (Operations) highlighted the following points:

- Hospital Standardised Mortality Ratio (HSMR) data had not been published by Dr Foster in June and July 2021 and was therefore not included in the report.
- In June and July 2021 all serious incidents were approved within timescales.

Referring to the IPR for June 2021 Chris Morley highlighted the performance against the Infection Prevention and Control metrics for quarter 1.

Providing Patient Centred Services

Chris Morley highlighted the following points:

- In June and July the Trust had responded to 92% of complaints within the agreed timescale, which exceeded the target of 90%.
- Maternity metrics were now included in the IPR. Maternity metrics would be considered in detail later in the meeting under the Maternity Dashboard item (STH/87/21(c)).

Michael Harper, Chief Operating Officer highlighted the following points:

Key metrics highlighted in relation to A&E performance in July 2021 were as follows:

- 69.77% of patients attending A&E were seen within four hours. National performance in July was 77.7%

- There were two 12 hour trolley waits. Both for patients waiting for admission to a mental health unit.
- Less ambulance handovers occurred within 15 minutes, compared to June.

Performance against these metrics was being impacted on by an increase in demand on emergency pathways seen nationally across the NHS. An action plan to improve performance had been developed and work was ongoing with city and system partners to ensure patients were signposted to the most appropriate service for their clinical needs.

Ros Roughton asked about the trajectory for recovering A&E performance. Michael confirmed that teams were focusing on implementing actions to improve ambulance handovers and flow through the department and organisation, but the clear focus and priority was on ensuring safe and high quality care for patients.

In relation to planned care in July 2021:

- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of July was 81.07% which was better than the national performance which was 68.3%. Performance against this metric had remained stable in recent months.
- Patient activity levels to 31 July 2021 were lower than plan for new outpatients, follow up outpatients, elective inpatient spells and day case spells.
- There were 785 52 week breaches in July.
- There had been an increase in referrals which has added to the total number of patients on the Patient Treatment List (PTL). The Trust continued to apply the caseload management approach to review patients clinically where care was paused or delayed.
- Cancer Waiting Times performance for quarter 1 of 2021/22 was variable. Cancer recovery action plans were now in place to address the backlog of care.
- There had been exceptional demand for breast two week wait appointments which had impacted on quarter 1 performance. A recovery trajectory was in place with delivery of the target anticipated by the beginning of quarter 3 2021/22.

In response to Shiella Wright, Michael described the work with city health and social care partners including Sheffield Health and Social Care Trust (SHSC) to improve escalation processes for patients within the A&E department requiring admission to a specialist mental health bed. He also highlighted that partners across the city were committed to improve pathways for these patients to prevent admission to the A&E department in these situations. The Board noted the complexity of this national mental health bed capacity issue and the work being done locally to improve the situation.

Maggie Porteous requested an update on progress with identifying specific areas of PTL growth and target actions for reduction. Michael

confirmed that the Trust was paying particular attention to the specialty of orthopaedics and maintaining a focus on Priority 2 patients and those with particularly long waits.

Employ caring and cared for staff

Mark Gwilliam highlighted performance for the following metrics in July 2021:

- The appraisal rate was 84%.
- The compliance level for mandatory training was 91% which remained above the Trust target of 90%.
- The annual turnover rate was 8.03% and the retention rate remained high at 92%.

Spend Public Money Wisely

Neil Priestley, Chief Finance Officer highlighted the following points from the IPR:

- The financial position had improved significantly during June and July 2021. The position at Month 4 was a £4,321.0k (1.0%) surplus against plan and reflected an improvement in directorate positions, a reduction in the High Cost Drugs income shortfall, savings associated with lower levels of activity than 2019/20 funded levels and one off gains. This was a favourable position.
- Elective Recovery Funding (ERF) of £11.7million for quarter 1 of 2021/22 had been earned as expected.
- As expected no ERF was earned in Month 4 due to the increased threshold and lower elective activity levels due to Covid-19. No ERF was expected in August and September 2021.
- Funding allocations and guidance for the second half of the year (H2) were expected later that week. There would be an ICS process to determine individual organisations allocations.
- Assuming the H2 arrangements were as expected the overall financial position for 2021/22 was predicted to be satisfactory.

c) Maternity Dashboard

A rolling three month overview of Maternity Services' performance was provided at Appendix A of the Chief Executive's report. This report had been considered by the Healthcare Governance Committee on 20 September 2021.

Kirsten Major highlighted the following points:

- August had been operationally very challenging for maternity services with a significant increase in levels of activity. This was compounded further by a high number of staff on maternity leave.
- As a result of these operational challenges the Continuity of Carer caseloads had been paused until at least April 2022 to

enable staff to be deployed to support midwifery staffing on Labour Ward. There also continued to be a raised number of delayed inductions of labour.

Chris Morley noted that work was ongoing with the Local Maternity and Neonatal System (LMNS) to ensure that the Trust was benchmarked appropriately against other trusts in the system given that the Trust was a tertiary service and to ensure a consistent approach to ratings across the system.

Chris agreed to keep the Healthcare Governance Committee and Board of Directors updated as work progressed.

In her role as Non-Executive Maternity Champion, Ros Roughton confirmed that the risks and benefits of suspending Continuity of Carer had been considered in detail. She also highlighted that herself and the Chris had monthly maternity walk arounds scheduled and would attend quarterly meetings of the Maternity Voices Partnership which would enable them to triangulate the data presented in the dashboard with patient and staff feedback.

d) STH New Corporate Strategy – Making a Difference – The next chapter

Engagement work had commenced on the new Corporate Strategy. Staff, external stakeholders and partners had been invited to comment on a range of short questions and statements and share any other views on the Trust's future plans.

The final new Corporate Strategy would be presented to the public Board in November 2021.

e) Clinical Director – Spinal Injuries

Mr Pradeep Thumbikat had been appointed as Interim Clinical Director for Spinal Injuries. Dr Andrew Beechey was thanked for his contribution to Spinal Injuries and the wider organisation during his time as Clinical Director.

f) Nurse Director – South Yorkshire Regional Services

Helen Brown, Nurse Director for South Yorkshire Regional Services (SYRS) had announced she would be retiring at the end of November 2021.

Emma Joel, currently the Nurse Director for Operating Services, Critical Care and Anaesthesia (OSCCA) was replacing Helen as the Nurse Director for SYRS.

The Nurse Director post for OSCCA was currently being advertised with interviews planned for October 2021.

g) Ionising Radiation (Medical Exposure) Regulations Inspection

The action plan following the CQC IR(ME)R inspections in Nuclear

Medicine and Radiotherapy on 19 and 20 May 2021 had been completed with oversight from the Radiation Safety Committee, and Executive leadership from the Jennifer Hill, Medical Director (Operations). CQC conducted a compliance re-inspection visit on 27 August 2021.

Following this visit, the CQC had therefore declared the Trust as compliant.

h) Improving Quality in Physiological Services Accreditation

The Trust had received confirmation from the UK Accreditation body (UKAS) that it had maintained its IQIPS (Improving Quality in Physiological Services) accreditation.

i) Changes to Board of Directors' Meetings held in Public

In July 2021 the Board of Directors ratified a proposal to reduce the number of Board meetings held in public to six per year, held bimonthly.

Public meeting dates would be published on the Trust's website.

Sandi Carman, Assistant Chief Executive noted that since the timetable of dates had been issued there had been a change to the 2022 Council of Governors meeting dates. A meeting of the Council of Governors would be held in September instead of July 2022. The Council of Governors dates remained aligned to the Board of Directors' meeting dates.

j) New Lord-Lieutenant of South Yorkshire

Professor Dame Hilary Chapman DBE had been appointed as Her Majesty the Queen's Lord-Lieutenant of the County of South Yorkshire on the retirement of Mr Andrew Coombe CVO on 5 November 2021.

k) National NHS Chef Competition

Two of the Trust's chefs from the Patients' Food Kitchen (CPU) had made it through to the final of the national NHS chef of the year competition which would be held in November 2021.

h) South Yorkshire and Bassetlaw Integrated Care System

A summary update on work done in South Yorkshire and Bassetlaw Integrated Care System during the last month was included at Appendix B of the report.

i) Sheffield Accountable Care Partnership

An overview of the programme activities for the Sheffield Accountable Care Partnership was provided by the Programme Director and was included at Appendix C.

STH/101/21 Deep Dive – Discharge

As requested by the Board of Directors in April 2021, Michael Harper gave a presentation which provided an update on current performance against key discharge metrics and the system response to reduce discharge delays and the plan for winter 2021/22.

Referring to the graphs within the presentation Michael highlighted the following key points:

- Overall inpatient bed occupancy had increased during 2021.
- The proportions of patients with a reason to reside vs. those without a reason to reside were consistently approximately 85% and 15% respectively and had remained stable in 2021/22 despite the operational challenges.
- Length of stay (LoS) had recently increased; there had been a growth in the proportion of patients with a LoS over 14 days.
- The most common reason for a delayed discharge for patients with no reason to reside was associated with a discharge to assess pathway, the longest waits for discharge were also associated with these pathways.

Michael highlighted the success of the Sheffield Health and Social Care partners over the previous three years in reducing and sustaining relatively low levels of discharge delays.

Michael outlined the citywide plan for winter 2021/22 which aimed to prevent any further deterioration of the discharge position and described the structure and escalation processes which were in place to oversee the delivery of schemes.

The Board noted the risks to delivery of this plan which included; funding, independent sector capacity and system and staff resilience.

Finally Michael noted further opportunities to improve discharge processes and improve flow, which would also be fully explored, both internally and with partners.

In response to a question from Tony Buckham, Michael explained that the schemes funded by the plan were predominantly aimed at providing additional staffing for services. Recruiting the required number of staff would be the biggest challenge for these schemes.

The Board **NOTED**:

- Current performance against key discharge metrics.
- The update on system plans to sustain the current level of performance during winter 2021/22, and;
- The risks to the delivery of the citywide winter plan.

It was **AGREED** for regular updates to be provided to the Finance and Performance Committee and to the Board of Directors as appropriate.

STH/102/21 Pathology Network Outline Business Case

Paul Buckley, Interim Director of Strategy and Planning presented

Attachment E, the Outline Business Case (OBC) for the transformation of Pathology Services across the South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS). The paper sought Board approval of the OBC and agreement to proceed with the development of a Full Business Case (FBC).

Paul summarised the strategic case for the NHS Improvement (NHSI) recommendation for the formation the pathology networks across England. NHSI had proposed the establishment of a 'North 6' network corresponding to the footprint of the SYB ICS.

Key points highlighted were:

- The recommendations of the SYB ICS Pathology Programme team outlined in the OBC document was the outcome of a substantial programme of work and followed an inclusive and comprehensive process of engagement involving many stakeholders including SYB provider executive teams.
- The OBC detailed the operating model options considered and appraised by SYB Pathology Transformation Programme Board, with a slightly modified version of the national NHSI Target Operating Model being agreed.
- The SYB Pathology Service would be underpinned by a contractual Partnership Agreement, which would document how the five partner trusts would operate as a single service, with the Trust as the host organisation.
- The financial case and staffing model required further development as the case progressed to FBC.
- The SYB ICS Pathology Programme team was seeking approval from SYB Provider trust Boards to appoint an Operational Team (Trust Directorate) to lead the delivery of the reconfiguration of services and to establish a Pathology Partnership Board.

Annette Laban asked about the impact of the transformation for patients. David Hughes, Medical Director (Development) explained that the reconfiguration would drive quality improvements such as the improvement in accuracy and turnaround of results which would benefit patients. The reconfiguration would also make pathology support for clinical teams more consistent across the ICS. Kirsten Major also highlighted that the reconfiguration would improve the sustainability and resilience of pathology services.

Neil Priestley prompted the Board to consider the Trust's feedback to the SYB ICS Pathology Programme team assuming the approval of the OBC. Given the scale of the transition he noted that it would be important for the Trust as Host to seek external support to progress governance and management arrangements for the network. He also noted the need to ensure that a robust hosting infrastructure including HR and Finance support for the network was agreed.

In response to a question from Martin Temple, Paul confirmed that as the case progressed to FBC a key focus would be to continue to engage all stakeholder groups.

Ros Roughton noted that this transformation would be an opportunity to realise the benefits of partnership working.

In response to a query from Tony Buckham, Neil clarified the funding arrangements for the programme and noted the importance of completing the transition in the timescale stated.

The Board of Directors confirmed their support for the transformation of pathology services and **APPROVED** the OBC and the move to the FBC which would include:

- The formation of the SYB Pathology Network configured as described in the economic case as the recommended Target Operating Model.
- The establishment of the SYB Pathology Service between the five partner trusts as a Hosted Network, operating as a single service with the Trust as the Host organisation
- The establishment of a Pathology Partnership Board and appointment of an Operational Team (Trust Directorate) to lead the delivery of the substantial reconfiguration of services as described in the OBC.

STH/103/21 Accountable Care Partnership (ACP) Long Term Vision

Kirsten Major presented Attachment F, the Sheffield Accountable Care Partnership (ACP) Vision - Health and Care Provision in Sheffield in 2030, which outlined how city partners intend to work together.

Following approval of the draft vision by the Accountable Care Partnership (ACP) Board in May 2021, the Trust Executive Group and Board of Directors had considered and commented on the draft document in June 2021. Kirsten noted that comments made previously had been incorporated into the final version of the document presented to the Board of Directors.

The Board of Directors **ENDORSED** the Sheffield ACP ten year vision document - Health and Care Provision in Sheffield in 2030.

STH/104/21 Annual Review of the Risk Appetite Statement

Sandi Carman presented Attachment G, which outlined the conclusion of the annual review of the Trust's Risk Appetite Statement undertaken by the Trust Executive Group (TEG) and sought Board approval for the continued adoption of the current statement.

Sandi highlighted the following points:

- The purpose of a Risk Appetite Statement was to define what risks the Board is willing or unwilling to take in order to achieve the Trust's strategic aims.
- The statement had been reviewed on a number of occasions in 2020 due to the pandemic. At each review it was acknowledged that whilst the pandemic had resulted in a

heightened risk profile across the Trust as evidenced by changes recorded on the 2020/21 Integrated Risk and Assurance Report (IRAR), it was concluded that the Trust's risk appetite remained unchanged.

- On reviewing the statement in September 2021, TEG had concluded again that no change to the Trust's Risk Appetite Statement was required.

The Board of Directors **APPROVED** the continued adoption of the current Risk Appetite Statement.

STH/105/21 Emergency Preparedness, Resilience and Response (EPRR) Annual Report

Michael Harper presented Attachment H, the Emergency Preparedness Resilience and Response (EPRR) arrangements annual report for Board approval. The report outlined the work undertaken by the Emergency Planning Team between April 2020 and March 2021 with a focus on the business continuity response to the Covid-19 pandemic.

Key points to note were:

- The Trust has a statutory requirement to ensure it is able to respond to both planned and unplanned incidents (Civil Contingencies Act 2004) and regularly undertakes both live and table top exercises to ensure its plans are fit for purpose.
- The Trust undertakes a debrief review of each incident and builds this learning into its preparedness for future events.
- During 2020/21 the Trust planned for 23 business continuity events and responded to 12 unplanned incidents including the Covid vaccine roll-out and Covid-19 Pandemic.

The Board of Directors:

- **NOTED** the contents of the EPRR Annual Report, and;
- **CONFIRMED** they were satisfied that the Trust had well established systems and processes in place for responding to potential emergency and business continuity interruptions.
- **NOTED** that the Trust's assurance self-assessment against the NHS Core Standards for EPRR would be submitted to the next Board of Directors held in public for agreement.

STH/106/21 Healthcare Worker 'Flu Vaccination Best Practice Management Checklist

Michael Harper presented Attachment I, which summarised the outcome of the Trust's Influenza Staff Vaccination Programme self-assessment undertaken in accordance with Department of Health and Social Care (DHSC) guidance.

He explained that the assessment had been undertaken and that the majority of areas were complete, he asked the Board to sign off the remaining areas (A1, A5 and B3) where action was indicated which

would result in all areas being complete.

In respect of these remaining areas the Board:

- Recorded its commitment to achieving the ambition of 100% of frontline workers being vaccinated (A1).
- Recorded their individual commitment to being vaccinated either by booking a 'flu hub' appointment or confirming that they had received a flu vaccination via their GP or pharmacy and agreed to publicise this where appropriate (A5 and B3).
- Agreed the proposal from TEG not to include an incentive this year.

The Board of Directors:

- **AGREED** with the self-assessment undertaken, and confirmed they were happy for all actions to be marked as complete.
- **AGREED** for the outcome of this self-assessment to be published as requested.
- **NOTED** the need for members of the Board to access a flu vaccination.

As had been the process in previous years Board members were asked to confirm when they had received their flu vaccination by return to Sandi Carman, who would arrange for this information to be recorded.

STH/107/21 Clinical Research Network Yorkshire and Humber Quarter 4 Finance Position - FY 2020/21

Sandi Carman presented Attachment J, the Clinical Research Network Yorkshire and Humber (CRN YH) 2020/21 Quarter 4 Financial Position.

Sandi confirmed that the Quarter 4 Financial Position had been approved by the CRN YH Executive Group and Partnership Group. TEG had also considered and approved the report on 15 September 2021.

As requested the Board of Directors **NOTED** the CRN Y&H Quarter 4 Financial Position for 2020/21.

STH108/21 For Approval / Ratification

a) Board of Directors Terms of Reference and Workplan

Sandi Carman presented Attachment K, the Board of Directors' workplan covering the remainder of the 2021/22 financial year and the Board of Directors' Terms of Reference for ratification.

Sandi noted that the Board of Directors' workplan had been reviewed and updated following recent reduction in the frequency of meetings held in public. A proposed schedule for Board Strategy Sessions which would be held in the months where there was no public Board was under development and would be shared with the Board in due

course.

The Board of Directors:

- **RATIFIED** the Board of Directors' workplan for the period September 2021 – March 2022.
- **RATIFIED** the Board of Directors' Terms of Reference.
- **AGREED** the proposal that from 2022/23 the review of Board and Board Committee workplans and Terms of Reference will be simultaneous.

b) Trust Executive Group Terms of Reference

Sandi Carman presented Attachment L, the Trust Executive Group (TEG) Terms of Reference for ratification following approval by TEG on 11 August 2021.

The Board of Directors **RATIFIED** the Trust Executive Group Terms of Reference.

c) Controlled Documents Policy

Sandi Carman presented Attachment M, which sought Board ratification of the Controlled Documents Policy as approved by the Trust Executive Group on 8 September 2021.

Sandi highlighted that ratification of this policy was reserved to the Board of Directors and noted the importance of a robust mechanism for the development, approval, management and dissemination of policy and procedural documents to ensure achievement of the organisation's objectives and the promotion of its values.

She added that the policy presented was a substantial rewrite of the existing policy and defined a new framework for the development and review of controlled documents. The implementation of this policy would be supported by practical procedural guidance for staff.

The Board of Directors **RATIFIED** the Controlled Documents Policy.

d) Application of the Corporate Seal

Sandi Carman presented Attachment N. The paper sought Board of Directors' approval / ratification of the application of the relevant signatures and common seal of the Trust to the documentation outlined in the paper.

As requested the Board of Directors:

- **APPROVED** the application of relevant signatures and the common seal of the Trust to the contract documentation relating to the Endocrine Investigation Unit on B floor at the Royal Hallamshire Hospital, and;
- **RATIFIED** the application of relevant signatures and the common seal of the Trust to the Standstill Agreement between

Sheffield Teaching Hospitals and Hadfield Healthcare Partnerships Limited following approval by the Finance and Performance Committee on 13 September 2021.

STH/109/21 Non-Executive Director Matters

No additional matters were raised by any of the Non-Executive Directors

STH/110/21 Any Other Business

There were no additional items of business raised.

STH/111/21 Date and Time of Next Meeting

The next Public Board of Directors meeting will be held on 30 November 2021 at a time to be confirmed.

Signed Date

Chair