



**Unadopted Minutes of the Public Meeting of the Board of Directors held on Tuesday
30 November 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)
Chris Newman	Non-Executive Director
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:

Una Cunningham	Nurse Director, Head and Neck Care Group
Alison Loescher	Clinical Director Oral and Dental
Carolyn Wilkie	Operations Director, Head and Neck Care Group
Rachael Winterbottom	Business Manager (Minutes)

Apologies:

Anne Gibbs	Director of Strategy and Planning
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Observers:

Seven Governors
Three members of staff
Two members of the public

Minute	Item	Action
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STH/112/21 Welcome and Introductions

Annette Laban welcomed Board members and those in attendance to the meeting.

STH/113/21 Declarations of Interests

It was noted that agenda item 15: the Chair's appraisal would be presented by Sandi Carman, Assistant Chief Executive. No further

action to manage the interest was required as this item was presented for the Board to note.

STH/114/21 Minutes of the Previous Meetings Held in Public on 28 September 2021

The Minutes of the meeting held in public on 28 September 2021 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/115/21 Matters Arising and Action Log

There were no open actions on the action log.

STH/116/21 Chair's Report

Annette Laban, Chair presented her briefing report for October and November 2021. The report highlighted her key engagements since the last meeting including meetings with partners, interviews for the Medical Director (Development) post and visits across the Trust.

Annette had also attended a number of briefings in preparation for the CQC Well Led visit and met with CQC inspectors on the 11 November 2021 as part of this visit.

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

STH/117/21 Clinical Update – The recent past and future for Charles Clifford Dental Hospital

Jennifer Hill, Medical Director (Operations) introduced the item and welcomed Alison Loescher, (Clinical Director, Oral and Dental), Una Cunningham, Nurse Director and Carolyn Wilkie Operations Director (Head and Neck Care Group) to the meeting.

Alison gave a presentation on the wide range of dental services provided by the Trust at Charles Clifford Dental Hospital and within the community. She also highlighted the teaching and research activities of the service.

- Services provided included; paediatrics, orthodontics, restorative dentistry, oral pathology and oral and maxillofacial surgery services for the region.
- Community dental services were provided at sites across the city including the Wheata and Manor Clinics. Provision of these services within the community was having a positive impact in terms of accessibility and patient experience, for example did not attend (DNAs) for paediatric patients were significantly lower in the community clinics.
- Patient feedback was excellent across the service (95.02% positive rate).
- The directorate worked closely with The University of Sheffield, City College and Health Education England to provide training for a range of dental care professionals.

The presentation also covered the impact of Covid-19 on the service. Key points to note in relation to this were:

- The impact of Covid-19 on the provision of dental care was significant. At the start of the pandemic all routine dental care had been paused to prevent the spread of the virus. Emergency care including the provision of oncology services had continued.
- During the early pandemic many staff in the directorate were redeployed to support other areas across the Trust.
- To facilitate the restart of services enhanced infection prevention and control measures and changes to ways of working had been introduced including:
 - Air scrubbers to optimise ventilation.
 - Changes to existing practices including the use of alternative equipment to minimise aerosols generated during procedures.
 - Personal Protective Equipment.
 - Estates redesign to improve social distancing.

Finally Alison described the ongoing challenges for the directorate including the size of the Patient Treatment List (PTL), space, support for staff and funding.

In the discussion following the presentation a number of questions and comments were raised.

Annette Laban asked if the directorate had seen any increased complexity of cases as a result of the pause in routine care. Alison explained that to date the service had not seen an increase in complexity of cases but noted that referrals from dental practices had yet to return to pre pandemic levels.

There was a discussion promoted by Maggie Porteous about the insourcing pilot currently underway within the directorate with the aim of reducing the PTL, the Board asked to be kept informed of the outcomes of this pilot following the evaluation in the new year.

In response to Martin Temple, Alison reflected on innovations and ways of working implemented during the pandemic which would be retained. The use of new equipment which minimised aerosols and the shift to seeing patients within the community where possible were identified as initiatives which would continue. It was also noted that the estates work undertaken during the pandemic had permanently improved ventilation at Charles Clifford.

In response to a question raised by Shiella Wright, Alison confirmed that accessibility across the city had been a key consideration in selecting community dental sites.

Noting that the dental clinic at the Cathedral Archer Project had been suspended during the pandemic, Ros Roughton proposed that an

assessment of the impact of this on the needs of the homeless population be undertaken to identify any adverse impact and actions required. Alison agreed to give this further consideration.

Ros Roughton noted that provision of paediatric dental care provided a good health promotion opportunity to engage with families and children in the city and asked if this was being considered by the team. Alison confirmed that there was good interest in the prevention agenda within the directorate and would give further consideration to this as a project.

The Board of Directors **NOTED** the update in respect of Dental Services at the Trust and thanked Alison and team for their presentation.

STH/118/21 Chief Executive's Matters

Kirsten Major, Chief Executive highlighted the following matters from the Chief Executive's Report:

STH/118/21 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. The number of Covid-19 positive inpatients at the Trust had declined during the last week. Regionally and nationally rates of community infections had also decreased since the last meeting.

Kirsten's update also covered the following matters:

- A number of cases of the new Omicron Covid-19 variant had been identified in the UK and in Europe; cases were mainly associated with South African travel, however some cases appeared to be associated with community transmission.
- This new variant had been identified as a concern and as a result restrictions on international travel, testing, isolation and mask wearing had been reintroduced nationally which would impact on the Trust.
- Work was underway to produce a briefing for staff to describe these restrictions and outline the Trust's approach to the application of travel, testing and isolation requirements.
- There would be no change to the Trust's policy on mask wearing for visitors. The Trust had continued to require masks to be worn across all premises.
- Staff absence remained high overall compared to previous years. A significant proportion of staff absence was non-Covid related.
- Based on the latest JCVI guidance the offer of a booster would soon be extended to everyone over 18 and the gap between 2nd dose and booster reduced from six to three months. Guidance on the sequence of cohorts and timeline for the next phase of booster invitations was awaited.

- Mandatory vaccination for frontline NHS staff had been announced. The deadline for frontline staff to receive two doses was 1 April 2022 which would require staff to have received their first dose by 3 February 2022. The Trust was awaiting further guidance regarding implementation and consequences of non-compliance.

Maggie Porteous asked about capacity within South Yorkshire and Bassetlaw to deliver the accelerated booster vaccination programme. Kirsten highlighted that phasing of the delivery would be key. In terms of capacity Paul Buckley, Interim Director of Strategy and Planning confirmed that initial modelling had been undertaken and indicated that capacity would need to be provided at a similar level to early in the pandemic. NHS England had confirmed that supply of vaccinations would be in excess of capacity and would not be a constraint.

There was a discussion prompted by Martin Temple around potential exemptions to the mandatory vaccination requirement and the contractual position for non-compliant staff. Kirsten confirmed that mandatory vaccination would be a legal requirement and noted that detailed national guidance on exemptions and the definition of a 'frontline' member of staff had not yet been provided. The Trust would be in a better position to make an assessment of the likely impact once further guidance was received. The Board also noted that the timescales for implementation of this would be extremely challenging for the Trust.

Toni Schwarz asked if data was available to identify the proportion of staff currently absent due to Covid-19 who were unvaccinated. Kirsten agreed to consider this.

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

STH/118/21 b) Integrated Performance Report

The Integrated Performance Report (IPR) for August and September 2021 was presented.

Michael Harper, Chief Operating Officer summarised the main changes made to the structure of the IPR report following the move to bi-monthly Board meetings held in public. These changes were as follows:

- The Trust Performance overview would be provided for two months at a time.
- Exception reports would be provided for any indicator receiving a red rating in either month.
- Where possible exception reports were provided on statistical process control (SPC) charts, with icons used to indicate where variation was identified as a cause for concern.

The following matters from the IPR were highlighted:

Deep Dive – Cancer Waiting Times

Michael Harper presented the deep dive on cancer waiting times over the 12 months to the end of September 2021.

Points to note were:

- The approach to managing cancer waits through this period was based on prioritisation of patients based on clinical need.
- The Trust continued to implement the caseload management approach to monitor and clinically review all patients on the Cancer Patient Treatment List (PTL) including long wait reviews. Where appropriate reviews were undertaken remotely and non- face to face.
- The Trust continued to experience challenges driven by the on-going requirements of social distancing measures, demand on critical care beds, delayed transfers of care and some staffing issues.
- Cancer recovery plans were in place to recover the position and key actions taken were summarised within the report

Following presentation of the deep dive there was a discussion around taking a similar approach to the management of the cancer PTL as was taken for 18 week referral to treatment and early identification of issues in cancer pathways. Michael confirmed that part of the work being undertaken by the external support engaged by the Trust was to review the data to identify opportunities for improvement in cancer pathways.

The Board of Directors **NOTED** the deep dive into cancer waiting times. Regular updates in respect of cancer waiting times and the cancer recovery plan would be provided to the Finance and Performance Committee.

Deliver the Best Clinical Outcomes

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

- The Hospital Standardised Mortality Ratio (HSMR) data had moved to 'within the expected range'.
- In September 2021 all serious incidents were approved within timescales and there were no new never events reported.
- Average Length of Stay for non-elective patient spells was above the benchmark. Actions to improve this performance were described as outlined within the IPR.

Referring to the quarter two infection prevention and control metrics, Chris Morley, Chief Nurse highlighted that the number of cases of C.difficile was above threshold for the second quarter in 2021/22, which was a stable position when compared with the same period last year.

In terms of the maternity indicators Chris highlighted that the percentage of patients experiencing a massive obstetric haemorrhage

was higher than the target.

Providing Patient Centred Services

Chris Morley highlighted that the

- Friends and Family Test (FFT) scores for inpatients, A&E and maternity services were below target.

There was a discussion promoted by Annette Laban around how reliable FFT scores were as a metric given that response levels were low. The Board noted that low response levels made it difficult to reliably benchmark the Trust's performance against others. Chris also highlighted that there was currently a lack of comments to accompany scores submitted. Chris noted however that the Patient Experience Committee continued to review the FFT feedback methodology and results from a local survey conducted in September to identify opportunities in specific services and for different patient groups.

Chris said that how the Trust captures, and reports patient experience would be considered when the Quality Strategy was developed over the coming months as a supporting strategy to the overarching Trust Strategy.

Michael Harper, Chief Operating Officer highlighted the following points in relation to planned care:

- The total number of patients on the Patient Tracking List (PTL) increased in September 2021. Trust wide validation of the PTL was underway.
- The percentage of patients on an incomplete pathway waiting less than 18 weeks declined in September to 74.30%. The Trust continued to perform well compared to the national position.
- There were 818 patients waiting over 52 weeks on an incomplete pathway during September 2021. The largest proportion of these waits were in the Musculoskeletal (MSK) Care Group. The Trust continued to apply the caseload management approach and was working with partners across the North East and Yorkshire to consider mutual aid options, but complex orthopaedic procedures posed a challenge for many tertiary centres.

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

- 78.02% attending A&E were seen within four hours. National performance in September was 66.79%.
- There were five 12 hour trolley waits. Four of these patients were awaiting admission to a mental health unit elsewhere in the UK. The fifth patient was awaiting Yorkshire Ambulance Service transfer to the Royal Hallamshire Hospital.
- 43.05% of ambulance handovers occurred within 15 minutes,

compared to 41.64% in August. 14.87% of ambulance handovers took more than 30 minutes, compared to 21.70% in August.

Michael informed the Board that all acute trusts had received a letter from NHSEI regarding the management of ambulance handover delays. This letter asked trusts to and their systems to agree actions to immediately stop all delays and to report these actions in all Board meetings.

Michael summarised the actions which underway within Sheffield which included:

- The provision of 100 additional beds in care homes across the city to facilitate the discharge of patients with 'no reason to reside'.
- Considering options to expand A&E including use of space in the fracture clinic.
- Review of the Escalation Policy.
- Maximising Same Day Emergency Care (SDEC) and the Walk in Centre.

The letter received from NHSEI would be shared with Board members for information and a paper outlining all of the planned actions would be presented to TEG in two weeks' time ahead of submission to the Finance and Performance Committee.

In response to a question from Tony Buckham, Michael confirmed that the Trust was working with the Yorkshire Ambulance Service around further utilisation of both the Minor Injuries Unit and the Walk in Centre if appropriate.

Ros Roughton asked about progress in relation to reducing the numbers of patient with 'no reason to reside'. Michael confirmed that in line with the agreed trajectory, almost 80 of the 100 additional beds in care homes were now online. He also highlighted that internal work to improve flow continued.

Ros noted the risk of deconditioning of patients waiting for discharge and asked about plans to mitigate this risk. Michael confirmed that additional therapy support on wards had been funded as part of the citywide Winter Plan.

In response to a question from Shiella Wright, Michael confirmed that some of the available winter funding in the City had been used to bolster voluntary sector support for families and carers. Michael also confirmed that winter funding had been used to provide additional capacity in community services to provide adequate step down care for patients leaving hospital.

Annette Laban confirmed that conversations continued at Chair and Chief Executive level across the city around the pathways for patients presenting with a mental health condition at A&E.

Employ caring and cared for staff

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

- The appraisal rate was 84% against the Trust target of 90%.
- The compliance level for mandatory training was 90% against the Trust target of 90%.
- The annual turnover rate was 8.35% 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 position at Month 6 was a favourable £7.57 million (1.2%) surplus against plan. This was the result of an overall reduction in directorate deficits in month driven by activity levels below the baseline funded level and a number of non-recurrent gains.
- As expected no Elective Recovery Funding (ERF) was earned in Month 06. £11.7million ERF earned during the first quarter of 2021/22 was not reflected in the reported position.
- Funding arrangements and planning guidance for the second half of 2021/22 (H2) had been published and the Trust had submitted its H2 financial plan to the ICS.
- £14.2 million of Covid-19 funding underspend had been offered to the ICS for redistribution across the system.
- Further ERF was available for the second half of the year.
- Planning guidance for 2022/23 was expected in December 2021.

Deliver Excellent Research, Education and Innovation

David Hughes, Medical Director (Development) highlighted the following points:

- The Trust had performed well in terms of set up and recruitment to Covid-19 trials, benchmarked against national performance.
- Work had started to consider research, education and innovation metrics to report to the Board in 2022/23.

STH/118/21 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 15 November 2021.

STH/118/21 d) Mandatory Vaccine

An update on the recently announced regulations regarding mandatory vaccination had been covered under item (STH/118/21).

STH/118/21 e) Change to UK Threat Level

From 15 November 2021 the UK Threat Level increased from Substantial (an attack is likely) to Severe (an attack is highly likely) as a result of the incident at Liverpool Women's Hospital on 14 November 2021.

This incident and change in threat level had prompted the Trust to review and update its Lockdown Plan. Plans were being made to test the Lockdown Plan and to develop it further based on any lessons learned from the exercise.

STH/118/21 f) Trust Board Assurance – Mortuary or Body Store

The Board of Directors **NOTED** that on the 15 November 2021 the Healthcare Governance Committee had reviewed and confirmed on behalf of the Board that they were satisfied with the arrangements the Trust had in place regarding its mortuaries and body stores and that the Trust was compliant with existing guidance.

The report detailed that this was in response to a request made by NHSEI to all relevant organisations, in line with the request, a response had been submitted by the Trust showing full compliance with the existing guidance.

STH/118/21 g) Infection Prevention and Control (IPC) Board Assurance Framework

The Infection Prevention and Control (IPC) Covid-19 Board Assurance Framework, was presented to the Healthcare Governance Committee Meeting on Monday 18 October 2021 and was provided at Appendix C of the report.

STH/118/21 h) Safeguarding Annual Report 2020/21

The Safeguarding Annual Report, attached at Appendix D was presented to the Healthcare Governance Committee in October 2021.

STH/118/21 i) NHS System Oversight Framework

The Board **NOTED** that following consideration by the NHSEI North East and Yorkshire regional support group, it had been confirmed that the Trust would be placed in segment two in accordance with the requirements for the System Oversight Framework (SOF) for 2021/22. Comparisons to other regional provider organisations and Shelford trusts were provided within the report.

STH/118/21 j) Royal Hallamshire Hospital B Road Remediation and Refurbishment Work

A Business Case for the remediation and refurbishment of the B Road at the Royal Hallamshire Hospital was approved by the Finance and Performance Committee in November 2021 on behalf of the Board of Directors.

Work was scheduled to commence in January 2022 and would take approximately 17 weeks. During the works, B Road at RHH would need to be closed. Plans to assess the likely impact and actions to mitigate issues were being considered.

STH/118/21 k) 2021/ 22 H2 Planning Update

The 2021/22 Priorities and Operational Capital Planning Guidance the second half of 2021/22 (H2) had been issued on 30 September 2021. A detailed summary of priorities, funding arrangements and the Trust's plans as submitted to the ICS was provided within the Chief Executive's Report.

STH/118/21 h) The Shelford Group Strategy 2021 – 2025

The Shelford Group Strategy 2021-2025 had been launched. A link to this document was available within the Chief Executive's Report.

STH/118/21 i) People Updates

Updates on recent appointments, retirements and recruitment processes were outlined within the Chief Executive's Report and included:

- The appointment of Dr David Black as Medical Director (Development). David would take up take up post from 1 February 2022.
- Commencement of the recruitment process for the post of Director of Strategy and Planning would begin in December 2021, concluding with interviews in February 2022.

STH/118/21 j) Communications and Awards Update

A summary of recent awards received by staff at the Trust was provided within the Chief Executive's Report.

STH/118/21 k) Sheffield Health and Care Partnership Agreement

The Sheffield Health and Care Partnership (SHCP) Agreement was attached to the Chief Executive's Report at Appendix F. The agreement had been considered by the Trust Executive Group and the SHCP Board in November 2021 and was presented to the Board of Directors for approval.

As recommended the Board of Directors **APPROVED** the Sheffield Health and Care Partnership Agreement.

STH/118/21 l) South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)

Reports from the Chief Executive of SY&B ICS for September and October 2021 were provided at Appendix G and H.

STH/118/21 m) Sheffield Health and Care Partnership

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

STH/119/21 CQC Inspection Update (October / November 2021)

Jennifer Hill presented Attachment D, a summary update on the CQC Inspections that had taken place during October and November 2021

Jennifer confirmed that the Trust expected to receive the draft report from the CQC in around six to eight weeks' time. The Board of Directors **NOTED** the update and that further updates would be provided to the Board of Directors when the outcome of the visit was known.

Annette Laban thanked all those across the organisation who had been involved in the visits and response to the inspection.

STH/120/21 Trust's New Corporate Strategy, Making a Difference- The Next Chapter (2022-27)

Paul Buckley presented Attachment E, the final version of the Trust's new corporate strategy *Making a Difference - The Next Chapter (2022-27)* for approval following review of the draft by TEG and the Board of Directors. Paul also presented an updated set of Corporate Objectives to cover the remainder of 2021/22 for approval.

Paul noted that the new strategy included an additional strategic aim; to create a sustainable organisation and highlighted that a sustainability plan was under development and would be presented to the Board of Directors for consideration in December 2021 and final approval in January 2021. He noted that other supporting strategies would also be developed in coming months.

There was a discussion prompted by a question from Ros Roughton around if the Trust had considered strategic objectives around its partnerships to monitor if the Trust was maximising its partnerships across Sheffield and SYB. The Board noted that the various partnerships the Trust was involved in were at critical points in their development and agreed to consider this further over the next few months and potentially including a corporate objective for 2022/23 around partnerships.

In response to a comment from Tony Buckham, Paul agreed to add some additional narrative to the final version of the strategy to give more prominence to the importance of the Trust's wider digital strategy in addition to the Electronic Patient Record procurement.

Subject to this addition the Board of Directors **APPROVED** the new corporate strategy and the corporate objectives for the remainder of 2021/22.

STH/121/21 Research and Development Update

David Hughes gave a presentation to provide an update on Covid-19 and non-Covid research activities at the Trust, the National Institute for Health Research (NIHR) research infrastructure and major applications for funding including Clinical Research Facility (CRF) and Biomedical Research Centre (BRC) re-applications.

In the discussion which followed the presentation the following questions and comments were raised:

In response to a comment from Sandi Carman, David agreed to consider the inclusion of a metric around the numbers of publications in future updates to the Board.

Noting the success of the Devices for Dignity (D4D) programme it was also agreed to schedule an update in relation to this onto the Clinical Update programme.

The Board also discussed allocations in respect of bids made to the NIHR and the extent to which 'levelling up' was a consideration, it was noted that applications were reviewed on merit with value for money being a key criteria as well as track record including credible partnership working. In terms of lobbying around 'levelling up' Kirsten highlighted that the Trust's joint submission with the two universities to the Comprehensive Spending Review had focussed on this agenda.

The Board of Directors **NOTED** the research and development update.

STH/122/21 Sheffield Hallam University Update

Toni Schwarz, Non-Executive Director and Dean of Sheffield Hallam University gave a presentation which provided an update on teaching and research activities at the university and key challenges.

Key points to note were:

- The university had welcomed a large cohort of new students in September 2021 and was currently working in a hybrid model delivering teaching both remotely and in person.
- Recruitment was strong across all health programmes.
- Placement capacity remained the key constraint. There was a significant shortfall of adult nursing placements. The university was working closely with trusts and Health Education England to develop placements.
- The university would also be considering the implications of mandatory vaccination on its students and placements.
- The university's involvement in research including the Active Together Programme was noted and would also provide opportunities for student placements.

Chris Morley highlighted the impact of the lack of placement capacity for the Trust and noted that this was likely to result in a three month delay in a significant number of newly qualified nurses starting at the Trust as planned in September 2022. Chris Morley confirmed that internally the Trust was considering ways to increase available

placements and noted that a Trust Summit to consider this was held in for January 2021, which created some additional placement capacity. Work was also underway with partners across SYB to increase placement capacity.

In response to a question from Shiella Wright, Toni described the multiple access points to health courses and apprenticeships which would help to widen access to these courses for underrepresented groups.

The Board **NOTED** the Sheffield Hallam University update.

STH/123/21 Update on Five Year Capital Plan and Capital Programme

Neil Priestley presented Attachment F, the quarter two update on the 2021/22 Capital Programme and five year Capital Plan.

Key points to note were:

- The 2021/22 capital programme currently showed an over-commitment against the 2021/22 operational capital allocation (OCA) however there were significant slippage risks which would need to be carefully managed to avoid an under commitment against the OCA and loss of investment opportunity.
- A request from SYB ICS had been made for a £4.2 million contribution from the Trust to fund the Doncaster and Bassetlaw Teaching Hospitals (DBH) “emergency” in relation to its Women’s and Children’s Unit.
- Approval of the Trust’s bid £6.028million bid for funding from the Target Investment Fund had been confirmed, which would enable the contribution to the DBH emergency and facilitate further investments to enable recovery of elective services.
- The position for the following two / three years appeared to be very challenging and was based on the assumption that the OCA remained the same and current expectations of expenditure on the proposed new Electronic Patient Record (EPR). This would necessitate a combination of restricted new scheme approvals internally, reduced ring-fenced budgets and attraction of additional funding.
- Significant additional capital funding for the NHS over the next three years was announced in the Government’s Budget on 27 October 2021, it would be important for the Trust to have a pipeline of potential capital schemes worked up to make the most these opportunities. It had not been confirmed how this additional funding would be allocated.
- Further major schemes related to the Weston Park Cancer Centre Upgrade, Maternity EPR and SYB Pathology Network would require specific funding solutions and external support. Elements of the Weston Park scheme were however included within current capital plans.
- ICS support and NHSE/I approval of the EPR Full Business Case would be required to secure national funding and may impact on the timescales for the procurement and

implementation and may therefore also impact on the five year capital plan.

The Board of Directors:

- **APPROVED** the latest 2021/22 Capital Programme.
- **NOTED** the significant 2021/22 slippage risk and the consequences of under-delivering against the Operational Capital Allocation.
- **NOTED** the potentially significant over-commitment on the 2022/23 to 2024/25 position, which would need to be addressed via an appropriate combination of restrictions to new scheme approvals, ring-fenced budget cuts and additional funding.

STH/124/21 Learning from Deaths

Jennifer Hill presented Attachment G, the Learning from Deaths quarter 4 reports for 2020/21.

Key points to note were:

- 35 of the 918 deaths during this period were subject to Structured Judgment Review (SJR) of the deaths subject to a SJR none had been identified as more likely than not due to a problem in care.
- One case from a previous quarter (March 2020) was judged during quarter 4 of 2020/21 to be more likely than not due to a problem in care.

Prompted by a question from Ros Roughton, Jennifer described the process for validation and reporting of SJR scores of one or two. Jennifer confirmed that if scores were confirmed as low following review an action plan would be developed by the relevant directorate. Jennifer Hill agreed to report these cases to the Healthcare Governance Committee to ensure oversight and to identify opportunities for wider learning.

The Board of Directors **NOTED** the Learning from Deaths report for quarter four of 2020/21.

STH/125/21 EPRR Core Standards

Michael Harper presented Attachment H, the Trust's annual self-assessment against the NHS England Core Standards for Emergency Planning Resilience and Response (EPRR) for 2020/21.

Key points to note were:

- The outcome of the self-assessment was that the Trust was 'substantially compliant' with the EPRR Core Standards.
- An action plan to ensure compliance against the three standards assessed as partially compliant had been developed to ensure compliance within the next 12 months. This action plan was included within the report.
- Given the timing of the Board of Directors meeting held in

public, it was agreed with NHS England that submission would be made ahead of the November Board meeting, following sign-off by TEG.

- The Trust's Statement of Compliance and action plan had been submitted to NHS England on the 29 October following approval by TEG.
- Benchmarking against other trusts indicated that the Trust's level of compliance was similar to other comparable trusts.

The Board of Directors:

- **AGREED** the recommendation, from the Trust's Accountable Emergency Officer following self-assessment, of Substantial Compliance of the 2020/21 Core EPRR standards, and;
- **RATIFIED** the Statement of Compliance and action plan which was submitted to NHS England on the 29 October following approval by TEG.

STH/126/21 Chair's Appraisal

Sandi Carman presented Attachment I, summary of the outcome of the Chair's appraisal for the period 2020/21.

As requested the Board of Directors **NOTED** the outcomes of the Chair Appraisal Process for the period 2020/21.

STH/127/21 For Approval / Ratification

a) Standing Financial Instructions

Neil Priestley presented Attachment J, the Trust's recently updated Standing Financial Instructions following approval by TEG on 17 November 2021.

The Board of Directors **NOTED** that the Trust's Scheme of Delegation was also in the process of being updated. Both documents would be launched before the start of the next financial year.

As requested, the Board of Directors **RATIFIED** the Trust's Standing Financial Instructions.

b) Application of the Corporate Seal

Sandi Carman presented Attachment K, the paper sought Board of Directors' approval for the application of the relevant signatures and common seal of the Trust to the contract documentation outlined in the paper.

The Board of Directors:

APPROVED the application of relevant signatures and seal and the Trust to the:

- Contract documentation relating to the Wheata Dental Clinic refurbishment and extension
- Contract documentation relating to the Vickers 4 ward refurbishment at the Northern General Hospital

NOTED the approval to apply relevant signatures and seal and the Trust to the following documents granted at the October 2021 Board of Directors at the meeting held in private:

- Boots Pharmacy Units at the Royal Hallamshire Hospital and Northern General Hospital, and;
- Burleigh Medical Centre for Weston Park SACT

STH/128/21 Non-Executive Director Matters

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

STH/129/21 Any Other Business

There were no additional items of business raised.

STH/130/21 Date and Time of Next Meeting

The next Public Board of Directors meeting will be held on 25 January 2022 at a time to be confirmed

Signed Date

Chair