



**Unadopted Draft Minutes of the Board of Directors meeting held in public on
 29 March 2022 by Video Conference**

Present:

Members:

Annette Laban	Chair
David Black	Medical Director (Development)
Tony Buckham	Non-Executive Director
Mark Gwilliam	Director of Human Resources and Staff Development
Michael Harper	Chief Operating Officer
Jennifer Hill	Medical Director (Operations)
Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
Chris Newman	Non-Executive Director
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:

Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Charlotte Carolan	Programme Manager for Long Covid (STH/19/22)
Iolanthe Fowler	Long Covid Programme Clinical Lead and Clinical Director for the Combined Community and Acute Care Group (STH/19/22)
Simon Heller	Director of Research and Development (STH/26/22)
Sarah Jenkins	Deputy Medical Director (STH/19/22)
Helen Kay	Long Covid Programme Operational Lead and Operations Director for the Combined Community and Acute Care Group (STH/19/22)
Paula Ward	Organisational Development Director (STH/24/22)
Rachael Winterbottom	Business Manager (Minutes)

Apologies:

Paul Buckley	Interim Director of Strategy and Planning
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Observers:

Six Governors
 Two members of staff
 Three members of the public

Minute	Item	Action
STH/15/22	Welcome and Introductions	
	Annette Laban, Chair welcomed Board members and those in	

attendance to the meeting.

STH/16/22 Declarations of Interests

There were no additional declarations or relevant declarations highlighted.

STH/17/22 Minutes of the Previous Meetings Held in Public on 25 January 2022

The Minutes of the meeting held in public on 25 January 2022 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/18/22 Matters Arising and Action Log

The Board **NOTED** the update provided in relation to action number 28 and that time for the Board to discuss the Trust's strategy for the development of Weston Park would be scheduled on the April agenda.

STH/19/22 Clinical Update – Long Covid-19 Programme

Jennifer Hill, Medical Director (Operations) introduced the item and the Board of Directors welcomed Sarah Jenkins, Deputy Medical Director, Iolanthe Fowler, Clinical Director, Helen Kay, Operations Director and Charlotte Carolan, Programme Manager to the meeting.

Sarah, Iolanthe, Helen and Charlotte presented an update on the Sheffield Long Covid Programme which included detail on the numbers of referrals made to the service, the patient demographic and activity levels.

Key points to note were:

- The service had been established to support patients with the new medical condition, Long Covid.
- Patients had been actively involved in the design of the service. Engagement had included the establishment of Patient Voice Focus Groups to explore patients' needs and wishes.
- The development and delivery of the programme had also involved a wide range of partners from across the city including, Primary Care Sheffield, Sheffield City Council, Sheffield Health and Social Care and the voluntary sector.
- A Sheffield Post Covid Rehabilitation Hub had been established and provided patients with a holistic clinical assessment.
- This hub brought together a range of specialists including; doctors, nurses, physiotherapists, occupational therapists and psychologists to identify the most appropriate pathway of treatment for patients based on their individual needs.
- Evaluations of the service had been undertaken at various points and had been used to inform subsequent service

improvements. Learning from the programme had also been collated into recommendations to be shared across the Trust to inform other service design programmes.

- Next steps were outlined and included, further work with Healthwatch to identify and resolve barriers in terms of access to the service and working with partners to transition the service to business as usual arrangements.

There was a discussion prompted by a question from Annette Laban around the demographic of the patients accessing the service and similar services nationally. The Board discussed the extent to which this was driven by the expectations of people across different demographics.

Shiella Wright noted the similarity between symptoms of Long Covid and symptoms of other conditions and asked if there were any risks associated with this. Sarah Jenkins explained that this risk was mitigated by primary care involvement in the programme which would ensure that appropriate investigations were undertaken prior to diagnosis and referral.

Shiella also asked if it was possible that the service could develop to provide support to patients with other conditions experiencing similar symptoms. Helen Kay confirmed that there was a need to consider how this model may be applied to long term condition management more widely when evaluating patient outcomes.

Ros Roughton noted the benefits of the model in terms of reducing multiple referrals to different specialties and asked if this could be replicated elsewhere for example in care of the frail elderly. Helen highlighted that key learning from this had been to focus on addressing the concern that mattered the most to the patient. Iolanthe added that the service model also improved continuity for patients reducing the need for them to repeat their story multiple times. This had received positive feedback.

The Board noted that as this was a new condition research would be key to inform the future development of the service, it was also noted that the impact of the Omicron variant on Long Covid presentations and the longer term impact of Long Covid was as yet unknown.

The Board thanked the team for their excellent presentation and extended their thanks to the wider programme team. Annette Laban invited the team to give a further update on the programme at a future meeting.

STH/20/22

Chair's Report

Annette Laban presented Attachment C, her briefing report for February and March 2022 which highlighted some of her key engagements since the previous meeting.

STH/21/22

Board Out and About Visit

Mark Gwilliam presented Attachment D, a summary update on the one visit which had taken place in March since the reinstatement of the Board of Directors Out and About Programme.

Mark and Chris Newman fed back on their visit to the Oral and Dental Directorate at Charles Clifford Dental Hospital on 4 March 2022.

The following points were highlighted:

- The enthusiasm of all staff was evident and morale appeared good.
- A wide range of clinical activities were observed, high numbers of students were present.
- There appeared to be good management of flow through the department and the main waiting area was uncongested.

The Board of Directors **NOTED** the positive update from the Board Out and About visit that had taken place on 4 March 2022.

STH/22/22 Chief Executive's Report

STH/22/22 (a) Covid-19 Gold Commander Update

Kirsten Major provided an update on the current position in relation to Covid-19. Since the last Board of Directors' meeting there had been a gradual increase in the number of Covid-19 positive inpatients at the Trust. The number of positive patients in critical care had remained stable; disease severity was considerably less.

Levels of staff absence remained high with an increase in Covid related absence. The increase in Covid-19 positive inpatients and staff absence continued to have a substantial operational impact.

Other updates provided in relation to Covid-19 were as follows:

- Visiting arrangements had been relaxed further. Two visitors per patient were now permitted and there were reduced requirements for attendance.
- Fourth vaccinations were now being offered to people over 75 and those who were immunocompromised.
- National guidance on patient and staff testing had not yet been received. The Trust's Clinical Expert Group (CEG) were considering potential scenarios and developing plans for staff and patient testing arrangements.

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

STH/22/22 (b) Integrated Performance Report

The Integrated Performance Report (IPR) for December 2021 and January 2022 was presented.

Deep Dive - Accident and Emergency (A&E)

Michael Harper, Chief Operating Officer presented the deep dive which described the impact of the Covid-19 pandemic on A&E performance and detailed the A&E Department response.

Michael described the key changes made within the department which included:

- Expansion into adjacent areas to create additional physical space to support social distancing and enable cohorting of patients.
- Temporary closure of the Minor Injuries Unit at the Royal Hallamshire Hospital where there was a reduction in demand due to the national lockdown. Redeployment of clinical staff from the unit to support the A&E Department at the Northern General Hospital.
- The transfer to a full Electronic Patient Record (EPR).
- Joint development of a virtual Fracture Clinic with the Musculoskeletal Care Group.

Michael highlighted the following points in relation to the impact of Covid-19:

- In late March 2020 at the start of the pandemic there was less demand across all Sheffield's urgent and emergency care providers.
- Since April 2021 patient activity levels in A&E had increased and had now returned to pre-pandemic levels.
- A number of factors outlined within the report had increased bed occupancy levels at the Trust, including an increase in the proportion of patients who were medically fit for discharge. This was having a significant impact on flow through the organisation which was having an impact on four hour and ambulance handover performance.

Michael described the internal and city wide actions which were underway to improve performance which included:

- Re-location and development of the Same Day Emergency Care Unit (SDEC) to the Fracture Clinic which provided some increased capacity and reduced demand upon Inpatient Assessment Area beds.
- Delivery of an Ambulance Handover Improvement plan.
- Work with city partners to ensure patients were directed to the most appropriate urgent care service for their needs to reduce pressure on the 'front door'.
- Work with council partners to address discharge delays.

In response to a question from Tony Buckham Michael described the internal and external initiatives within the Why Not Home, Why Not Today programme. He highlighted work being undertaken internally with external support around board rounds and the e-whiteboard. Michael noted that Independent Sector and Short Term Intervention Team (STIT) capacity remained an issue.

In response to a query raised by Ros Roughton, Michael described the mitigations in place to reduce the risks associated with waits in A&E including the development and implementation of an A&E Crowding Action Card, cohorting of ambulances and clear processes for prioritising patients. He also added that long trolley waits in A&E were reported as incidents and that a review of all long waiting patients was undertaken by the Acute and Emergency Medicine Delivery Group.

Maggie Porteous asked if there had been any recent improvement in respect of delayed discharges, Michael confirmed delayed discharges remained an issue. Michael confirmed that conversations with city partners continued. He noted that the national Discharge Fund would end on 31 March 2022. This had been identified as an operational risk for the Trust due to the potential implications in relation to discharge to assess capacity. Kirsten had escalated this issue with the Interim Chief Executive of Sheffield City Council.

The Board of Directors:

- **RECEIVED** the deep dive into the impact of the pandemic on A&E.
- **NOTED** the ongoing impact of Covid-19 on pathways and staff absence levels and the ongoing issues caused by delayed discharges which continued to impact on four hour and ambulance handover performance.
- **NOTED** the internal and city wide programmes of work which were underway to recover performance and improve patient experience.

Deliver the Best Clinical Outcomes

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

- Hospital standardised mortality ratio (HSMR) data was 'higher than expected' following the rebasing of the national benchmark. It was anticipated that the HSMR would return to 'within the expected range' in the next month.
- No new never events were reported in December 2021 or January 2022.
- The number of falls at the Trust had increased in January 2022 and was higher than the target. This was likely to be due to a combination of factors including reduced visiting, deconditioning of patients due to the pandemic and delayed discharges due to the lack of social care provision. Falls improvement was a Trust Quality Objective and work was ongoing to reduce falls, actions included, huddles, in patient fall review meetings and issuing of falls packs across inpatient areas.

Annette Laban asked if individual wards were risk assessed in relation to falls, Jennifer confirmed that ward layouts were considered when determining specialty locations with a number of wards designed specifically for frail elderly patients and to be dementia friendly. Chris Morley explained that cohorting of patients

at risk of falls created an issue in terms of staff capacity to provide the level of support required.

Chris Morley, Chief Nurse highlighted the following points:

- The number of Trust attributable pressure ulcers was above the agreed monthly threshold for both December 2021 and January 2022. An increase in hospital attributable pressure ulcers has been identified nationally and was also reflective of the increase seen in the same months of 2020/21. The Integrated Tissue Viability team were deployed to support operational pressures during December and January and had returned in early February to continue the provision of clinical expertise, support and education in areas where there higher than expected incidence of Trust attributable pressure ulcers is reported.
- The number of hospital onset Clostridioides Difficile cases was above threshold for the quarter; analysis of this data indicated that this was likely to be following a pattern of random variation rather than a sustained increase. Chris highlighted the ongoing work of the Infection Prevention and Control team to review antibiotic prescribing. The deep clean programme also continued.
- There were three mixed sex accommodation breaches in January 2022. The circumstance of this single instance which occurred during a period of exceptional operational demand was detailed within the exception report.

In response to a question from Annette, Chris confirmed that appropriate conversations with all three patients affected by this breach were held at the time.

Chris confirmed that correlation between staff absence levels falls and pressure ulcers were regularly monitored and reported within the Monthly Staffing Report to the Human Resources and Organisational Development Committee.

Providing Patient Centred Services

Michael Harper, Chief Operating Officer highlighted the following points in relation to A&E performance in January 2022:

- 70.72% of patients attending A&E were seen within four hours. National performance for January was 74.3%.
- In January 2022 19.73% of ambulance handovers took more than 30 minutes, compared to 14.61% in December 2021.
- There were seven 12 hour trolley waits in January 2022. Six of these patients required admission to a specialist mental health bed in another organisation and the delay was related to this. One patient was delayed due to waiting for ambulance to a ward at the Royal Hallamshire Hospital. The Trust had invested to provide additional ambulance capacity to facilitate the transfer of patients to the Royal Hallamshire Hospital and conversations were ongoing with Sheffield Health and Social Care Trust to improve escalation

processes and clarify pathways for patients requiring admission to a specialist mental health bed.

Michael highlighted the following points in relation to planned care:

- Whilst the Trust continued to perform well compared to the national position, the percentage of patients on an incomplete pathway waiting less than 18 weeks declined in January to 74.13%
- The total number of patients on the Patient Tracking List (PTL) increased in January 2022. Nationally the PTL was increasing at a similar rate.
- There were 1,280 patients waiting over 52 weeks on an incomplete pathway. The Trust continued with the caseload management approach for these patients.

There was a discussion prompted by Annette Laban around the actions required to deliver the activity levels necessary to reduce the increasing PTL. Michael noted that the Trust was developing plans to deliver high volumes of low complexity cases including maximising the use of the independent sector, prioritising and increasing the number of procedures which could be completed as day cases and reducing the number of follow-up appointments. He noted that work ongoing at a system level in relation to this via the SYB Acute Federation Elective Oversight Group.

In response to a comment from Martin Temple, Michael confirmed that it would take a number of years to fully recover elective care and explained that it would therefore be absolutely critical to continue to prioritise treatment according to clinical urgency and the longest waits.

Martin asked to what extent national shortages of qualified front line staff would limit the Trust's ability to address the elective backlog. Michael and Kirsten Major explained that action was required to address specific NHS workforce issues nationally. At the same time it would be important for the Trust to maximise its workforce through innovation both in terms of service delivery and in seeking to develop new roles, such as Physicians' Associates within its workforce.

Martin also asked about staff retention and the reasons for leaving. Mark Gwilliam, Director of Human Resources & Staff Development confirmed that the Trust's turnover rate was low and retention rate high compared to other Trusts. Mark noted that improvement work was underway in respect of exit interviews. This work would help the Trust to gain a better understanding of the specific reasons for leaving in different areas across the Trust, with a view to further improving retention.

The Board noted that improving work life balance for staff including offering part time and job share opportunities were ways of improving staff retention, but had the risk of reducing overall capacity in the short term. The Board recognised the benefits of striving to be a flexible employer but noted that in some instances

part time deployment of staff was operationally challenging for services to manage. The Board agreed that the Trust's approach to flexible working needed to be carefully balanced with steps taken to mitigate potential risks as they were identified.

Chris Newman sought further detail around how the Trust's performance compared to that of other trusts. Michael confirmed that in the months where there was no public Board meeting a Benchmarking Report would be made available to the Board of Directors. This will commence next month.

Employ caring and cared for staff

Mark Gwilliam, Director of Human Resources & Staff Development noted performance against the following metrics which were reported as exceptions:

- The sickness absence rate for January 2022 was 7.6%, which was above the Trust target of 4%. This included both Covid related absence and non-Covid absence (2.79% and 4.76% respectively). As described earlier in the meeting under the Covid-19 Gold Command update, Covid related absence had increased in February and March 2022. It was noted that staff absent with Long Covid were included within the Covid related absence rate.
- The Trust appraisal rate was 82% in January 2022 which was below the Trust target of 90%.

Spend Public Money Wisely

Neil Priestley, Chief Finance Officer highlighted that the financial position at Month 10 was a £2,501.4k (0.2%) surplus against plan. This had remained stable in recent months. This position incorporated the planned over-commitment of reserves created by investing reported underspends via the Trust's Non-Recurrent Programme. Neil noted a potential issue in respect of the Trust's ability to complete approved schemes within the Non-Recurrent Programme within the financial year.

No major risks were identified and a satisfactory year-end position was anticipated.

Work was progressing on business and financial planning for 2022/23. There remained many operational and financial issues to resolve in relation to 2022/23 and on-gong uncertainty about the level and impact of Covid.

Deliver Excellent Research, Education and Innovation

David Black, Medical Director (Development) noted that a full update on Research and Development at the Trust was scheduled for later in the meeting.

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

STH/22/22 (c) Maternity Dashboards

The monthly maternity dashboard reports for December 2021 and January 2022 were included at Appendix A and B following consideration of both reports by the Healthcare Governance Committee in February and March 2022.

Kirsten noted that maternity services were working on developing the dashboard to expand the range of information provided for consideration by the Healthcare Governance Committee and Board of Directors.

STH/22/22 (d) Care Quality Commission (CQC) Assessment and Admission Mental Health Act (MHA) Focussed Review – Child and Adolescent Mental Health Services (CAMHS)

The Trust had received notification that the CQC Mental Health Act review team would be carrying out focussed review of assessment and admission to child and adolescent mental health services (CAMHS) across NHS services in Sheffield.

This review would take place from Monday 25 to Wednesday 27 April 2022 and followed a request from the CQC in December 2021 for the Trust and NHS partners in relation to how the care of children and young people with a mental health needs crisis are managed in Sheffield.

Updates on the following matters were also provided within the Chief Executive's Report:

- The appointment of Mark Tuckett the current Director of the Sheffield Health and Care Partnership as Director of Strategy and Planning.
- The appointment of Graham Marsh as Chief Pharmacist.
- The appointment of Dr Jonathan Bury as the new Clinical Director for the South Yorkshire Pathology Network.
- The appointment of Ms Halla Zaitoun as Clinical Director for Oral and Dental Services.
- Communications and Awards Update
- The results of and evaluation of the revised Board meeting arrangements implemented in July 2021.
- An update on progress in relation to the development of the Weston Park Cancer Centre.
- A report from the Chief Executive Designate of South Yorkshire and Bassetlaw Integrated Care System.
- An update on appointments to the South Yorkshire and Bassetlaw Integrated Care Board.
- A highlight report from the South Yorkshire and Bassetlaw Acute Federation for March 2022.
- An overview of recent programme activities for the Sheffield Health and Care Partnership.

STH/23/22 Maternity Matters

Chris Morley, Chief Nurse noted that further consideration was being given to the process and form of reporting from Maternity Services the Board of Directors.

STH/23/22 (a) Continuity of Carer

Chris Morley, Chief Nurse presented Attachment F, an updated action plan for the implementation of the Continuity of Carer model at the Trust.

Key points to note were:

- The implementation of the Continuity of Carer model at the Trust remained paused. Chris reminded the Board that this was paused in July 2021 due to midwifery staffing pressures.
- The plan confirmed that the introduction of Continuity of Carer at the Trust would only recommence when an optimal and sustainable staffing level in maternity services was achieved.
- The implementation plan described the steps required to meet the national ambition of a default position of Continuity of Carer for all maternity care.
- The Trust's plan for delivery of Continuity of Carer prioritised women from ethnic minority backgrounds and women from the most deprived areas as per the national guidance.
- Indicative staffing models were presented within the report.
- Staff engagement with the model was identified as a risk. This was an issue nationally.

The Board of Directors **APPROVED** the Continuity of Carer action plan. Regular updates on progress on actions and implementation of the model would be provided to the Board of Directors.

STH/23/22 (b) Ockenden Update

Chris Morley, Chief Nurse presented Attachment G, an assessment of the Trust's compliance against the seven Immediate and Essential Actions (IEAs) outlined in the initial Ockenden Report (2020) as requested by NHS England (NHSE) in advance of the publication of the Ockenden Report Part two at the end of March 2022.

The paper confirmed that the Trust was partially compliant with all seven of the Ockenden IEAs and that progress had been made against all of the associated Ockenden actions. Key points to note were:

- There remained a gap between the current establishment of the midwifery workforce staff in post and the Ockenden and Continuity of Carer requirements. This was in part due to levels of maternity and sickness absence leave.
- The midwifery service had utilised the incentive scheme previously agreed by the Board to encourage existing and

agency staff to work additional hours to mitigate associated risks.

- The service had also identified some medical staffing challenges which were detailed within the report.

Actions to achieve full compliance would form part of the Trust's Maternity Improvement Plan which was being developed.

Chris noted that the implementation of the Maternity Improvement Plan would be overseen by a Maternity Improvement Board, chaired by the Chief Executive.

In response to a question from Maggie Porteous, Chris described the combination of factors which were contributing to the midwifery workforce challenges. Martin asked how realistic it was that the Trust would be able to increase staff in post to the desired level. Chris noted the following actions to increase midwifery staff in post including; international recruitment and actions to attract newly qualified midwives due to graduate in September 2022. Tony Schwarz also noted that Sheffield Hallam University was developing and planning to commence a second registration midwifery (MSc) course in 2023 which would allow registered nurses an accelerated route to qualify as midwives.

In terms of attracting midwives to the Trust, Ros Roughton suggested that the Trust should seek to promote the wider opportunities available to staff at the Trust including research and development opportunities.

In response to a question from Tony Buckham, Chris Morley confirmed that nationally the birth rate was not increasing. Chris described how the increasing acuity of mothers and babies, requiring higher levels of intervention was a key issue for maternity services staffing levels.

As requested, following discussion the Board of Directors

NOTED:

- The current compliance against the Ockenden IEAs.
- The plan for the outstanding actions to be delivered via the Maternity Improvement Plan.
- The current workforce plans for maternity services.

STH/24/22

PROUD Behaviours Framework

Kirsten Major introduced the item and the Board welcomed Paula Ward, Organisational Development Director to the meeting.

Paula presented Attachment H, an update on the development of the Trust's PROUD Behaviours, details of the consultation undertaken, a draft of the PROUD Behaviours Framework for consideration and plans for launch and implementation for approval.

Key points to note were:

- A successful consultation had been undertaken to engage with a diverse range of patients and staff to inform development of the draft framework.
- Timescales for the finalisation and implementation of the framework were proposed as follows:
 - Final version of the Framework to be presented to TEG and Board in May 2022.
 - Phased implementation to commence June 2022.
 - Phase 1 of implementation to focus on staff (June to September 2022)
 - Phase 2 to focus on patients (September to December 2022)

The draft PROUD Behaviours Framework was well received by the Board of Directors and there was a discussion around the potential measures of success.

As proposed by Annette Laban the Board agreed to consider the draft PROUD Behaviours Framework at the April Strategy Session ahead of presentation for final approval in May 2022, Paula Ward would ensure that consideration around measures of success were incorporated into this session.

Subject to the additional discussion at the April Strategy Session the Board of Directors **APPROVED** the plans to finalise, launch, and implement PROUD Behaviours.

STH/25/22

Guardian of Safe Working Annual Report

Jennifer Hill, Medical Director (Operations) presented Attachment I, the Guardian of Safe Working Annual Report following consideration by the Human Resources and Organisational Development Committee earlier that month.

Key points highlighted were:

- The exception reporting process had been promoted at the Trust to ensure that trainees were aware of the process.
- Trainee gaps had decreased to around 6.5%.
- The current balance of the guardian fund was £72,598
- The Junior Doctors' Forum met bi-monthly and had good representation from across the Trust and strong links with the Chief Registrar and Medical Director's office.
- Lots of work had been undertaken to improve support for trainees including access to wellbeing resources.

As requested, the Board of Directors **NOTED** the Guardian of Safe Working Annual Report.

STH/26/22

Research and Development Presentation

David Black, Medical Director (Development) introduced the item and the Board of Directors welcomed Simon Heller, Director of Research and Development to the meeting.

Simon Heller gave a presentation to the Board. Key points to note were:

- Following an application made in September 2021 the Sheffield Clinical Research Facility had been awarded funding of £7,900,000.
- The Sheffield Biomedical Research Centre had also submitted a reapplication in October 2021. The National Institute for Health and Crae Research would confirm if the application had been successful in May 2022.
- There were a number of post pandemic challenges affecting NHS research activities at the Trust. A local improvement plan had been developed which included plans to promote more research across the Trust in particular encouraging nursing and allied health professionals to become involved and the launch of a new Research and Innovation strategy.

The discussion following the presentation covered the following points:

- Sheffield's recruitment to trials compared to others and the impact that the Trust's choices around the types of study selected have on this.
- Using learning and experience from studies conducted during the pandemic to undertake research effectively including maintaining links with primary care.
- Increasing use of social media to attract participants to studies.
- Maintaining good relationships with community leaders established during the pandemic to attract a more diverse range of participants to trials.

The Board of Directors **NOTED** the research and development update and thanked Simon Heller for his presentation.

STH/27/22

Universities Updates - Sheffield Hallam

Toni Schwarz, Non-Executive Director and Dean of the College of Health Wellbeing and Life Sciences at Sheffield Hallam University gave a presentation which provided an update on teaching and research activities at Sheffield Hallam University.

Toni highlighted the following points in relation to teaching:

- Recruitment to all health programmes commencing in September 2022 was good.
- Practice placement challenges previously highlighted to the Board were improving, most of the students due to graduate in September 2022 were on target to do so.
- As previously mentioned plans were in place to develop a second registration midwifery MSc course due to commence in 2023.
- Following an Ofsted institutional inspection of apprenticeship provision the University had received an overall rating of Good.

Toni provided the following updates in relation to research activities:

- Research, led by Sheffield Hallam University into the experiences of racism through the Covid-19 pandemic, across midwives and healthcare staff had resulted in the launch of a manifesto for change.
- The Advanced Wellbeing Research Centre (AWRC) had launched its second Wellbeing Accelerator programme.

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

STH/28/22

Non-Executive Director Responsibilities

Sandi Carman, Assistant Chief Executive presented Attachment J, which invited the Board to consider the implementation of the 'New Approach to Non-Executive Director Champion Roles' guidance and to seek approval for the changes required to the existing arrangements and to agree changes to the distribution of Non-Executive Directors (NEDs) on Board Committees.

- The proposals outlined in the paper allocated the five Champion roles defined as a recommended requirement within the guidance; Maternity Board Safety Champion, Wellbeing Guardian, Freedom to Speak Up, Doctors' Disciplinary and Security Management. (Appendix B)
- As per the guidance all other roles were proposed to be embedded in governance arrangements and aligned to committee structures (Appendix C), further work was required to ensure these arrangements were reflected in committee Terms of Reference and work plans.
- Changes to the distribution of Non-Executives on Board Committees were also proposed (Appendix A).
- Other roles including the Non-Executive Lead for Patient Safety required further consideration.

As requested the Board of Directors:

- **AGREED** the implementation of the New Approach to Non-Executive Director Champion roles.
- Discussed and **APPROVED** the proposed changes highlighted in Appendices A, B and C.

STH/29/22

Non-Executive Director Matters

Non-Executive Maternity Safety Champion Update

Ros Roughton provided an update to the Board on the activities undertaken in her role as Non-Executive Maternity Safety Champion which included:

- Regular meetings with the Chair of the Maternity Voices Partnership.
- Observation at Maternity Voices Partnership meetings.

- Attendance at the Safety Culture Programme for Maternity and Neonatal Board Safety Champions delivered by the Advancing Quality Alliance (AQUA).

Ros also provided feedback from her monthly visits to maternity services which had provided an opportunity to speak to staff within maternity services. During her visit on 3 March 2022, Ros had observed the use of new wireless monitors during labour as well as staff using the birthrate plus app to model midwifery numbers.

STH/30/22 Any Other Business

Annette Laban highlighted that it was the last Board of Directors' meeting with Paul Buckley acting as Interim Director of Strategy and Planning. On behalf of the Board Annette extended her thanks to Paul for his significant contributions to the Board and in particular his leadership of the Covid-19 vaccination programme.

STH/31/22 Date and Time of Next Meeting

The next public meeting of the Board of Directors will be held on 24 May 2022 at a time to be confirmed

Signed Date
Chair