

**Unadopted Minutes of the Board of Directors meeting held in public on 27 September 2022 in the Charlton Suite at Sheffield Wednesday Football Club****Present:****Members:**

Annette Laban	Chair
David Black	Medical Director (Development)
Tony Buckham	Non-Executive Director
Mark Gwilliam	Director of Human Resources and Staff Development
Jennifer Hill	Medical Director (Operations)
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
Mark Tuckett	Director of Strategy and Planning

Participating Directors:

Sandi Carman	Assistant Chief Executive
Vicki Leckie	Interim Chief Operating Officer
Julie Phelan	Communications and Marketing Director

In Attendance:

Michael Harper (STH/109/22)	Operations Improvement Director
Mark McAlindon (STH/101/22)	Consultant Gastroenterologist
Laura Rumsey (STH/96/22)	Interim Midwifery Director
Roxanne Maritz	Business Manager, Chief Executive's Office (Minutes)

Apologies:

Gul Nawaz Hussain	Non-Executive Director
Chris Newman	Non-Executive Director
Shiella Wright	Non-Executive Director

Observers:

6 Governors
4 members of staff
2 members of the public

From 1 June 2022 Michael Harper commenced the role of Operations Improvement Director for a period of four months. During this time Vicki Leckie would cover the role of Chief Operating Officer on an interim basis. Michael would not routinely attend the Trust Executive Group during this period.

Minute	Item	Action
STH/92/22	Welcome and Introductions	

Annette Laban, Chair welcomed Board members and those in attendance to the meeting, the first face to face meeting since the start of the pandemic.

STH/93/22 Declarations of Interests

Ros Roughton, Non-Executive Director informed the Board that she would be joining the Board of Directors of the Technology Enabled Care Suppliers' Association from 1 September 2022.

STH/94/22 Board Assurance Framework

Sandi Carman, Assistant Chief Executive presented attachment A, the Board Assurance Framework (BAF), explaining that the item had been positioned at the beginning of the agenda to assist in framing discussion for the remainder of the Board meeting.

Sandi provided an overview of the BAF, presented as Appendix I of the paper, which has replaced the previous Integrated Risk and Assurance Report (IRAR). She noted that the BAF content had been updated since presentation of a working draft BAF to the Board of Directors in July 2022 and these changes were highlighted in bold.

The BAF Executive Summary highlighted four strategic risks with a limited assurance rating and a current risk likelihood rating of likely.

Maggie Porteous, Non-Executive Director posed a question around the alignment of risks and actions regarding the adequacy of staffing and the quality of care and how this would crossover to consideration of workforce matters covered elsewhere on the BAF. It was noted that the high level nature of Strategic Risks would be supported by adopting a matrix-working approach to its operation and whilst there would be discussion at individual Board Committees there would be overview at both Trust Executive Group and the Board of Directors of the full BAF.

In relation to Strategic Risk 7, Research, Education and Innovation, Ros Roughton, Non-Executive Director noted that the risk likelihood rating was likely and queried if there was more within the Trust's control to mitigate this. David Black, Medical Director (Development) explained that the Medical Education team had undertaken a recent timeout session to develop an improvement plan and work was underway to implement this. Embedding of such improvement work sat within a context of the roles played by external organisations in meeting future staffing needs. Similarly, in areas such as Research, Pharmacy and Medical Imaging, where issues of workforce capacity were a key challenge, further work was being done to review effective ways to mitigate these risks.

Reflecting on the purpose of the BAF in driving the agenda of the Board and its approach to assurance, Kirsten Major, Chief Executive highlighted the clear identification of Strategic Risks with limited assurance ratings and emphasised the pertinence for the Board of Directors to collectively agree how assurance gaps would be monitored through the work of Board Committees.

Kirsten's reflection prompted further discussion which saw the Board agreeing that clearly articulated lines of accountability for sections of the BAF and effective reporting lines between the Board and its Committees would support the operation of the BAF.

The Board of Directors **CONFIRMED** that the BAF was appropriately focused on the key risk areas that impact on the Trust's ability to meet its Strategic Aims.

STH/95/22 Corporate Risk Register Report

Sandi Carman, Assistant Chief Executive presented attachment B, the Corporate Risk Register Report (CRRR), noting that its core function was to provide a clear overview of the extreme operational risks across the organisation that scored 15 or above on the Trust Risk Register (TRR). Each risk was aligned to the most relevant Strategic Risk(s).

Sandi highlighted that risks had been added / removed from the report since July 2022 and that movement on the CRRR reflected the routine management of operational risks.

A discussion followed which saw members of the Board acknowledge the effect of moving from the Integrated Risk and Assurance Report to the Board Assurance Framework (BAF) and CRRR, with specific regards to finding a way to support Board Committees focus on corporate risks. It was confirmed that the extracts from the CRRR would support BAF Deep Dive reviews. The scrutiny would also support Board members discussing mitigating actions. In response to a related question Toni Schwartz, Non-Executive Director, Sandi explained that the format of the CRRR would be considered in terms of the level of detail around mitigation actions.

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John O'Kane, Non-Executive Director noted that the Extreme Risk (Datix ID 2045) relating to staff exposure to violence and aggression was a longstanding risk on the Trust's Risk Register and queried the effectiveness of current mitigations. Chris Morley, Chief Nurse explained that there had been an observed increase in incidents relating to violent and aggressive behaviour. This sat within the context of the challenging operational environment since the start of the Covid-19 pandemic and further resource had been put in place. Chris continued to explain that improved capturing of occurrences had also likely amplified the level of this risk.

In response to a query relating to Risk ID 4784, Jennifer Hill, Medical Director (Operations) explained that the Paediatric Radiotherapy Service had been transferred to Leeds following two consultant vacancies, one of which was due to maternity leave. Conversations were ongoing with Leeds to identify how the service would be operated once the Trust's consultant, currently on maternity leave, returned to post.

STH/96/22 Maternity and Neonatal Safety Report

On behalf of the Board of Directors, Chris Morley, Chief Nurse introduced the Maternity and Neonatal Safety Report and welcomed Laura Rumsey, Interim Midwifery Director, in attendance for the item to support discussion surrounding the contents of the report and to provide additional updates.

Chris highlighted that the imminent publication of the independent investigation report of the East Kent Maternity Services was expected and would likely result in further national focus on Maternity Services in the coming weeks.

Laura noted that the contents of the report were in relation to the safety and quality of the Maternity and Neonatal services at the Jessop Wing for the month of July 2022 and would therefore provide additional, more recent updates to the Board in her presentation.

The following key points were highlighted in relation and in addition to the contents of the Maternity and Neonatal Safety Report:

- The Maternity Improvement Plan had progressed and gave a framework that evidenced improvement for regulators and provided a narrative for the Maternity Services improvement journey.
- The Birmingham Symptom-specific Obstetric Triage System (BSOTS), a standardised way for women to be assessed, had been implemented on 5 September 2022 and had improved compliance against the regulation to assess women within 15-minutes to 68%. Work was continuing to increase this further.
- Fresh Eyes Audits continued as part of the Care Quality Commission (CQC) 'Must Do' action plan, which showed a significant increase in compliance in July 2022, against women receiving hourly fetal monitoring assessments.
- Some changes to the use of the Jessops Maternity Information System (JMIS) has resulted in a change to some processes that were previously carried out digitally being transferred to paper processes. This is providing improved access to complete maternity information, as a mitigation, whilst a new maternity information system is implemented.
- An outline business case was being prepared for an electronic Maternity Information System.

There was discussion regarding measures of success that could be tracked with regards to BSOTS, establishing that whilst markers would be ideal it was likely that many of the indicators would be embedded within a range of changes that had been made through the adoption of BSOTS. One of the improvements highlighted was an improved experience for patients, through the provision of assurance for them regarding the timing of next step throughout their assessment and journey.

In response to a query raised by Ros Roughton, Non-Executive Director regarding Post-partum Haemorrhage (PPH) rates, Laura explained that two elements assisted in the improvement of the PPH rates, which were outlined as:

- The standardisation of the PPH risk assessment
- External organisations adopting the same methodology of PPH measurement.

Ros added a suggestion that the paper should not state a continuous decline in PPH rates prior to a significant trend being observed.

Annette Laban, Chair sought further clarification on the position on the standing down of Continuity of Carer. Laura explained that this was a national issue, which discussions reflected would likely exist for an extensive period of time, and until there was adequate staffing in place to support the initiative nationally.

A query raised by Ros Roughton regarding compliance against year four of the Maternity Incentive Scheme (MIS) as part of the Clinical Negligence Scheme for Trusts (CNST) established that although the Trust was compliant with many aspects of the scheme, the level of audit that was required to evidence compliance would not be met. Work was being undertaken to identify what would be required to provide sufficient evidence to ensure that a system was in place by year five of the scheme.

The Board of Directors **NOTED** the contents of the report, specifically in relation to:

- Changes made to documentation ahead of the deployment of an end-to-end Maternity Information System.
- The introduction of BSOTS.

STH/97/22 Maternity Champion Feedback

Ros Roughton, Non-Executive Director and Maternity Champion provided the board with the following update:

- A detailed action plan and redesign of antenatal waiting services, which had been built on the experiential feedback of women, had been received at a meeting held by the Maternity Voices Partnership (MVP)
- Specific feedback had been received regarding the experience of women in Jessop Wing during the summer heatwave, establishing the requirement to include Maternity Services in future heatwave preparation planning.

STH/98/22 Chair's Report

Annette Laban, Chair presented attachment D, highlighting all key engagements that she had undertaken and participated in throughout August and September 2022.

With regards to the stakeholder panel for the Chair of Primary Care Sheffield, Annette confirmed that following four candidate interviews, Colin Beresford had been successfully appointed to the role.

STH/99/22 Board Out and About Visits

Sandi Carman, Assistant Chief Executive presented attachment E, providing a varied and detailed overview of feedback following 12 visits undertaken in Clinical areas of the Trust by members of the Board and Council of Governors between May and September 2022.

Sandi added that the Out and About Visits were a positive way to support visibility of the Board to colleagues within the Trust. Additionally, actions which had yet to be addressed following the visits were being reviewed. Furthermore, future visits had been scheduled to include corporate areas and community sites.

Maggie Porteous, Non-Executive Director queried if a process had been established in relation to the completion of actions following Board Out and About visits and proposed that the visiting team could highlight any action for consideration when providing feedback on the visit. Sandi **AGREED** to update the next version of the feedback proforma to incorporate an 'Actions for consideration' section.

As part of her key reflections Kirsten Major, Chief Executive added that a balance was required in how the visits were structured by the Directorates. Kirsten added that it was important that colleagues within the areas that were visited received feedback following the visits too. Sandi **AGREED** to write to Management Board colleagues to share the feedback.

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The Board of Directors **NOTED** the contents of the update following Out and About visits undertaken between May to September 2022.

STH/100/22 Board Committee Membership

Sandi Carman presented attachment F, a proposal to align the Board of Directors, Council of Governors and Board Committees with good governance practice by means of adjusting Board Committee attendance. The proposal had been informed through feedback and learning from the recent regulatory Well-led inspection conducted by the Care Quality Commission and the externally commissioned partial Well-led review undertaken by the Good Governance Institute.

Reflecting on how the proposal to amend Board Committee membership and attendance would affect Governors, Annette Laban, Chair informed the Board that she had held discussions with Martin Hodgson, Lead Governor regarding alternative ways in which the Board could continue to proactively engage with the Council of Governors.

Tony Buckham, Non-Executive Director and chair of the Finance and Performance Committee and John O'Kane, Non-Executive Director and Chair of the Audit Committee noted some reservations with regard to stepping down Trust Chair membership and as Board Committee Chairs wished to reserve the right to invite the Trust Chair to specific Committee meetings where appropriate.

Offering a different perspective, Maggie Porteous provided insight to her experience as a Non-Executive Director on another Board, where arrangements for Board Committee membership / attendance were as that being proposed here. Maggie added that richer information was brought to the Board of Directors following effective discussion carried out in Board Committees and greater challenge was observed at the Board.

The Board of Directors **AGREED**:

- Board Committee attendance would be confined to members of the Board of Directors and members of the Trust Executive Group.
- The practice of inviting Governors to observe Board Committees would be discontinued.
- Arrangements put in place to ensure quoracy at Board Committees during Covid-19 would cease, therefore NEDs not included within a Board Committee membership should not attend the meeting.
- The Trust Chair would step down from attendance at Board Committee meetings, with the exception of Board Nomination and Remuneration Committee, Sheffield Teaching Hospital's Committee in Common, and attendance to support the annual review of Board Committees / when a specific matter required exception attendance.

STH/101/22 Clinical Update – Endoscopy Capsule

Professor Mark Mcalindon, Consultant Gastroenterologist, delivered a presentation on the use of capsule endoscopy, a minimally invasive medical device that had been adopted and developed by the Trust's Gastroenterology Centre. He highlighted the benefits of using this technique, including improving patient comfort and removing the need for sedation. Sheffield is the only place in the UK to be delivering this procedure.

Annette Laban, Chair asked about feedback from patients who had undergone this procedure. Mark advised that patient feedback was positive, and that the procedure was better tolerated than more invasive endoscopy methods.

Annette also asked Mark to comment on the environmental aspect of disposal of the capsule. Mark advised that there was a move to green endoscopy and he believes that this would be possible in the future.

Mark highlighted the potential financial benefits of the procedure, including reducing the need for admission of patients attending the A&E Department with gastrointestinal bleeding. Mark also noted that the cost effectiveness of using the capsule for diagnosis / treatment of different conditions had been considered.

Ros Roughton, Non-Executive Director asked if there were any lessons learnt from a research and innovation point of view that the

Trust could take forward. Mark talked about the Clinical Fellowship Programme which he described as a major element of the delivery infrastructure.

In response to a question from Kirsten Major, Chief Executive Mark advised that the maximum benefit of this technology would be achieved in targeting low-risk patient groups.

David Black, Medical Director (Development) asked how the procedure would be quality assured. Mark advised that this would be through the same system as was currently used for traditional endoscopy techniques.

In response to a question from Chris Newman, Non-Executive Director Mark explained that consideration was being given to using this technology for other diagnostic investigations, noting that it would be more effective for some conditions than for others.

On behalf of the Board thanked Mark for his presentation and recognised the significant success in this area.

STH/102/22 Chief Executive's Matters

Kirsten Major, Chief Executive highlighted the following points:

STH/102/22 a) Death of Queen Elizabeth II

Following the death of Queen Elizabeth II, the Trust as an organisation had participated in a number of acts of mourning. The Trust's approach in relation to the operational planning for the Bank Holiday to mark the Queen's funeral was balanced between the wish to be respectful, with the requirement to deliver patient care, which was achieved through the support of a number of colleagues on the day.

b) Covid – 19 Update

There had been a slight increase in relation to the number of inpatients with Covid-19 within the Trust, however there were no Covid-19 patients in Critical Care.

The Trust was currently in the process of rolling out the vaccination programme for Covid-19 Booster and Flu, which was being made available to all staff.

STH/102/22 c) Integrated Performance Report

Kirsten brought the Board's attention to the revised approach of the presentation of the Integrated Performance Report (IPR) to support the alignment of key metrics with programmes of work relating to recovery and Getting Back on Track within the Executive Summary of the IPR, highlighting areas of focus. Kirsten added that the feedback from the Board in relation to defined metrics and others as required, was welcome.

The following matters were highlighted from the Integrated Performance Report (IPR) for July 2022:

Deep Dive – Clostridioides Difficile

Chris Morley, Chief Nurse presented a Deep Dive on Clostridioides Difficile (C.Diff). Chris noted that the Trust had been identified as an outlier in relation to its performance against C.Diff and noted that the matter had been previously discussed by the Trust Executive Group and the Quality Committee.

Chris gave a detailed overview of the key risks relating to C.Diff, possible explanation for the higher rates in C.Diff observed by the Trust and the measures being undertaken to reduce transmission rates.

Tony Buckham, Non-executive Director queried if an improvement had been observed during Covid-19 when infection, prevention and control measures had been enhanced. Chris explained that there had been a decrease during the first wave of the pandemic but this was likely to have been due to reduced patient numbers and social distancing.

Annette Laban, Chair proposed that with Winter approaching, further advertising and engagement in relation to hand hygiene should be undertaken throughout the Trust. Chris agreed and added that the Trust planned to incorporate the targeted communication to include general hygiene reminders due to a likelihood of increased cases of 'flu.

Ambulance Waits

Vicki Leckie, Interim Chief Operating Officer provided the following updates in relation to Ambulance Waits:

- 83.54% of ambulance handovers were completed within 30 minutes against a national standard of 95%, whilst 11.94% of handovers took longer than 60 minutes in July 2022. A series of actions were being undertaken to improve on this position including joint working with Yorkshire Ambulance Service (YAS) and including a Rapid Process improvement event.

Activity Recovery

Vicki provided an update in relation to activity recovery, noting that the purpose was to highlight the challenges of activity against a background of high non-elective demand. The data highlighted the Trust's position against levels of activity delivery in 2019/20. Vicki highlighted:

- There were 5264 non-elective inpatients in July 2022 and this was 95.67% of the activity delivered in July 2019.
- There had been a total of 43,348 bed nights for elective and non-elective patients in July 2022, however when split there had been comparatively more pressure on non-elective bed

nights. The total bed nights in July 2022 was 106% of the activity delivered in July 2019.

Mark Tuckett, Director of Strategy and Planning highlighted the following in relation to Cancer care:

- The position in relation to patients seen within 62 days for definitive treatment following GP referral for July 2022 was 49% which was consistent with the position of the previous quarter, however the current position was down from 57.6% for the same quarter in 2021/22.
- Further methodology on how the Trust intend to improve on its current position in relation to Cancer care would be addressed later in the agenda.

John O’Kane, Non-Executive Director proposed the inclusion of national benchmarking would provide greater context. Mark **AGREED** and said that he would provide this benchmarking to the Board of Directors in subsequent reports and also noted that this was part of the benchmarking report shared with Non-Executive Directors on a regular basis.

MT

Long Waiting Patients

Vicki highlighted that the size of the Patient Tracking List (PTL) had increased in July 2022 and noted the following breaches:

- There were 2864 patients waiting on an incomplete Referral to Treatment (RTT) pathway for longer than 52-weeks in July 2022, which had increased from 2479 in June 2022.
- There were 462 patients waiting longer than 78-weeks and 25 patients waiting beyond 104 weeks for treatment in July 2022. The patients waiting beyond 104 weeks were all complex orthopaedic and spinal surgery.

Vicki added that the Trust continued to prioritise cases based on clinical priority.

Sickness Absence

Mark Gwilliam, Director of Human Resources and Staff Development provided the following update in relation to sickness related absences:

- Total sickness absence for July 2022 was up from 5.64% in June 2022 to 6.53% in July 2022, against a target of 4%. Covid-19 related absence represented 1.93% of the total sickness figure.

In response to a query raised by Annette, Mark confirmed that staff who were currently absent due to Long Covid were now being managed via standard long-term sickness absence processes (In line with national guidance), adding that Covid support clinics had been established in Occupational Health.

Delivery Against Financial Plan

Neil Priestley, Chief Finance Officer noted the following in relation to the Trust's position in the delivery against its Financial Plan for 2022/23:

- There were gains in the current financial position due to the Trust delivering less activity, largely due to higher than predicted levels of Covid-19 at the beginning of the financial year, and underspending on pay. This was offsetting shortfalls on delivery of efficiency and other pressures.
- The financial position was improved from Month three and was a deficit of £94,000 (0.0%) against the plan for July 2022.
- In relation to the Elective Recovery Fund (ERF), the Trust had not delivered on the 104% activity against 2019/20 levels of activity.
- Risks included an increase in the rate of inflation, delivery on required efficiency savings, further cost pressures and possible clawback of the ERF.

Hospital Standardised Mortality Ratio

Jennifer Hill noted that the latest Hospital Standardised Mortality Ratio (HSMR) position was 'higher than expected' after the model had been rebased. The HSMR working group is meeting with Dr Foster to better understand the data and potential reasons for the change in position.

The Board of Directors **NOTED** the contents of the IPR and **AGREED** that the new approach was more helpful in identifying key metrics for Board focus.

STH/102/22 c) Joint Chief Executive – Barnsley Hospital and The Rotherham NHS Foundation Trusts

Kirsten informed the Board of the formal appointment of Richard Jenkins as Chief Executive for Barnsley Hospital NHS Foundation Trust and The Rotherham NHS Foundation Trust and that he had begun in the substantive post on 1 September 2022.

STH/102/22 d) Deputy Medical Director

Charlie Elliot, Respiratory Consultant and Pulmonary Hypertension specialist had been appointed as Deputy Medical Director and as of 22 August 2022, had started the role in a phased capacity until his half time role was due to begin in December 2022.

STH/102/22 e) President of the British Society of Paediatric Dentistry

Jenny Harris, Consultant in Community Paediatric Dentistry at the Trust had recently been appointed to the position of the President of the British Society of Paediatric Dentistry for 2022/23.

STH/102/22 f) Scrutiny Committee

Sandi Carman, Assistant Chief Executive, Jennifer Hill, Medical Director (Operations) and Chris Morley, Chief Nurse were invited to

attend a scheduled meeting of the Sheffield City Council Health Scrutiny Sub-Committee, where a discussion regarding the overview of improvement actions undertaken following the publication of the Care Quality Commission (CQC) Inspection Report of the Trust's Core Services was held.

A copy of the submission to the Committee was provided in Appendix A of the CEO Report.

STH/102/22 g) Business Case Approvals and Funding

The Trust had received over £21m of capital funding, following NHS England approval and respective funding towards the following business cases:

- Electronic Patient Record
- Royal Hallamshire Hospital Elective Orthopaedic Hub
- Royal Hallamshire Hospital Endoscopy Expansion

The approved funding had been noted as result of the dedicated work undertaken by the relevant directorates and corporate teams.

STH/102/22 h) Acceptance onto the NHS Employers' Diversity in Health and Care Partners Programme

The Trust had been selected to partake in the NHS Employers Diversity in Health and Care Partnership Programme for 2022/23, following its visible commitment to Equality, Diversity and Inclusion (EDI) and due to the work currently being carried out within the Trust to achieve set EDI objectives and ambitions.

STH/102/22 i) People Committee

There had been agreement at the most recent Human Resources and Organisational Development Committee to be renamed as the People Committee. The Board were content with this approach.

STH/103/22 CQC Action Plan Update

Dr Jennifer Hill, Medical Director (Operations) provided an update on progress against the Care Quality Commission (CQC) Action Plan. Jennifer noted that the CQC had undertaken a follow up inspection at the Trust the previous week. A report following this inspection was expected in November 2022 with a re-rating of core services.

Jennifer described ongoing progress in several areas including the implementation of safety huddles, the roll out of Ward Boards providing key patient and quality information and metrics and improved documentation.

Further work was continuing on storage of patient notes and medicines management.

To gain assurance the Trust was undertaking Quality Support Visits as well as audits and spot checks which were providing significant assurance and identifying areas for focussed support.

Rosamond Roughton, Non-executive Director asked Jennifer to elaborate on the challenges around medicines storage. Chris Morley, Chief Nurse advised that there was further work to do on the storage of medicines including the process for accepting a delivery from pharmacy and storage of oxygen cylinders.

Tony Buckham, Non-Executive Director asked if consideration had been given to sharing lessons learned with staff who did not regularly have access to a computer. Jennifer confirmed that this had been considered and that key messages would be printed and made available to staff in common staff areas. The Quality Boards on wards were an important new mechanism in this regard.

The Board of Directors **NOTED** progress with the CQC Action Plan including the areas of focus for further work.

STH/104/22 Healthcare Governance Review

Jennifer Hill, Medical Director (Operations) presented attachment I, a proposed response to recommendations provided by the Good Governance Institute (GGI) following a partial Well-led review.

Jennifer highlighted that following discussions at the Board of Directors' Strategy Session in June 2022, regarding the initial findings made by GGI, a response to the recommendations had been produced by each organisational lead. The recommendations had been RAG-rated and aligned to actions within the Care Quality Commission (CQC) action plan.

The Board of Directors:

- **APPROVED** the actions identified in relation to each of the recommendations
- **APPROVED** monitoring arrangements made through Quality Committee

STH/105/22 Oversight Framework Update

Sandi Carman, Assistant Chief Executive presented attachment J, which sought to provide the Board of Directors with an update in relation to regulatory intervention following the publication of the Care Quality Commission (CQC) Inspection Report in April 2022.

Sandi provided an overview of the contents of the report and added that the Trust was awaiting a copy of the draft enforcement undertakings for agreement and would be presented to the Board of Directors in due course.

The Board of Directors **NOTED** that further updates would be provided in relation to the mandated support arrangements and the enforcement undertakings.

STH/106/22 Covid-19 and Flu Vaccination Programme – Best Practice Management Checklist

Vicki Leckie, Interim Chief Operating Officer presented attachment K, the outcome of a self-assessment undertaken against the 'Influenza Vaccination Best Practice Management Checklist' for approval and an update on the Trust's Covid and 'Flu vaccination plan.

Vicki explained that the Department of Health and Social Care (DHSC) require the Trust to undertake an annual best practice self-assessment for public assurance. The assessment had been undertaken and the majority of areas had been marked as complete. She explained that there were two areas which remained outstanding, which could be marked as complete once the Board had:

- 1) Confirmed its collective commitment to achieving the ambition of 100% of frontline healthcare workers being vaccinated (A1); and,
- 2) Recorded their individual commitment to being vaccinated (A5 & B3).

Vicki also provided an update on the Covid-19 and 'Flu vaccination programme. Staff uptake of the vaccination would be monitored by the Trust Executive Group.

As requested, the Board confirmed its collective commitment to achieving the ambition of 100% of frontline healthcare workers being vaccinated.

Board members also confirmed their individual commitment to being vaccinated.

In response to a comment from Kirsten Major, Chief Executive, Vicki agreed to review further how vaccinations could be provided as part of the staff induction process.

VL

The Board of Directors:

- **AGREED** with the self-assessment undertaken, and confirmed that all actions should 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 vaccinations
- **NOTED** the operational plan for the delivery of the Trust's Covid-19 and 'Flu vaccination programme

STH/107/22 Emergency Preparedness, Resilience and Response (EPRR) Core Standards

Vicki Leckie, Interim Chief Operating Officer presented attachment H, the outcome of the Trust's annual self-assessment against the

NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR). She noted that the self-assessment required approval at a meeting of the Board of Directors held in public.

The Trust had assessed itself as partially compliant and would develop an action plan to meet compliance in all standards within the next 12 months.

The self-assessment, action plan and statement of compliance was required to be submitted to the Integrated Care Board by 28 October 2022.

Ros Roughton, Non-Executive Director noted that there were several areas where the Trust had assessed itself as partially compliant, where there were plans in place. Vicki explained that whilst there were policies in place they did require review, as such the Trust could not declare itself fully compliant in line with the national guidance at this point in time.

Annette Laban, Chair noted that there were a several actions due for completion by January 2023 and asked if the Trust should stagger the deadline dates. Vicki agreed to review the deadline dates.

The Board **ACCEPTED** the assessment of partial compliance and **APPROVED** the Statement of Compliance and Improvement Plan for submission to Integrated Care Board ahead of the 28 October 2022 deadline.

STH/108/22 Cancer Recovery Plan

Mark Tuckett, Director of Strategy and Planning gave a presentation on the Cancer Recovery Plan, noting the requirement for Board oversight of the Trust's cancer services due to current performance challenges. Mark proposed that the monthly updates on cancer performance would be received by the Finance and Performance Committee, with full quarterly updates to the Board of Directors.

Mark gave a detailed overview of the performance of cancer services at the Trust and explained that a Cancer Recovery Plan had been developed. This focused on ten key areas and appropriate governance structures were being put in place.

Ros Roughton, Non-Executive Director queried if there was adequate capacity to deliver the Cancer Recovery Plan. Mark explained that work was being undertaken to understand the constraints.

A discussion prompted by the previous point established that there was a need to review the efficiency in current pathway processes. It was noted that delivery of the recovery plan would be impacted by winter pressures.

Tony Buckham, Non-Executive Director asked if consideration had been given to alternative recruitment strategies to address current

workforce shortages. Mark explained that work on recruitment and retention was an area of ongoing focus.

The Board of Directors **NOTED** the latest position in relation to Cancer Services and **AGREED** that monthly updates on the cancer position would be received by the Finance and Performance Committee, with quarterly updates being received by the Board.

STH/109/22 Patient Care Recovery Plan

Michael Harper, Operations Improvement Director gave a presentation on the Patient Care Recovery Plan (PCRP) noting that the plan built on work that had been described in the previous item (Cancer Recovery Plan).

Michael described the aims of the PCRP and its five core objectives and that a PCRP Dashboard would be developed. He outlined the governance structure and activities to be undertaken by each of the workstreams.

Toni Schwarz, Non-Executive Director queried if virtual wards had been considered as part of the PCRP. Michael explained that Helen Kay, Operations Director for the Combined Community and Acute Care Directorate, was the Trust lead on the virtual wards work and had already begun building on the work that was in place for community care.

The Board of Directors thanked Michael for his effort in creating a comprehensive Patient Care Recovery Plan and **AGREED** that updates would be presented to the Finance and Performance Committee, with concerns highlighted to the Board of Directors through the Integrated Performance Report.

STH/110/22 Minutes of the Previous Meetings Held in Public on 26 July 2022

The Minutes of the meeting held in public on 26 July 2022 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/111/22 Matters Arising and Action Log

The Board received updates on the following matters arising from the previous meeting:

a) Chief Executive's Report: Research and Innovation Strategy (Action log number 30, minute number STH/74/22 (c))

A 1.5-hour session at the Board of Directors' Strategy Session in December to discuss the Research and Innovation Strategy had been scheduled.

The Board of Directors **AGREED** the closure of the action.

b) Out and About Feedback (Action log number 31, minute number STH/78/22)

Additional Community visits had been added to the upcoming six months of the Out and About visit schedule.

The Board of Directors **AGREED** the closure of the action

The Board of Directors reviewed actions 29 and 32 and, noting their respective deadlines and **AGREED** that the actions would remain open.

STH/112/22 Any Other Business

a) Potential Industrial Strike Action

Mark Gwilliam, Director of Human Resources and Staff Development notified the Board of Directors that there was a potential risk of national industrial action, including strikes, occurring across some staff groups. Mark noted that a risk had been logged on the corporate risk register and that preparatory work was underway.

b) Interim Chief Operating Officer

Annette Laban, Chair thanked Vicki Leckie for her time as Interim Chief Operating Officer for the past four months, adding that her contribution to the Board had been invaluable.

STH/113/22 Date and Time of Next Meeting

The next meeting of the Board of Directors in public will be held on 29 November at a time to be confirmed.

Signed Date

Chair