



Unadopted Draft Minutes of the Board of Directors meeting held in public on 30 January 2024 in the Undergraduate Common Room of the Medical Education Centre at the Northern General Hospital

Present:

Members:

Annette Laban	Chair
David Black	Medical Director (Development)
Tony Buckham	Non-Executive Director
Louisa Cowell	Chief Finance Officer
Mark Gwilliam	Director of Human Resources and Staff Development
Michael Harper	Chief Operating Officer (items STH/14/24 – STH/17/24)
Ann Harris	Non-Executive Director
Jennifer Hill	Medical Director (Operations)
Chris Morley	Chief Nurse
Maggie Porteous	Non-Executive Director
Dean Royles	Non-Executive Director
Toni Schwarz	Non-Executive Director
Mark Tuckett	Director of Strategy and Planning (Acting Chief Executive)
Shiella Wright	Non-Executive Director

Participating Directors:

Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Claire Coles	Business Manager (Minutes)
Andrea Galimberti	Deputy Medical Director / Clinical Director Obstetrics, Gynaecology and Neonatal (OGN) (items STH/08/24 – STH/09/24)
Laura Rumsey	Midwifery Director, OGN (items STH/08/24 – STH/09/24)
Pam Chambers	Deputy Operations Director (OGN) (items STH/08/24 – STH/09/24)
Jeremy Walker	Head of Podiatry Services (item STH/10/24)
Paula Ward	Organisational Development Director (item STH/17/24)
Sally Edwards	Associate Director, Equality Diversity and Inclusion (item STH/17/24)

Apologies:

Ashley Blom	Non-Executive Director
Kirsten Major	Chief Executive
Rosamond Roughton	Non-Executive Director

Observers:

4 Staff	In-person
2 Governors	In-person
5 Governors	Virtually via MS Teams

Minute	Item	Action
STH/01/24	Welcome and Introductions	
	Annette Laban, Chair welcomed Board members and those in attendance to the meeting.	
STH/02/24	Declarations of Interests	
	There were no additional declarations or relevant declarations highlighted.	
STH/03/24	Minutes of the Previous Meetings Held in Public on 28 November 2023	
	The Minutes of the meeting held in public on 28 November 2023 were AGREED and APPROVED as a correct record of the meeting subject to amendment made to:	
	STH/137/23 Board Committee Assurance Reports	
	d) Audit Committee Assurance Report:	
	'... It was agreed to invite the relevant TEG lead to join those discussions in future <i>when there are limited assurance audit reports.</i> '	
STH/05/24	Matters Arising and Action Log	
	The Board NOTED updates on the Action Log for actions with future deadline dates and APPROVED that two actions recommended for closure were closed: 52 and 55.	
STH/06/24	Board Assurance Framework	
	Sandi Carman presented the paper C for discussion on whether there was adequate focus on the three strategic risks with limited aggregated assurance and to agree the proposed rating change for Strategic Risk 8 (Well-led) risk likelihood rating to move from 'Likely' to 'Unlikely'.	
	The Board provided comments on the report, and:	
	<ul style="list-style-type: none"> • DISCUSSED levels of assurance in place and current levels of Strategic Risk. • AGREED the proposed changes in risk rating for Strategic Risk 8 following the work which linked to learning from the CQC Well-led review which was embedded in behaviours. SUPPORTED the inclusion of the scheduled deep dives and oversight forum in future reports. • NOTED the Board had become more comfortable in using this framework which easily highlighted areas to focus. • THANKED Sandi and her team for their work to develop the report and framework. 	
STH/07/24	Corporate Risk Register Report	

Jennifer Hill presented Attachment D, the Corporate Risk Register Report (CRRR) for January 2024, which reported operational risks with a score of 15 or more (Extreme Risks).

As requested, the Board provided comments on the report: Tony Buckham sought to clarify why Risk ID 4195 *The risk of harm to patients due to increased waiting times for elective surgery* was no longer scored as extreme. It was explained the rationale for this was due to the good progress made in terms of long waits with no patients waiting over 104 weeks and the management of the review process to re-book patients back.

Shiella Wright questioned the risk title for Datix ID 5187 *Risk to patients/staff including risk of infection, compromised outbreak management and staff fitness to practice in new role*. This risk was yet to be validated and that process would ensure the title of the risk was labelled appropriately.

Ann Harris questioned the process for validating risks as some of the review dates appeared dated. Jennifer clarified that this risk related to medical staffing levels in clinical Haematology which had been open for some time as low risk. However staffing issues were known, and the risk was becoming greater, hence the addition to this extreme risk report. The risk would be quality assured by the Risk Management Group.

In relation to Datix ID 5254 *Limited Allied Health Professional (AHP) and Psychology interventions impacting patient care in Critical Care* Jennifer Hill confirmed that a series of peer review visits to the three Critical Care Units had described low AHP levels but related to meeting the aspirational standard for AHPs. Mark Tuckett confirmed there was a paper being taken through business planning on AHP resource. AHP levels had been benchmarked with Shelford trusts and none met the aspirational standard.

The Board **NOTED** the report, and that four new risks had been added and noted the other risks that were under review.

STH/08/24 Maternity Matters

Andrea Galimberti, Deputy Medical Director / Clinical Director, of Obstetrics, Gynaecology and Neonatology (OGN), Laura Rumsey, Midwifery Director, OGN and Pam Chambers, Deputy Operational Director, OGN attended for this item.

Chris Morley introduced the item and informed the Board of the proposal to streamline reporting of the Maternity Improvement Programme Report through the Maternity Improvement Board in future due to the significant improvements made. It was also proposed that the Maternity and Neonatal Safety Report would be brought quarterly to Board with brief updates brought in the intervening months.

The sequencing would be worked through, and dashboard reviewed to provide clarity and assurance for Board.

The Board noted that NHS England and CQC were comfortable with this new streamlined process following advice received.

a) **Maternity Improvement Programme Quarterly report**

Andrea Galimberti presented the report Ei, drawing the Board's attention to the following points:

- Completion of the Perinatal Mortality Review Tool (PMRT) recovery plan.
- That reporting of stillbirths continued to be low at three per 1000.
- Following analysis of stillbirth care via PMRT over a 6-month period no issues were identified.

Dean Royles asked what support was offered to families who suffered a neonatal death. Andrea and Chris described the well-developed follow-up care and the upgrade of the bereavement suite.

The Board:

- **NOTED** the update on the Maternity Improvement Programme for Quarter-3 and the priority actions for Quarter-4.
- **NOTED** that monitoring of the Maternity Improvement Programme would move to the Maternity and Neonatal Improvement Board.

b) **Maternity and Neonatal Safety Report**

Andrea presented the report Eii for November 2023.

The Board of Directors **RECEIVED** and **NOTED** the contents of the report and **DISCUSSED** the drop in adult safeguarding training Level 2 compliance. The Board had previously been made aware of the reasons for the compliance levels for Level 3 training however questioned the drop in compliance for Level 2.

Chris explained that Level 2 compliance related to clarifying which Level specific staff groups were required to complete following a change to guidance, which mainly affected maternity services and emergency services. Both Level 2 and Level 3 training had been paused however this was close to being resolved.

c) **Non-Executive Maternity Champion Feedback**

There were no new activities to report during January 2024.

STH/09/24 Clinical Negligence Scheme for Trusts: Maternity Incentive Scheme Sign-Off

Andrea Galimberti, Deputy Medical Director / Clinical Director, of Obstetrics, Gynaecology and Neonatology (OGN), Laura Rumsey, Midwifery Director, OGN and Pam Chambers, Deputy Operational Director, OGN attended for this item.

Chris Morley presented the accompanying slides to Paper F. The Board was familiar with the robust pre-Board assurance process undertaken to be able to provide assurance on the position against each of the ten safety actions. The paper brought to conclusion this assurance process, and the return would be submitted by 1 February 2024 following the Board of Directors' sign off.

Chris gave additional explanation for the non-compliant safety actions 5 and 8.

The Board noted the significant overall improvement in compliance at Year-5 compared to Year-4 and was disappointed that two safety actions had not been met. The Board would continue to escalate nationally the volume of training requirements for maternity services and thanked the team for all their effort to achieving 96 per cent compliance with the standards.

In response to a point raised by Maggie Porteous, Andrea confirmed that access to the on-line fetal training had been removed. Mark Gwilliam advised that this would be covered in the deep dive into statutory and mandatory training within the Integrated Performance Report (IPR) agenda item STH/15/24. The model for delivering training was a decision for the organisation, however there are extra difficulties around compliance levels for face-to-face training.

Dean questioned whether the two non-compliant safety actions were reported on the risk register in order to identify mitigations against training issues. Chris described the actions taken to address these risks related to the increase in recruitment of 23-25 new midwives which would help to address the non-compliance with Safety Action 5 and midwifery cover, and that fetal monitoring had shown a reduction in the number of stillbirths.

It was reported that the team was learning from this year's issues and particularly the impact of industrial action and would move to an 11-month training cycle which would mitigate against operational pressures and industrial action. Andrea confirmed there was agreement that training for doctors who rotate could be passported to/from other trusts.

The financial incentive for this year would have been £1.6m and was circa £2m next year, although the Trust had submitted a bid for £258k support. The Board noted the high bar set nationally for achieving the standards and would anticipate that a number of organisations would not achieve 100 per cent.

The Board of Directors:

- **NOTED** the achievement of 96 per cent compliance against the standards should be celebrated, noting the reasons for non-compliance of Safety Actions 5 and 8.
- **RECEIVED, DISCUSSED** and **APPROVED** the Clinical Negligence Scheme for Trusts Maternity Incentive Scheme Year-5 declaration, sign-off and submission.

STH/10/24 Clinical Update – Podiatry

Jeremy Walker, Head of Podiatry, and Deborah Sanger, Principal Podiatrist, attended for this item.

Chris Morley introduced the item which celebrated the positive changes caused by the disruption to the previous service from Covid, and closer working between services which is an understated benefit of being an integrated organisation. Chris read a statement from Rajiv Gandhi, Consultant Diabetologist, who was unable to attend the meeting but wanted to note the work of the Podiatry Service to significantly improve outcomes.

Jeremy Walker presented a number of slides showing an overview of why people with diabetes were prone to foot ulceration, the increasing incidence in diabetic foot disease and the results of the National Diabetic Foot Audit. The changes during the pandemic have resulted in closer working with more joined up services improved skills and knowledge of colleagues and better patient outcomes.

The Board heard from two different patient stories; these were powerful stories of their experiences and improved outcomes. The Board noted the public health messaging in the 'What matters to you?' approach taken.

Mark Tuckett described the development of the Trust's Clinical Blueprint for how clinical services would develop over the next few years. The 'What matters to you?' was at the core of this blueprint, and would contact Jeremy to seek a case study on the connections between community and hospital-based services.

MT

In relation to the lower financial costs of treating foot ulcers early, Tony Buckham raised a point related to investing in the podiatry workforce to save in the future. Jeremy highlighted the fact that podiatrists tended to move to private practice, and the current vacancies rate within community service team was at 18 per cent.

In response to a question from Shiella Wright related to raising awareness and actions for harder to reach communities disproportionately affected by diabetes, Jeremy described the outreach clinics approach which had been in place for a number of years, noting the disease progression was different for different ethnic groups.

The Board **NOTED** the presentation and thanked Jeremy and Deborah for attending.

STH/11/24 Chief Executive's Matters

In the absence of Kirsten Major, Annette Laban, invited Trust Executive Group (TEG) colleagues to highlight the following points from Paper G:

STH/11/24 a) Operational Update

Jennifer Hill provided an update on operational matters with respect to recent weeks, noting bed occupancy in the region of 96 per cent and 110 surge beds opened.

There had been significant number of norovirus cases, while Covid and flu cases had reduced. The position replicated the national picture.

STH/11/24 b) Strike Action Update

Jennifer noted the longest period of industrial action by Junior Doctors had taken place during a period of exceptionally high operational pressures, this had resulted in cancellations of a significant amount of activity.

Consultants had rejected the Government's pay offer however further talks were ongoing, there have been no further industrial action dates announced.

Junior Doctors had a mandate to strike until end February 2024 and had balloted for a further mandate to September.

SAS (specialty doctors and specialist grade) Doctors had voted in favour of strike action however no dates had been announced.

It was noted that 2-weeks' notice should be given for any planned strike action, and concern was noted on the upcoming two weeks school holiday period in the region. The situation would continue to be monitored closely.

STH/11/24 c) Northern General Hospital Discharge Lounge Relocation and Improvements

The discharge lounge was back to its permanent location. Colleagues were working hard with Yorkshire Ambulance Service (YAS) to streamline the patient collection service.

STH/11/24 d) National Collaborative – Sexual Safety Charter

Kirsten Major would participate in monthly meetings for this national collaborative.

STH/11/24 e) Shelford Group Safer Nursing Care Tool – Steering Group

Chris Morley would take up the Chair of this steering group overseeing the development of safer nursing care tools, and co-chair the Safer Staffing Faculty Steering Group Meeting.

STH/11/24 f) Maternity Safety Support Programme – Exit Proposal

Chris explained the request that the Trust considers whether it should exit the programme, in recognition of the significant improvements delivered by maternity services. The request was supported by the Board and would now be considered at the NHS England Maternity Safety Support Programme Board.

STH/11/24 g) Annual Operational Planning Process Update

National planning guidance had been delayed, and it was expected that timescales to submit would be short due to this delay. The Board was assured that discussions internally had started in December and directorates had a grasp of their planning position.

The financial assumptions for 2024/25 published within the 2023/24 planning guidance indicated that 2024/25 would be challenging however it was likely these assumptions would change.

STH/11/24 h) South Yorkshire and Bassetlaw Getting It Right First Time (GIRFT) Visit from Professor Tim Briggs

The Board noted the positive visit and that further actions would be led by the Diagnostic and Elective Oversight Group which was chaired by Kirsten.

Jennifer reported that the visit had highlighted good practice, and the team had been pleased with progress in the priority areas.

STH/11/24 i) People Update

Procurement Director – The Board thanked Andrea in recognition of the significant impact she has made in the Trust. Andrea's replacement would start in April.

Deputy Director of Strategy and Planning – The Board thanked Paul recognising his significant contribution to the Covid vaccination programme.

STH/??/24 j) Communications and Awards Update

The update was noted.

The Board:

- **NOTED** the report and additional verbal updates.
- **CONFIRMED** it was **ASSURED** that sufficient progress had been made in maternity services to support exit from the Maternity Safety Support Programme.

STH/12/24 Chair's Report

The Board **NOTED** Report H.

STH/13/24 Board Out and About Visits

Sandi Carman presented Paper I, providing a summary update of the visits which had taken place by members of the Board during November and December 2023, highlighting that:

- Visits had been stepped down during periods of industrial action.
- That reports from each visit had been shared with the relevant triumvirate reflecting the feedback to take forward within their action plans.

Shiella highlighted a recurring theme from the visits that space was a challenge within some areas, and questioned how this was being addressed. Mark Tuckett and Chris Norman were working together to look at estate usage and opportunities to rationalise the estate, and a group was being convened to develop a master plan by April / May time.

Jennifer noted that it was important to separate issues raised at out and about visits about outpatient /office space and in-patient pressures. Pressures for inpatient beds are particularly challenging as we are endeavouring to maintain elective activity whilst we have high numbers of emergency admissions and a large number of inpatients with no reason to reside.

The Board sought to understand the close down loop for issues identified during visits and that actions were being taken forward and monitored. Sandi explained that key issues were fed back to the triumvirate for teams to take forward through the business planning process or actively taken forward for already known issues. Board members were aware that services could use visits to progress issues however it was important teams felt listened to, therefore Sandi was asked to look at a process for closing actions identified from Out and About Visits, and how actions taken forward by the triumvirate could be tracked.

SC

The Board **NOTED** the report.

STH/14/24 Learning from Deaths Report

Jennifer Hill presented Report J, the quarterly report updating on Hospital Standardised Mortality Ratio (HSMR) and Summary Hospital-level Mortality Indicator (SHMI) metrics. Jennifer highlighted:

- The Trust had transitioned from Dr Foster Intelligence to the Healthcare Evaluation Data benchmarking tool.

- The clinical coding team had sourced external support to clear a significant coding backlog which would improve data going into the model to provide more accurate results.
- There had been a discussion at the Quality Committee on the fractured of neck of femur data. HSMR and SHMI showed positive improvement, were no longer alerting and were banded in the 'as expected' range although we are still an outlier for the national hip fracture audit data for which an action plan is in place.

The Board noted that data were regularly benchmarked with others and reviewed by the Quality Committee. The Board had also received a benchmarked review of HSMR across Shelford, local and large northern trusts during 2023. Jennifer informed the Board of a request from Oxford to share and compare the learning from deaths process which would be used to look at best practice, improve reports and refresh the process.

The Board noted that 49 per cent of deaths were referred for structured judgement review because of a Learning Disability or severe mental illness, and Jennifer advised that several sources of learning from deaths were used, however would check to ensure the Trust was not under declaring cases were SJRs scores suggested a significant problem with care. JH

The Board **NOTED** the report.

STH/15/24 Integrated Performance Report

The following matters were highlighted from the Integrated Performance Report (IPR) for November 2023 and October 2023:

a) Deep Dive: Mandatory and Job Specific Essential Training

Mark Gwilliam presented the *Mandatory and Job Specific Essential Training* deep dive, which provided an update on performance against the IPR training metrics.

The Board **NOTED**:

- That statutory and mandatory training requirements linked to the Core Skills for Health Framework and included 10 core subjects with 21 subject levels. Job specific essential training was locally defined by the organisation and included in the paper.
- The amount of training required across the organisation to ensure people were appropriately skilled for their role.
- Both mandatory training and job specific essential training had consistently achieved the 90 per cent target which showed good commitment from staff.
- Nine of the 21 subjects were below the 90 per cent threshold. Support was being provided by the Education Steering Group to each subject lead and trajectories were in place to achieve the target.

- The Education Steering Group was reviewing the target audiences for all staff for job specific essential training.

The Board was advised that resuscitation training levels had significantly reduced due to operational pressures to release people to complete the face-to-face training, where previously the training had been on-line. Chris explained that during the pandemic on-line training had improved compliance, however it was difficult to maintain this position given the back log and return to face-to-face training. The Education Steering Group would be reviewing progress in this area.

Annette highlighted training compliance levels within pharmacy, and Mark Gwilliam confirmed that he had received assurance that the 90 per cent target would be achieved by year-end.

Dean reminded the Board that compliance related to training not being up to date rather than people not having had training, and the People Committee was looking at the recovery trajectories to improve compliance levels.

b) Deliver the Best Clinical Outcomes

Jennifer Hill noted:

- The reduction in non-elective *Length of stay*, and the work on the discharge lounge to move to discharge earlier in the day would continue to see improvement.
- There were two catastrophic falls reported in October. Following previous work on falls there had been a steady improvement in falls per 1000 bed days across the Trust. The Falls Educator and Lead were working with those areas where catastrophic falls had occurred.

Chris Morley highlighted:

- There had been three cases of *MRSA* which took the number of cases to five during this reporting period. This was ongoing work with no significant concerns or themes.
- During October 2023 the threshold which the Trust had set itself for the number of in-patient *pressure ulcers* was breached. There was no pattern and seemed to be an anomaly for that month. This was an area of focus and a change in the tool should make further improvements.

c) Provide Patient Centred Services

Michael Harper drew the Board's attention to:

- The work undertaken with the Shelford Group and the work on implementing anticipatory flow.
- Ambulance handover times in excess of 30 minutes was at 87.26 per cent in November compared to 87.99 per cent in October 2023, and in excess of 60 minutes 13.03 per cent of handovers took longer than 60 minutes in November compared with 12.70 per cent in October 2023.

- Michael explained the work with Yorkshire Ambulance Service (YAS) to move to no patient waiting over 45 minutes but with an aim to achieve the 65 per cent target to handover within 15 minutes. A standard operating procedure was in place and teams were working to this.
- Michael reported the Trust's position in terms of long waits in the management of the Patient Treatment List (PTL):
 - There were no patients waiting over 104 weeks.
 - Focus continued on 78 week waits and the impact of industrial action was affecting small numbers,
 - Work would continue on 65 week waits.

Michael reported by exception the downward trends for the number of *Cancelled Outpatient appointments* cancelled by the hospital and *DNA* (Did Not Attend) rates which were seeing the impact of industrial action however there was good work happening on DNA rates which should see some improvement.

The Board had discussed ambulance handover times at their meeting in December, and Michael responded to a question from Maggie Porteous on whether the additional resource was seeing an improvement. Michael advised that there was concern on handover times both internally and at Place level due to the risks it created for people waiting and impact on overall response times for YAS. Operationally there was coordination of services across the system as handover times began to increase.

This was a national issue wider than the NHS, and Maggie asked how the Board could support. Annette advised that the organisation was raising this where it could and acknowledged that resolutions related to a whole system approach, led by Place with partners to improve flow.

Tony Buckham highlighted a conversation with a consultant on their difficulty in getting theatre slots. Michael described the increased usage of theatre time and the higher volumes of patients being treated through theatres during the last quarter.

Mark Tuckett highlighted the Trust's position in terms of *Cancer* waits:

- The position remained challenging for core metrics although there were some signs of improvement for 31-day performance for surgery, drugs and radiotherapy.
- The Trust continued to be held to account on its backlog position by NHS England (NHSE). There had been some improvement in the backlog position in November and December, noting that November had seen no industrial action.

Chris updated on the Friends and Family Test (FFT) community metric performance, which was below the threshold, even when omitting the GP collaborative data which generally skews the results. Feedback was largely positive however there was more

work to do on clarifying communications related to which STH service, community services patients were commenting on.

d) Employ Caring and Cared for Staff

Mark Gwilliam highlighted performance against the following points which were reported by exception:

- Sickness performance remained challenging at 5.31 per cent in November, this was a slight improvement compared to 5.56 per cent in October against a target of 4 per cent.
- Non-Covid sickness absence was 4.9 per cent, although this could be misleading because people were no longer testing but it was lower than the previous year.
- The improvement in performance for the recruitment metric *Weeks taken from request to fill to unconditional offer* for the year was highlighted.

e) Spend Public Money Wisely

Louisa Cowell noted the following from the IPR related to financial performance against metrics:

- Whilst the deficit is decreasing the position remained challenging and the improvement is due solely to slippage in service developments allowing this funding to be released into the position.
- The directorate Month 8 and Month 9 positions were disappointing.
- Increased pressures in clinical non pay being seen where spend was much higher than in 2019/20 but activity was at about the same level as 2019/20.
- Highlighted the risk that the Trust is spending more on delivering increased activity than it is earning through Elective Recovery Funding.

f) Create a Sustainable Organisation

There were no escalations to report this month.

g) Deliver Excellent Research, Education and Innovation

There were no escalations to report this month.

STH/16/24 Emergency Planning Resilience and Response (EPRR) Annual Assurance

Michael Harper presented the Report L, reporting the annual self-assessment of NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

Michael highlighted the following points:

- The changes made to the criteria nationally by NHS England (NHSE) therefore this year's self-assessment was not as positive as usual.

- Michael outlined the changes to the framework being trialled in the North East and Yorkshire (NE&Y) region. There was an increase in the volume of evidence now required for this new approach.
- The Trust had self-assessed at 71 per cent against last year's core standards but 32 per cent against the new framework. Whilst this was a concern, others were in a similar position and compliance levels within the Integrated Care Board (ICB) and region had dropped significantly when assessed against the new framework.
- NE&Y region was clear that the difference in compliance levels was not an indicator of readiness or responsiveness and related to the timing of the introduction of the framework.

The Board **NOTED** compliance levels, the new process and the associated risk of moving to compliance related to the team's capacity and that it was planned to achieve compliance within a 2-year timeframe.

The Board **DISCUSSED** the introduction process for the new framework, the concern on compliance declared and identified learning on the way the framework was introduced.

In response to the Board's questions Michael confirmed:

- There were no financial implications by this change and non-compliance level declared.
- That there had been assurance that at the end of the 2-year cycle the framework would not change again, with the national direction of travel and learning from the trial included within the paper.
- The change was driven by the learning from the Manchester bombing inquiry.
- It was recognised that the 32 per cent compliance level declared related to gathering evidence and not the Trust's readiness.

Michael took an action to check the dates on the plan to align with the 2-year timeline. Michael advised that the expectation was that the organisation would be held to account at system level to ensure dates were achieved.

MH

Michael confirmed that the risks on those plans were held within the Chief Operating Officer's Office and by individual directorates on their own plans. Michael was asked to revisit these risks against the new framework sub-categories.

MH

As requested, the Board of Directors:

- **AGREED** the recommendation, from the Trust's Accountable Emergency Planning Officer following self-assessment (71%), of non-compliance of the 2023 Core EPRR standard and **NOTED** the outcome from NHSE following review of the Trust's evidence against the updated framework (32%) of non-compliance of the 2023 Core EPRR standards.

- **AGREED** the Action Plan that was submitted to the Integrated Care Board (ICB) and acknowledgement at an ICB level that movement to full compliance would take up to 24-months for all providers, and that the Trust would try to influence the future direction.
- **NOTED** the risks associated with the volume of work required to bring the Trust up to full compliance, within the new Framework, this coming year in the context of ongoing demands on the Emergency Planning Team.

The Business Continuity Team was thanked for their work.

STH/17/24 Annual Equality Diversity and Inclusion Report

Paula Ward, Organisational Development Director and Sally Edwards, Associate Director of Equality, Diversity and Inclusion attended for this item.

Paula Ward presented the report M presenting the Trust's 2023 Annual equality diversity and inclusion (EDI) report and the Trust's duties under the Equality Act 2010 Public Sector Equality Duty (PSED).

This was the second report providing transparency on the Trust's ambitions, with significant progress made, and action plan developed for the upcoming year.

Kirsten Major was thanked for her support and leadership of this agenda, thanks also extended to Sally Edwards, the EDI team, EDI Executive Committee and communications team for their shared ownership in achieving this step change over the past 12 months.

The Board was thanked for prioritising this agenda and undertaking the EDI programme. The Governor training programme was scheduled to take place soon.

Sally Edwards described how proud she was of the staff network groups and initiatives they were involved in. The workforce profile had shifted to be more diverse which was beneficial for patients and teams. The future focus continued to be on senior teams. Sally highlighted that the Trust was listed in the Stonewall top 100 awards. The EDI Executive Committee was driving the cultural change and aspiration to be an inclusive organisation, and stakeholders would be engaged to develop the renewal of the EDI strategy.

The Board was impressed and proud of the progress made, on which it was keen to build and embed, and thanks were offered to the team.

The People Committee had been impressed by the report and Shiella recommended that positive themes were identified and publicised.

As recommended, the Board of Directors:

- Was **ASSURED** by and **APPROVED** the Annual EDI Report for 2023
- **AGREED** to its publication on the Trust's public-facing website.

STH/18/24 Update on Five Year Capital Plan and Capital Programme

ITEM BROUGHT FORWARD

Louisa Cowell presented Report N, the Quarter-3 update on the 2023/24 Capital Programme and 5 Year Capital Plan.

Louisa highlighted:

- The minor changes since Quarter-2 were set out in the report.
- The programme was currently over committed by £2.4m, however £1m of this would be covered by the national funding for the Laboratory Information Management System (LIMS).
- The team was looking to mitigate against the greater risk of underspend with likely further slippage to occur.
- The annual cycle had commenced for the 5-year plan to ensure it was in good shape for future years.
- The risk related to the system not achieving its revenue target was highlighted as this would impact on the Trust's operational capital allocations funding for 2024/25.

The Board **NOTED** the risk related to the system hitting its revenue target and **DISCUSSED** the inconsistencies in incentivising behaviours.

The Board of Directors:

- **APPROVED** the latest 2023/24 Capital Programme and noted the required actions to ensure available 2023/24 funding is fully utilised.
- **NOTED** the challenges for development of the 2024/25 Capital Programme and 5-Year plan, which would be progressed through the Business Planning round.

STH/19/24 Universities Update – Sheffield Hallam University

Toni Schwarz presented an update from Sheffield Hallam University on teaching and research activity. Highlighting and explaining the impact related to overall student recruitment, which was a national issue, that details of the proposed restructure of the department would be provided in a future update.

The Board **DISCUSSED** whether the reduction in student recruitment was a risk to the future workforce and future recruitment challenges, this was a theme coming out of a number of the Board's conversations and linked to the risk reported earlier in the CRRR related to workforce within certain areas and suggested looking at potential vulnerable areas. Dean Royles suggested this should be considered as part of the BAF update.

MG

Mark Gwilliam reported that this was not currently impacting the organisation, however was an area of focus through workforce planning and nationally.

Chris reported that the People Committee at their March meeting would be looking at the nursing workforce plan for the next three to four years, although this was not able to describe that drop off in the nursing workforce.

The Board:

- **NOTED** the update.
- **REQUESTED** that a joint presentation by both universities on the South Yorkshire Digital Health Hub was brought to a future Board meeting

TS/AB

STH/20/24 Health and Care System Update

The Board **NOTED** the Report O for information.

From the report Annette highlighted that she would continue to chair the South Yorkshire Acute Federation Committee in Common for a further six months.

STH/21/24 Well-led Development Plan Update

Sandi Carman presented the Report P providing a quarterly update on the Well-led Development Plan.

Sandi highlighted:

- The good progress with 85 per cent of actions completed as summarised within the report.
- Nine actions remained open which linked to work around function of care groups and how they operate. Progress had stalled on this action, which would be a focus of a TEG development session in February to relook at the original risk.
- The work on the close down report, and to look at key changes, impact and learning would be brought back after the next quarter.

Louisa responded to a question on *Action B4* related to Use of Resources to advise that progress had been made, and that following discussion it had been agreed to propose closure of the action at the next review point to ensure the Use of Resources Group is fully embedded.

Ann Harris asked whether there was any evidence from the starting position on assurance increasing and likelihood reducing. Sandi agreed to explore this further in the close down report.

SC

The Board **NOTED** the update and **ENDORSED** the closure of those actions which were recommended for closure.

STH/22/24 Application of the Corporate Seal

The Board:

- **APPROVED** the application of the relevant signatures to the HM Land Registry documentation related to Heeley Dental Clinic sale.
- **APPROVED** the application of the relevant signatures to the Licence for alterations to PET CT Scanner at Northern General Hospital.
- **APPROVED** the application of the relevant signatures to the Licence for alterations at Northern Perk coffee shop, Herries Road entrance, Northern General Hospital.
- **NOTED** the reporting of application of the seal to the Lease and licence to carry out alterations to C floor pharmacy unit Royal Hallamshire Hospital at the December 2023 Private Board of Directors meeting.

STH/23/24 Standing Orders for the Practice and procedure of the Board of Directors

Sandi Carman presented Report R, following the routine three yearly review of the document. This was a core Trust document that describes how the Board and its wider governance arrangements operates.

The Board **APPROVED** the Standing Orders for the Practice and Procedure of the Board of Directors.

STH/24/24 Board Committee Assurance Reports

a) Quality Committee Meeting Assurance Report

Ann Harris, Non-Executive Director, presented paper Si on behalf of the Committee Chair, highlighting the following points from the December 2023 and January 2024 agendas:

- The good partnership working with other statutory bodies on the care of 16/17 year old patients in mental health crisis.
- The quarterly update on mental health provision and discharge to appropriate services, whilst good progress had been made there was more to do.
- As covered earlier in the meeting the Committee had received an update on the mortality levels from sustaining a fractured neck of femur.
- An excellent presentation on end-of-life care was received.
- The Committee congratulated the team on the timely approach to management of serious incident investigations.
- The Board's attention was drawn to the patient feedback within the quarter-2 integrated quality and safety report.
- There were no escalations to highlight to the Board.

b) Finance and Performance Committee Meeting Assurance Report

Tony Buckham, Non-Executive Director, and Chair of the Finance and Performance Committee presented paper Sii highlighting the

following from the January meeting not already covered within the meeting:

- The good six-monthly update from Procurement reflecting the wide range of work by the team which also looks after other trusts. Noting the Procurement Director would be leaving the Trust.
- The Use of Resources group was addressing underperformance of productivity and efficiency, and was looking to identify more mature models to continue to make progress.
- Operational performance on Cancer waits which was seeing a correlation between activity when there had been no industrial action.
- The Committee escalated the concern that national planning guidance was still awaited, however work was ongoing internally in the background.

c) People Committee Meeting Assurance

Shiella Wright, Non-Executive Director and Chair of the People Committee, presented Paper Siii highlighting the following from the December 2023 and January 2024 reports:

- The presentation on consultant vacancy rates looking into workforce areas by the Deputy Medical Director who had been invited back to a future meeting.
- The good deep dive into the refreshed People Strategy 'We have a voice that counts' element.
- The Committee had reviewed Safety Action 8 of the Clinical Negligence Scheme for Trusts (CNST) with non-compliance escalated to Board.
- It was agreed that the Workforce Reporting alignment would be brought quarterly to the Committee as well as scrutinised by TEG.
- That results from the Freedom to Speak Up self-assessment were in the process of being reviewed.
- A deep dive into the People Strategy 'We are always learning' and the Committee was assured on actions being taken and progress.
- There were no new areas to escalate to the Board from the January meeting.

It was highlighted that it was a challenge for the Guardian of Safe Working Hours to be able to spend available funding for breaches. This related to concerns regarding taxable benefits and there was work with the Guardian of Safe Working Hours to identify where to spend the money and improve the process.

d) Audit Committee Meeting Assurance Report

Ann Harris, Non-Executive Director and Audit Committee Chair, presented Paper Siv, highlighting the following from the January 2024 meeting:

- The Internal Audit plan was on track for the year and four audits had all been issued with significant assurance opinion.
- The Head of Internal Audit Opinion was reported as 'moderate' at month 9 based on the first follow up rate of 62 per cent, which was driving performance down. There had been a discussion whether TEG could introduce a low-level tracking system to track follow up actions. Sandi was aware and taking this forward.
- The Committee was looking at themes and considering whether to look at adherence to the Scheme of Delegation.
- Whilst the Trust had drafted its timetable for the preparation of the Annual Report and Accounts it was agreed there would be some flexibility due to the tight timescales.
- There were no concerns to escalate to Board.

The Board **DISCUSSED** how deadline dates for internal audit report follow up actions were agreed. Chris Morley informed the Board of the process that any proposed change to dates within the first draft of an internal audit report now needed to be agreed by the TEG lead.

f) **Acute Federation Committee in Common Meeting Assurance Report**

Annette Laban, Chair, presented Paper Sv, highlighting the following points from the January 2024 meeting:

- That the new Clinical Director had now commenced in post.
- A deep dive into the South Yorkshire Acute Federation's Board Assurance Framework Strategic Risk: Quality to look at metrics which would apply across all organisations.
- To hear about the relocation of Integrated Care Board (ICB) Place teams and rationalisation of the estate at Place level.
- The ICB organisational change would be completed by the end of March and changes would then be communicated.
- Chief Executives, Chairs and Directors of Finance had been invited to monthly meetings to address system efficiency planning for this, and future, years.
- An update was received on digital convergence, and the essential support needed to a partner trust currently without an electronic patient record.
- Yorkshire Ambulance Service colleagues attended to present their strategy.
- Sandi Carman attended to present an update regarding the Committee in Common arrangements.
- There was no escalation to highlight to the Board except system financial challenges.

The Board **NOTED** the reports.

STH/25/24 Chair and Non-Executive Director Matters

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

STH/26/24 Any Other Business

There were no additional items of business raised.

STH/27/24 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on 26 March 2024 at a time to be confirmed.

Signed Date

Chair

DRAFT