



Unadopted Draft Minutes of the Board of Directors meeting held in public on 21 May 2024 in the Undergraduate Common Room of the Medical Education Centre at the Northern General Hospital / by Video Conference

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
Ann Harris	Non-Executive Director
Jennifer Hill	Medical Director (Operations)
Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
Maggie Porteous	Non-Executive Director
Rosamond Roughton	Non-Executive Director
Dean Royles	Non-Executive Director
Toni Schwarz	Non-Executive Director
Mark Tuckett	Director of Strategy and Planning
Shiella Wright	Non-Executive Director

Participating Directors:

Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Rachael Winterbottom	Corporate Governance Manager (Minutes)
Andrea Galimberti	Deputy Medical Director / Clinical Director for Obstetrics, Gynaecology and Neonatology (OGN) (item STH/51/24)
Sue Gregory	Operations Director (OGN) (item STH/51/24)
Laura Rumsey	Midwifery Director (OGN) (item STH/51/24)
Nathan Timmis	Operations Director, Operating Services, Critical Care and Anaesthesia Care Group (item STH/51/24)
Lisa Johnson	Operations Director, South Yorkshire Regional Services Care Group (item STH/52/24)
Javaid Iqbal	Consultant Interventional Cardiologist and Transcatheter Aortic Valve Implantation (TAVI) Service Lead (item STH/52/24)
Paula Ward	Organisational Development Director (item STH/58/24)
Rosie Clegg	Programme Manager, Organisational Development (item STH/58/24)
Jessica Fillingham	Project Support Officer, Organisational Development (item STH/58/24)

Apologies:

Ashley Blom	Non-Executive Director
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Observers:

Five Governors
Two members of staff
Three members of the public

Minute	Item	Action
STH/46/24	<p>Welcome and Introductions</p> <p>Annette Laban, Chair welcomed Board members and those in attendance to the meeting.</p>	
STH/47/24	<p>Declarations of Interests</p> <p>No declarations of interest were made.</p>	
STH/48/24	<p>Minutes of the Previous Meetings Held in Public on 26 March 2024</p> <p>The Minutes of the meeting held in public on 26 March 2024 were AGREED as a correct record of the meeting.</p>	
STH/49/24	<p>Board Assurance Framework</p> <p>Sandi Carman presented paper B, the Board Assurance Framework (BAF).</p> <p>As requested, the Board considered the prompts which were outlined on the cover of the report:</p> <ol style="list-style-type: none"> 1) Whether across the agendas of the Board and its Committees there was adequate focus on the three Strategic Risks highlighted on the Ratings Dashboard as having a 'Limited' Aggregated Assurance Rating and a Current Risk Likelihood Rating of 'Likely' or 'Almost Certain'. 2) The content of individual Strategic Risk commentaries to identify any areas for future deep dive focus. 3) If there were any themes identified within the Corporate Risk Register Report which should feed into future deep dive discussions. <p>Reflections were made by Non-Executive Directors around:</p> <ul style="list-style-type: none"> • How risks which increase gradually over a period are captured. • How to improve the flow of information between different the committees in relation to the management of allocated Strategic Risks. • Related to the previous point the Audit Committee's role in overseeing the overall effectiveness of the management of Strategic Risks and how its oversight could be strengthened. <p>Sandi would consider the points raised, collaborate with the Strategic Risk Owners and reflect the outcomes of the deliberations in the next presentation of the BAF to the Board.</p>	SC

The Board **NOTED** the levels of assurance in place and current levels of Strategic Risk.

STH/50/24 Corporate Risk Register Report

Jennifer Hill presented paper C, the Corporate Risk Register Report.

Jennifer Hill noted the following points:

- Since the Corporate Risk Register Report was last presented to the Board in January 2024, six new Extreme Risks had been added to the Corporate Risk Register Report.
- All risks were within review date and no actions are noted as overdue for completion.
- There were two open Extreme Risks on the Risk Register that had not yet been validated which were noted within the report. These risks had been reviewed at the Risk Management Group and feedback had been provided to the Risk Owner with a request to update the risk accordingly.

In response to questions from Ann Harris and Tony Buckham Sandi Carman confirmed that all extreme risks would be considered by Strategic Risk Owners when they reviewed their Strategic Risks and during deep dive reviews.

The Board **NOTED** the Corporate Risk Register Report including areas of update.

STH/51/24 Maternity Matters

a) Maternity and Neonatal Safety Report

Andrea Galimberti, Deputy Medical Director / Clinical Director for Obstetrics, Gynaecology and Neonatology (OGN), Sue Gregory, Operations Director, OGN and Laura Rumsey, Midwifery Director, OGN attended for this item.

Chris Morley introduced the item, before handing over to the OGN Triumvirate to present the Maternity and Neonatal Safety report for Quarter 4 2023/24 (paper D), Chris noted the following points:

- Publication of a report by an All-Party Parliamentary Group on Birth Trauma on 13 May 2024. Chris confirmed that this report would be reviewed to identify any actions and learning for the Trust's maternity services. The report and the Trust's response to it would be presented to the Board at a future date.
- The quarterly Maternity and Neonatal Safety report included at Appendix 4, the quarterly review of stillbirths

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and neonatal deaths using the Perinatal Mortality Reporting Tool (PMRT), a requirement of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme (MIS).

The Board of Directors **RECEIVED** and **DISCUSSED**:

- The Maternity and Neonatal Safety Report for Quarter 4 2023/24 which provided a detailed overview of, incidents, performance, staffing, improvements, risks and mitigations in maternity services.
- Feedback from the meetings of Board level Safety Champions meetings detailed within the report.
- The quarterly review of stillbirths and neonatal deaths using the Perinatal Mortality Reporting Tool (PMRT):
- Statements of compliance with the CNST MIS requirements in relation to 2023/24 PMRT reporting for Year 6 of the MIS.

The Board welcomed the inclusion of ethnicity data within the Perinatal Mortality Board Report.

Noting the details of two neonatal deaths referred to the Coroner during Quarter 4, Ros Roughton and Maggie Porteous sought assurance in relation to two areas respectively 1) processes for transfers of care from cross boundary services and 2) infection, prevention, and control measures.

In relation to the first case, Andrea clarified that the issues identified related to the antenatal care provided by an out of area maternity service rather than the transfer of the neonate following their birth.

Ros Roughton referred to the report on the infection prevention and control (IPC) priorities and actions for 2024/25 presented to the Quality Committee in May 2024 which detailed actions which the Trust was taking to reduce rates of infection and the arrangements for oversight to monitor delivery of the IPC Programme. Ros confirmed that actions to improve IPC performance in maternity services had been a focus at recent meetings of Maternity Safety Champions.

The Board agreed that this provided assurance in relation to infection, prevention and control measures and agreed for the Maternity Safety Champions to continue to monitor the position in the coming months.

Laura Rumsey provided updates on the current vacancy position, recruitment activities and actions to improve retention of existing staff.

Shiella Wright noted the positive progress made in maternity services both in terms of improvements made following the CQC

inspection and increasing the level of applications from student midwives qualifying in the Autumn of 2024.

Shiella asked how learning from the improvement journey was being captured and shared with other areas of the Trust. Laura gave some examples of how learning was being shared, which included a presentation planned for the Trust's annual improvement conference 'Expo 2024' on 27 June 2024.

Dean Royles asked if qualitative information around the support offered by the Trust to families could be provided within future maternity updates to the Board. Chris would consider how this could be incorporated in future updates.

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The Board noted that this was the last meeting that Sue Gregory, Operations Director, would be attending before she moved to her new role in the Operating Services, Critical Care and Anaesthesia Care Group. Nathan Timmis will be taking on the role from 17 June.

The Board recognised the significant improvements made in Maternity Services post CQC inspection, which Sue had been integral to formulating and delivering. The Board extended its thanks to Sue and wished her well in her new role.

b) Non-Executive Maternity Champion Feedback

Ros Roughton, Non-Executive Director and Maternity Champion confirmed that she had nothing additional to add to the updates provided within the Maternity and Neonatal Safety Report and points raised in the previous discussion.

STH/52/24

Clinical Update – TAVI Team (Transcatheter Aortic Valve Implantation Team)

Jennifer Hill introduced Javaid Iqbal, Consultant Interventional Cardiologist and TAVI Lead and Lisa Johnson, Operations Director, South Yorkshire Regional Services Care Group.

Javaid and Lisa gave a presentation on the Transcatheter Aortic Valve Implantation (TAVI) service for South Yorkshire which was delivered by the Trust as a treatment for patients with aortic stenosis.

The presentation covered TAVI activity levels at the Trust compared to other centres, achievements, patient experience, key challenges, and future areas of focus.

The Board **NOTED** the update, points raised in discussion included:

- Benefits of the TAVI procedure for patients compared to other more invasive procedures.
- Key considerations when identifying patients for TAVI treatment; improving quality of life and / or survival.

- Key constraints to increasing TAVI activity at the Trust; medical staffing and bed capacity.
- Support required from the Trust to enable the service to increase activity and reduce patient cancellations in 2024/25 and beyond.
- How to increase awareness amongst clinicians and patients about the TAVI procedure.
- Current referral processes and how they could be improved.
- Prevention and screening for aortic stenosis.

The Board thanked Javaid and Lisa for their presentation.

STH/53/24

Chief Executive's Matters

Kirsten Major presented paper E, the Chief Executive's Report. Updates were provided in relation to the following matters:

- a) The Trust's tiering status in relation to elective and cancer performance.
- b) Publication of the Infected Blood Inquiry Final Report on 20 May 2024 and the Trust's next steps in response.
- c) New Electronic Patient Record implementation programme.
- d) NHS England report: The Paediatric Hearing Services Improvement Programme and subsequent review of trusts with no concerns identified at STH.
- e) A summary of the Ionising Radiation (Medical Exposure) Regulations inspection outcomes and Trust's action plan response.
- f) A successful bid to the National Institute for Health and Care Research (NIHR) to host a HealthTech Research Centre in Long-Term Conditions.

Additional updates were detailed within the Chief Executive's Report in relation to people, the Arts in Health team and various communications and awards updates.

Dean Royles noted a key theme identified by the Infected Blood Inquiry – 'institutional defensiveness' and asked that the Trust's response to the report consider whether any actions were required by the Trust in relation to this. Sandi Carman, Trust lead for the response to the Inquiry, agreed to reflect on this comment and incorporate learning / actions into the Trust's response as appropriate.

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In addition to the updates detailed within the report, Kirsten provided an update on current operational pressures. The operational position remained very challenging. Bed occupancy was high and winter surge capacity remained open.

Michael Harper described internal work and work with Place and System partners to reduce the number of patients with no criteria to reside, work focussed on admissions avoidance and reducing avoidable ambulance conveyance.

The Board noted recent national coverage of some work that had identified that less than 5% of the patients presenting at A&E could be directed to other more appropriate services and that the overall acuity of patients presenting to A&E and occupying beds was high.

STH/54/24 Chair's Report

Annette Laban presented the Chair's Report (paper F), highlighting that governor elections would be taking place on 30 May 2024 and that there had been good interest from candidates nominating themselves to fill constituency vacancies.

STH/55/24 Board Out and About Visits

Sandi Carman introduced paper G, an update on the Board visits that have taken place around the Trust since the last report in March 2024.

The Board of Directors **NOTED**:

- The update on out and about visits since the last meeting.
- Revisions to the feedback processes to capture any issues discussed at the time of visit and the course of action taken. This detail will be included within future reports to the Board of Directors.

Sandi would circulate the latest schedule of visits to Board members for information in the next few weeks.

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The Board **NOTED** the report.

STH/56/24 Learning from Deaths Report

Jennifer Hill presented paper H, the Learning from Deaths Report for Quarter 2 2023/24. She noted that the report had been reviewed by the Quality Committee at its meeting on 20 May 2024.

Jennifer noted the following points:

- The 12-month rolling Hospital Standardised Mortality Ratio (HSMR) remained 'higher than expected' however the Summary Hospital Mortality Indicator (SHMI) remained stable and in the 'as expected' range'. The Trust HSMR Working Group, continued to investigate underlying data issues impacting the HSMR model.
- The most recent national hip fracture audit data (NHFD) indicated that the Trust was no longer an outlier.
- Mortality associated with fracture of neck of femur was in the 'as expected' range for both SHMI and HSMR.

- Notwithstanding the most recent NHFD data, the Trust planned to proceed with the external review by the British Orthopaedic Association (BOA).

The Board **APPROVED** the report.

STH/57/24 Integrated Performance Report

The following matters were highlighted from the Integrated Performance Report (IPR) for March and February 2024:

a) Deep Dive: Sustainability

Mark Tuckett presented the IPR deep dive on sustainability.

The Board **NOTED** positive performance against the agreed key performance indicators for sustainability and achievements in the last 12 months.

Ros Roughton raised two questions for consideration 1) related to the Trust's sustainability targets and whether they should be more ambitious considering the climate crisis, 2) whether the Trust was challenging suppliers with regards to the sustainability agenda via its procurement process.

Mark agreed that the Trust should seek to be ambitious when setting its sustainability targets, but noted that investment was required to go further, faster and that work was ongoing to identify potential funding sources.

Mark responded to the second question to confirm that the Trust had actively reviewed the carbon footprint of its supply chain and that this had confirmed that most of its large suppliers were fully engaged with the sustainability agenda.

b) Deliver the Best Clinical Outcomes

Jennifer Hill noted exception reports in relation to the following metrics:

- Hospital Standardised Mortality Ratio (HSMR) referring to the update provided earlier in the meeting (STH/56/24 Learning from Deaths Report).
- Patient falls, noting a downward trend in falls per 1000 bed nights since improvement work had commenced in November 2023, highlighting additional actions which were noted by the Quality Committee the previous day.
- Positive progress in terms of CQC compliance with previous restrictions on the Trust formally stepped down and removed from the CQC's website.

Chris Morley highlighted exception reports in relation to infection prevention and control targets.

Chris noted that the infection prevention and control plan for 2024/25, which detailed actions to improve performance against targets and the oversight arrangements to monitor progress against actions had been reviewed and agreed by the Quality Committee the previous day.

Other discussions from the Quality Committee in relation to cases of measles and whooping cough were noted. The Board noted that for different reasons neither infection was creating challenges for the Trust.

Prompted by a reflection from Dean Royles, the Board discussed benchmarking information and how this could be used to identify the highest performing trusts in relation to certain metrics and opportunities for learning, as well as using the data to provide assurance that the Trust was not a negative outlier.

Michael Harper confirmed that public view data was used to this end and that the Trust actively sought to follow up with high performing trusts to capture learning which it could apply to improve its performance.

c) Patient Centred Services

Michael Harper highlighted the following exception reports and described actions to recover performance against these metrics:

- Ambulance handover times.
- 78 week waits.

Maggie Porteous asked about the reasons for ambulance handover delays despite no industrial action during March 2024 and whether there was more work to do with place and system partners to address upstream issues that were having an impact.

Michael noted that both attendances at A&E and admissions had been high for the time of year. Kirsten Major noted that most attendances at A&E were considered to be appropriate. Although it was unclear why this was the case some possible reasons were noted including increased frailty due to deconditioning during the pandemic and the colder than typical weather.

Michael highlighted that no industrial action meant that elective activity and therefore elective bed occupancy was increased, thereby placing a knock on pressure on emergency flow.

Michael and Kirsten both reported good engagement from system partners with joint work to prevent attendances and admissions, specific examples of work with the Yorkshire Ambulance Service and Primary Care Sheffield were provided.

Ros Roughton felt that information and actions around the number of patients with no criteria to reside remained a gap within the IPR report.

Michael confirmed that the inclusion of no criteria to reside and / or length of stay data in the IPR was being considered (open action 64) and that an update would be provided to the Board in July 2024.

Michael confirmed that data in relation to patients with no criteria to reside was included in the Access Report, routinely presented to the Finance and Performance Committee which provided the Board with oversight of the position and actions being taken.

Toni Schwarz raised a query about the exception report for community care referral to treatment, Michael noted that data recording and reporting issues were thought to be driving this position and noted plans to validate this by the time this was next reported to the Board.

Annette Laban suggested inviting Emma Latimer, Executive Place Director for Sheffield to a future meeting of the Board or Finance and Performance Committee to provide a deep dive update on place and system based plans and actions. Michael took an action to liaise with Emma and relevant TEG colleagues arrange this.

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Mark Tuckett noted the following exception reports in relation to cancer waiting times performance:

- First treatment within 62 days.
- 28 day faster diagnosis standard.

Mark highlighted specific areas of challenge; dermatology and breast symptomatic pathways, noting that these were high volume pathways which were affecting the overall Trust position. He detailed actions being taken to increase capacity to treat patients on these pathways.

d) Employing Caring and Cared for Staff

Mark Gwilliam highlighted the following exception reports:

- Sickness absence.
- Appraisal rates.
- Recruitment time to fill.

Mark noted the actions being taken to improve performance and the arrangements to monitor progress via the People Committee.

e) Spend Public Money Wisely

Louisa Cowell noted the one exception report; efficiency – variance from plan and described the support being provided to directorates to identify potential efficiencies.

STH/58/24 Celebrating our Fantastic Change Makers – 2023/24

Paula Ward, Organisational Development Director, Rosie Clegg, Programme Manager, and Jessica Fillingham, Project Support Officer attended for this item.

Paula presented paper J, the ‘Celebrating Our Fantastic Change Makers’ annual review for 2023/24. The report showcased improvements made by colleagues across the Trust.

The Board welcomed the report and thanked all staff involved in driving the improvements described and those involved in producing this report.

Questions and reflections from Board members focussed on:

- The processes for sharing learning about improvements across the Trust.
- A disconnect between this report and staff responses to the Staff Survey question ‘I am able to make improvements happen in my area of work’.

Paula and Julie Phelan detailed the plans to share the report internally and externally.

Paula described some of the ways that learning from improvements was currently shared within the organisation including via the monthly Organisational Development Department ‘Greenhouse’ sessions.

She noted that the launch of PROUD Improvement programme in 2024 would provide a further opportunity and highlight support available to colleagues to empower them to make improvements happen in their areas.

The Board **RECEIVED** and **ENDORSED** the 2023/24 ‘Celebrating Our Fantastic Change Makers’ annual review for wider sharing internally and externally.

STH/59/24 Sustainable Healthcare Update

STH/59/24(a) System and Partnership Update

The Board of Directors **NOTED**:

- Updates on the Trust’s core partnerships and activities since the last meeting.
- Upcoming system and partnership activities which would be reported in future reports.

STH/60/24 Corporate Objectives

Mark Tuckett presented paper L, an assessment of the progress made on delivering the 2023/24 corporate objectives and proposed objectives for 2024/25.

Maggie Porteous noted that reviews of the Trust's Freedom to Speak Up (FTSU) arrangements were ongoing. She noted that actions may arise from these reviews which the Board may find helpful to add to the Trust's corporate objectives for 2024/25.

The Board of Directors:

- **APPROVED** the year-end position on the delivery of the 2023/24 corporate objectives.
- **AGREED** the proposed corporate objectives for 2024/25.
- **NOTED** the potential for an additional objective to be added relating to the Trust's FTSU arrangements if appropriate considering review outcomes when available. Mark Tuckett took an action consider this with relevant TEG colleagues at the appropriate point.

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STH/61/24

Well-led Action Plan Update and Impact Report

Sandi Carman presented paper M, a summary of improvements following implementation of the Well-led development plan.

The Board of Directors:

- **NOTED** the Impact Report and the improvements delivered since the Well-led development review in 2022.
- **APPROVED** the closure of five actions as detailed within the report.
- **AGREED** the proposal to allocate the four remaining actions to relevant Board Committee action logs as set out within the paper.
- **NOTED** proposed plans to seek third level assurance in relation to a random sample of the completed actions.

Ros Roughton requested that the proposed review of completed actions consider the sufficiency of the arrangements for reporting of patient experience to the Board. Sandi agreed to ensure that the third level assurance sought provided an assessment in relation to this.

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STH/62/24

Trust Executive Group and Delivery Group Terms of Reference

Sandi Carman presented paper N, updated terms of reference for the Trust Executive Group and Delivery Group. Sandi noted the key changes to the documents which were summarised on the executive summary cover sheet.

The Board **APPROVED** the Terms of Reference for the following groups:

- 1) Trust Executive Group

2) Delivery Group

STH/63/24 Application of the Corporate Seal

The Board **NOTED** the application of the relevant signatures to the lease and licence for alterations for Horatio's Garden, Rear of Osborn Spinal Injuries Unit, Northern General Hospital.

STH/64/24 Board Committee Assurance Reports

a) Quality Committee Meeting Assurance Report from the meeting held 15 April 2024

Ros Roughton, Non-Executive Director and Quality Committee Chair presented paper Pi.

Ros noted the areas to highlight detailed within the report from the meeting of the Quality Committee held on 15 April 2024. There were no escalations.

b) Finance and Performance Committee Meeting Assurance Report from the meetings held 8 April and 13 May 2024

Tony Buckham, Non-Executive Director, and Chair of the Finance and Performance Committee presented paper Pii noting matters to highlight from the April and May meetings as detailed within the report. There were no escalations.

c) People Committee Meeting Assurance Report from the meetings held 12 February, 11 March, 8 April and 13 May 2024

Shiella Wright, Non-Executive Director, and Chair of the People Committee presented paper Piii highlighting key matters from the February, March, April, and May 2024 meetings.

There were two matters escalated from the April and May 2024 meetings respectively:

- 1) An issue caused by an increase in National Minimum Wage from 1 April 2024 and the impact on Agenda for Change (AfC) Band 1 and 2 staff with regards to deductions from their pay.
- 2) Non-Surgical Oncology staffing challenges noted to the Committee by the Guardian of Safe Working.

The Board **NOTED** action taken by the Trust, as reported to the Board of Directors in April 2024, which had successfully mitigated the impact of the National Minimum Wage increase for Band 1 and 2 staff in advance of the national AfC pay award.

In relation to the second escalation the Board **NOTED**:

- Short and longer term actions to increase capacity in non-surgical oncology as reported to the Board of Directors frequently in recent months.

- Follow up with the Guardian of Safe Working to provide assurance regarding ongoing actions following this meeting.

d) Research and Innovation Committee Meeting Assurance Report from the meeting held 14 April 2024

Dean Royles, Non-Executive Director, and Chair of the Research and Innovation Committee presented paper Piv, the assurance report from the April 2024 meeting.

Dean referred to the areas to highlight from the meeting which were detailed within the report. There were no escalations from this committee.

STH/65/24 Chair and Non-Executive Director Matters

Two matters were raised.

1. Completion of all Non-Executive Director appraisals which would be presented to the Council of Governors' Nomination and Remuneration Committee in the next few weeks.
2. The successful Band 2-4 Celebration and Development Day event on 16 May 2024 attended by Shiella Wright.

STH/66/24 Matters Arising and Action Log

The Board **AGREED** to close the following actions as recommended; 50, 54, 56, 57, 58, 61, 62, 63, 65, 66, 67 and 68.

Actions 54 and 64 remained open. Future deadlines for these actions were specified. The Board noted that updates in relation to these actions had been provided under items STH/61/24 and STH/57/24(c) respectively.

STH/67/24 Any Other Business

a) Self-certification against condition CoS7 of the NHS provider licence – Availability of resources

The Board of Directors **APPROVED** the self-certification against provider licence condition CoS7 (Availability of Resources) for signature by the Chair and publication on the Trust's website noting the assurances and evidence supporting this assessment as set out in Table A of Appendix I.

STH/68/24 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on Tuesday 23 July 2024 at a time to be confirmed.

Signed Date

Chair