



**Unadopted Draft Minutes of the Board of Directors meeting held in public on Tuesday
23 July 2024 at 9am in the Undergraduate Common Room of the Medical Education
Centre at the Northern General Hospital**

Present:**Members:**

Annette Laban	Chair
David Black	Chief Medical Officer (Development)
Ashley Blom	Non-Executive Director
Tony Buckham	Non-Executive Director
Louisa Cowell	Chief Finance Officer
Mark Gwilliam	Chief People Officer
Michael Harper	Chief Operating Officer
Ann Harris	Non-Executive Director
Jennifer Hill	Chief Medical Officer (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	Chief Strategy Officer
Shiella Wright	Non-Executive Director from STH/83/24

Participating Directors:

Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Balbir Bhogal	Performance and Information Director (item STH/82/24)
Helen Chapman	Associate Nurse Director and Head of Integrated Community Care (item STH/73/24)
Claire Coles	Senior Business Manager (Minutes)
Andrea Galimberti	Deputy Medical Director / Clinical Director for Obstetrics, Gynaecology and Neonatology (OGN), (item STH/72/24)
Sarah Jenkins,	Deputy Medical Director, Clinical Programme Lead – Virtual Wards Programme (item STH/73/24)
Helen Kay	Operations Director, Operational Senior Responsible Officer – Virtual Wards (item STH/73/24)
Paul Whiting	Chief Clinical Information Officer (item STH/82/24)
Nicky Peterson	Lead Community Advanced Clinical Practitioner (item STH/73/24)
Laura Rumsey	Midwifery Director, OGN (item STH/72/24)
Nathan Timmis	Operations Director, OGN (item STH/72/24)
Natalie Vethanayagam	Consultant Geriatrician (item STH/73/24)

Apologies: None received

Observers:

Nine Governors
Three Members of staff
Three Members of the public

Minute	Item	Action
STH/69/24	Welcome and Introductions	
	Annette Laban, Chair welcomed Board members and those in attendance to the meeting.	
STH/70/24	Declarations of Interests	
	Annette Laban declared an interest in the Chair's appraisal item under agenda item STH/92/24. This item was being presented to note having already been reviewed by and supported at Council of Governors.	
	There were no additional declarations or other relevant declarations highlighted.	
STH/71/24	Minutes of the Previous Meetings Held in Public on 21 May 2024	
	The Minutes of the meeting held in public on 21 May 2024 were AGREED and APPROVED as a correct record of the meeting.	
STH/72/24	Maternity Matters	
	Andrea Galimberti, Deputy Medical Director / Clinical Director for Obstetrics, Gynaecology and Neonatology (OGN), Nathan Timmis, Operations Director, OGN and Laura Rumsey, Midwifery Director, OGN attended for this item.	
	Chris Morley, Chief Nurse, introduced the item, before handing over to the OGN Triumvirate to present the Listening to Women and Families report (paper Bi) and Maternity and Neonatal Safety Report for Quarter 1 2024/25 (paper Bii), he noted the following points:	
	<ul style="list-style-type: none"> The MBRRACE-UK data from 2022 had been released recently regarding perinatal deaths. Some of the outcome data (with particular reference to neonatal mortality) will require further in-depth analysis by the team, since it is possible that this could reveal areas for further action. This will be taken to the Maternity and Neonatal Improvement Board and the Quality Committee thereafter. Chris highlighted the headlines from the report. 	
	The Board NOTED the update and REQUESTED that the Quality Committee escalate any matters to the Board of Directors as required.	
	Maternity and Neonatal Services – Listening to Women and Families	

Chris Morley introduced the report providing assurance that all elements highlighted by NHS England (NHSE) were being progressed against four areas:

- Perinatal pelvic health services
- Maternal mental health services
- Availability of bereavement services seven days a week
- Local Maternity and Neonatal System (LMNS) equity and equality action plans

Andrea Galimberti described actions being taken to confirm that these four streams of work were progressing well as summarised within the coversheet of the report. It was also confirmed that there would be a 24/7 service offer for bereavement services in the near future once recruitment processes had concluded.

Ros Roughton, Non-Executive Director noted the detail of the improvements progressing and as Maternity Champion fed back from a session with the Maternity and Neonatal Voices Partnership (MNVP). Ros highlighted a point related to Black, Asian and Minority Ethnic communities and groups accessing services was related to cultural challenges of not describing mental health concerns which impacted on the ability to signpost people to the correct services. Ros spoke of an offer from a birth trauma charity to learn from people accessing their services.

Laura Rumsey responded to a point related to waiting times for maternal mental health services, waiting times were short as pregnancy and post-natal timeframes were finite. Laura confirmed that perinatal mental health referrals and waits were monitored externally through the South Yorkshire LMNS.

Laura described the cultural challenges related to families declaring perinatal mental health concerns. This was a national challenge, although the Trust was doing better than others in this area however would continue to engage with community leaders and women's groups to understand the challenges. Laura added context regarding engagement with Roma communities via the appointment of a Roma link worker but it was recognised there was more to do.

Annette Laban questioned whether the Trust was learning from other areas within the South Yorkshire and Bassetlaw Equity and Equality programme. The organisation was well used to working as a system in perinatal care and Laura shared details of system-led work to learn from others to deliver the Equity and Equality programme, which included the link workers approach.

The Board **RECEIVED** and **NOTED** the contents of the report, acknowledging the progress made against the four areas highlighted for review by NHSE.

Maternity and Neonatal Safety Report

Chris Morley noted the new rhythm of reporting to the Board and importance that the Board was sighted on Perinatal Quality Surveillance Model metrics. These areas reported monthly predominantly relate to harm events, he emphasised that it is important to recognise that harm isn't the only marker of quality, and other important aspects of quality will continue to be covered in the quarterly report. This report presented the May and June 2024 data.

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

- The Maternity and Neonatal Safety Report for May and June 2024 which provided an overview of incidents for these two months.
- No referrals have been made to the Maternity and Newborn Safety Investigations team (MNSI). One Coroner case related to a neonatal death however this had not resulted in a Regulation 28 Report.

Annette Laban sought to understand more on an individual case reported where the baby had been treated at Sheffield Children's Hospital. The Board discussed the case and Chris advised the correct pathway had been used. It was confirmed that all deaths of this age were reviewed by the statutory Child Death Overview Panel.

The Board **NOTED** the contents of the May and June 2024 Maternity and Neonatal Safety Report.

Non-Executive Maternity Champion Feedback

Ros Roughton as Maternity Champion fed back from her activities since the last public meeting, highlighting the following points:

- A visit on 18 June to the education and training team to hear of focus being placed on supporting training compliance, together with how learning from incidents was fed into the content of future rounds of training.
- The appointment of professional midwife advocates to support a more consistent approach to supporting midwives.
- A neonatal review as part of a quality improvement project.
- The focus on meeting the Clinical Negligence Scheme for Trusts (CNST) standards.
- The discussion at MNVP on the Listening to Women and Families report.
- That representatives from the maternity service routinely attend the MNVP and are able to contribute well and respond to direct feedback.

Clinical Update – Frailty Virtual Ward – Hospital at Home

Helen Chapman, Associate Nurse Director and Head of Integrated Community Care, Nicky Peterson, Lead Community Advanced Clinical Practitioner, Natalie Vethanayagam, Consultant Geriatrician, Sarah Jenkins, Deputy Medical Director, Clinical Programme Lead – Virtual Wards Programme, Helen Kay, Operations Director, Operational Senior Responsible Officer – Virtual Wards attended for this item.

Jennifer Hill, Chief Medical Officer (Operations) introduced the item and the presenting team made introductions.

Helen Kay summarised the virtual ward models and benefits which supported patients who would otherwise be in hospital to receive acute care. This helps to both prevent avoidable admissions into hospital and supports early discharge out of hospital. Helen outlined the aims of the core local offer.

The Board heard two examples of patients' experiences on the frailty virtual ward which brought the model to life.

The Board **NOTED** the presentation and **DISCUSSED**:

- There was a significant untapped need which would be accessed through building trusted relationships with other specialities.
- Hospital at Home as a replacement for acute care was different to a virtual ward model where patients were remotely monitored. Other organisations counted care within their community data, however the Trust had been doing this for some time and had an existing strong foundation in place.
- The impact on community services and the keenness to build on existing workforce for the future.
- The out of hours escalation plan in place and that there was little impact on this during the night.

Points raised by Maggie Porteous, Non-Executive Director related to 1) the examples provided where patients had good family support and questioned links to social care for patients without good family support networks, 2) the cost implications of the model compared to patients in an inpatient ward, 3) the numbers on the frailty virtual ward and whether the model could be scaled up.

In response, Helen advised that:

- Social workers were part of the Multidisciplinary Team (MDT), and there was access to rapid recovery team if required.
- There were 20 beds open on the ward and when fully staffed would be a cost of £1.4m. To be cost effective eight patients per night were required, at a cost of £195 per night which was significantly cheaper

when compared to £309 per patient on an acute ward.

- In order to be offered at scale it would require building and retraining of the existing workforce and building of support in the community.

Tony Buckham, Non-Executive Director questioned whether patients had a choice of whether to receive treatment this way. Helen advised their consent was core to the model, with options and potential outcomes discussed with patients. This model also gave patients confidence to come into hospital if required.

In response to Tony's question on future technology, Helen described a technology partner being tested by another trust although this was predominantly for respiratory patients it could be used for frailty patients in the monitoring of acute medical conditions.

The collection and analysis of health inequalities data for all patients on the frailty virtual ward; this showed that patients were distributed from across all areas of the City.

The Board **NOTED** the presentation which would also be of interest to Governors, and thanked the team for attending.

STH/74/24 Chief Executive's Matters

Kirsten Major, Chief Executive, highlighted the following points:

STH/74/24 a) Operational Update

Kirsten provided an operational update on the previously reported good operational flow and closure of the surge capacity, noting that there had been a need to reopen surge capacity that week. The drivers for the more challenging position were being investigated.

Kirsten informed the Board that there had been no impact on patients following the recent global IT issue.

STH/74/24 b) Publication of the Quality Report and Annual Report and Accounts

Kirsten reported that the Quality Report, and Annual Report and Accounts had been approved at the June Private Board in order to meet and comply with publication requirements. The Quality Report, Annual Report and Accounts were **APPROVED** in public.

STH/74/24 c) New Government

Kirsten briefed the Board on the number of returning and new MPs within the local area and confirmed that invitations had been extended to raise awareness and understanding of the Trust's services.

Kirsten noted the change in profile in the number of people in senior government positions within South Yorkshire and local area than previously, and the expected health policy changes and a new 10-year plan for NHS to come.

STH/74/24 d) Getting Back on Track Programme

Kirsten reported that elements from Getting Back on Track introduced in the early stages of recovery from the Covid-19 pandemic had now been embedded into other business as usual functions, related to:

- Delivering excellent quality patient care
- Fulfilled and supported staff
- Clinically ambitious, and a research and teaching leader
- A well-managed, forward-thinking organisation

STH/74/24 e) People Updates

Kirsten highlighted internal people updates related to:

- Nurse Director retirements and new appointments.
- The appointment of a Managing Director for Research and Innovation.
- Appointment to the Clinical Lead for Organisational Development and Quality Improvement.
- Noted a number of other external updates.

STH/74/24 f) Shelford Group Visit to STHFT on Tuesday 4 June 2024

The update was noted.

STH/74/24 g) Volunteers and Arts in Health Annual Report

The update was noted.

STH/74/24 h) Communications and Awards Update

The update was noted.

The Board **NOTED** the report.

STH/75/24 Learning from Deaths Report

Jennifer Hill introduced the Quarter two report (Paper D) reporting on the deaths of patients under the care of the Trust which was routinely scrutinised by the Quality Committee.

From the report Jennifer emphasised the following points:

- The Hospital Standardised Mortality Ratio (HSMR) score remained higher than expected, and action was being taken to look at palliative care coding which appeared to be lower than others and would therefore affect the HSMR.
- Actions being taken to look at learning from the hip fracture audit noting the score had returned to 'as expected' range in Quarter 3.
- Learning from multiple sources of data and audits.

Annette Laban queried whether the backlog within clinical coding department was impacting on the HSMR score. Jennifer provided details of a period of recruitment and retention challenges within clinical coding and work to clear the backlog, although it was not felt the coding backlog was impacting on income or the score. Kirsten added that the retention challenges in clinical coding as a specialised skill was a national issue. Michael Harper highlighted a detailed training programme was being introduced to develop a workforce pipeline. The priority was to ensure coding was complete ahead of the set freeze deadline.

The Board **APPROVED** the content of the report.

STH/76/24

Quality Committee Meeting Assurance Report from the meetings held on 20 May, 17 June and 15 July 2024

Ros Roughton, Non-Executive Director and Committee Chair, presented three reports from the Quality Committee, highlighting the following key points:

- A presentation on the implementation of the new Patient Safety Incident Response Framework (PSIRF) outlining the change in process, and the impact of this change in a specific care group and how this was enabling staff to receive real time feedback and learning.
- The good conversation on Strategic Risk 1: Quality of Care where the Committee recognised the amount of improvement over the past two years and suggested reviewing the risk rating.
- A self-assessment had been completed against the new CQC framework, and in July there was a focus on actions to improve the Responsiveness domain.
- A deep dive into Equality Delivery System of the Trust's Maternity Services.
- Receipt of a detailed report on the QUEST programme which was the ward accreditation process covering 69 wards.
- Receipt of a presentation on the falls improvement work and a 30 per cent reduction in harm from falls. Ros provided details of a trial to provide decaffeinated drinks that had showed a reduce risk of falls in other organisations.

The Board **NOTED** the report.

STH/77/24 Integrated Performance Report

a) Deep Dive: Cancer Waiting Times

Mark Tuckett, Chief Strategy Officer, presented the IPR deep dive on Cancer.

The Board **NOTED** that cancer waiting times was an area of focus which had been impacted by industrial action but was now beginning to see an improvement to waiting time performance and backlog position, but work would continue.

Annette Laban noted the recent deep dives into cancer performance at both the Private Board and Finance and Performance Committee and external scrutiny on the Trust's 62-day performance which was beginning to show improvement.

Ros Roughton noted the progress to date, however fed back comments from recent consultant interviews related to the efficiency of MDT meetings. Mark advised there was work looking at what makes a good MDT to understand how these were currently functioning and options to make improvements.

As there had not been an internal audit since 2019, Ann Harris suggested this might be opportune. Mark would consider further how this could best fit with recent peer review activities.

MT

Annette questioned whether there were lessons to learn on having a more proactive approach to future workforce planning. Mark explained the Faster Diagnosis Standard (FDS) improvements had been driven by additional ad hoc activity within dermatology and breast oncology services, and conversations were now on how to sustain this position. Mark described the technological work happening with Place colleagues in the City to support the dermatology service recovery, and the additional time limited locum capacity to add resilience to breast oncology. Conversations focused on the medium term and longer-term recovery as well as short term recovery.

Kirsten Major reflected on the impact of developments in lung health checks that will have an impact on wider elective and diagnostic pathways as well as cancers. This was an active discussion in the ongoing Directorate review process.

The Board:

- **NOTED** the deep dive and importance of continuing momentum.
- **THANKED** all teams working on improving cancer performance for their combined efforts.

- **NOTED** the disproportionate impact on cancer performance by industrial action.

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

Michael Harper, Chief Operating Officer, reported:

- That for a small number of indicators outside of threshold an exception report was not included but that the report specified the reasons for this.
- The action on the action log related to “No Criteria To Reside” and Michael summarised a proposal approved by Trust Executive Group (TEG) to continue to report this metric within the monthly Access report, which would be shared with Board members rather than report details within the IPR.

Ros suggested that if numbers increase above a certain level this should be reported to the Board. Kirsten proposed providing updates within future system and partnerships updates.

Michael reported that Place partners had been invited to the November Board meeting and could provide an update then.

b) Deliver the Best Clinical Outcomes

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

- Hospital Standardised Mortality Ratio (HMSR) – referencing the earlier conversation on mortality.
- Non-elective length of stay:
- Closure of winter wards, however surge capacity had been reopened due to operational pressures as referenced earlier in the meeting.
- The improvement programme within Gastroenterology and Hepatology, Respiratory and Diabetes Endocrine (GRaDE) Care Group to make ward rounds more efficient, and the work with the new Care Transfer Hub.

Chris Morley highlighted an exception report in relation to pressure ulcers which had fallen below the threshold. Whilst May performance was back on target it was unclear why during April the threshold had been breached (there had been a similar breach when compared to April 2023). Chris noted the work related to pressure ulcers and potential further learning following ongoing work in this area.

c) Patient Centred Services

Chris Morley noted no exceptions to report under patient centred services from his portfolio.

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

- Ambulance handover times
- No criteria to reside
- Diagnostic waits

d) Employing Caring and Cared for Staff

Mark Gwilliam, Chief People Officer, highlighted the following exception report:

- Appraisal rates

Mark noted that performance had remained static at 87 per cent for the past seven months and described the actions being taken with directorates to apply an appraisal window on a pilot basis.

A review would be undertaken following the pilot and a more staggered approach could be considered at that point. Feedback would be sought on why appraisals had not been completed and it was planned to report performance to the People Committee.

e) Spend Public Money Wisely

Louisa Cowell, Chief Finance Officer, reported one exception report:

- The £5.40m adverse variance to plan at Month 2; it was a concern should this trend continue. Directorates were being asked to increase activity to earn Elective Recovery Funding.

Annette encouraged the continued pressure on directorates as winter would become extremely difficult should this continue, and which would bring more external scrutiny.

f) Sustainability

Mark Tuckett reported four of the five metrics remained RAG rated green however reported one red metric by exception related to emissions and use of nitrous oxide. This had been due to a leak in a manifold which had quickly been resolved.

g) Research

There were no exceptions to report.

STH/78/24 Update on Five Year Capital Plan and Capital Programme

Louisa Cowell presented the plan (Paper G) for approval, highlighting the predicted £1.54m over commitment had changed to a break-even position at quarter one, and reasons for this, together with action being taken to develop a slippage plan to bring forward projects from future years to fully utilise the allocation as set out within the final appendix.

Annette Laban raised a point related to relooking at costs, and Louisa explained how quarterly updates looked at cost pressures for larger projects.

The Board **APPROVED** the capital programme and updates would be brought quarterly.

STH/79/24 **2024/25 Trust Operational Plan**

Mark Tuckett presented Paper H, the Annual Operational Plan for 2024/25 for approval, which brought together a number of plans and set out the aims and ambitions for the year ahead.

Mark reflected on a question from the Council of Governors related to its involvement, recognising the reach and value of the plan for different stakeholders. The delay to national planning guidance had impacted on involving others however it was agreed that Governors would be involved in future years.

Michael Harper described other actions which aligned to metrics within the IPR for clarity on how local targets sat within the Operational Plan.

The Board **DISCUSSED** the targets within the plan, noting where there was a nationally agreed target or local target, or where there was no set target.

In response to a point from Ros Roughton related to reduction of activity due to the Connect2024 Go-live, Michael explained the process undertaken with directorates to understand planning around reduced activity, as experienced by other trusts on Electronic Patient Record (EPR) implementation. Annette Laban requested an update was provided in September 2024.

MH

The Board **APPROVED** the Operational Plan for 2024/25 and would bring back an update on activity.

STH/80/24 **Finance and Performance Committee Meeting Assurance Report from the meetings held on 10 June and 8 July 2024**

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

From his report Tony highlighted:

- An update on progress on the Productivity and Efficiency work for this year and pipeline for next year.
- A deep dive into Urology, and the recovery strategy and current status with good progress made on improving activity delivery and on long waiting patients.
- The deep dive into South Yorkshire Regional Services (SYRS) and actions being taken to address the challenges, particularly in cardiothoracic services.
- Receipt of the regular six-month update from Procurement and work underway locally as well as with the system.
- The operational Activity and Access reports with activity levels starting to pick up.
- Focus placed on the impact of the Connect EPR programme on performance and activity at Go-live.

Louisa Cowell provided additional details related to nationally mandated action to improve the financial position in some systems. This work was at an early stage of understanding from both a system and a Trust perspective and further detail would be brought back as it becomes available.

The Board **NOTED** the report.

STH/81/24

People Committee Meeting Assurance Report from the meetings held on 10 June and 8 July 2024

Shiella Wright, Non-Executive Director and Chair of the People Committee, and Maggie Porteous, Non-Executive Director presented paper J on the June and July meetings respectively. Highlighting points from their reports:

From the June report it was noted that the Committee:

- Approved the Freedom To Speak Up annual report and noted that moving the lead for this from HR to Learning and Development had been a positive move.
- Received an excellent presentation on 'What matters to you', an approach to respond to the staff survey results.
- Reviewed the sickness absence target, as the Trust's target was out of kilter with the rest of the region with the target amended to 4.5 per cent. This now showed the Trust's overall performance was better than revised target.
- Received an update on actions to address consultant vacancies. As well as workforce plans to address hard to fill a range of roles.

From the July meeting it was noted that the Committee:

- Had a good discussion on how to use TED (Team Engagement and Development) resources in other services.

- Highlighted the continued progress made to the average time to fill metric with June the lowest in recent years at 7.4 weeks and would look for improvement in medical career grade recruitment when this moves over to general HR recruitment.
- Received the Freedom To Speak Up (FTSU) action plan in response to an external review and continued momentum in this area.
- Approved the WRES (Workforce Race Equality Standard) and WDES (Workforce Disability Equality Standard) metrics and action plan with updates reported through the Board in due course before submitting to NHSE by the end of October 2024.

Chris Morley noted the Committee had received the nurse staffing report and the assurance received that this was in a good position compared to two years ago.

The Board **NOTED** the report.

STH/82/24

Connect 2024 Update

Balbir Bhogal, Performance and Information Director and Paul Whiting, Chief Clinical Information Officer attended for this item.

David Black, Chief Medical Officer (Development), provided an overview presentation of the Trust's Connect 2024 Programme.

The Board **NOTED** the slides and **DISCUSSED**:

- The standing down of activity in preparation and how and where this would be measured to ensure it was well managed.
- That education and training had commenced on 22 July 2024. Compliance and knowledge exchange would be tracked.
- Tony Buckham asked what was the greatest area of concern currently. The Board heard how of particular importance was the completion of training and testing.
- David added there was enthusiasm and engagement from across the organisation and teams were keen to undertake training.
- Shiella Wright raised a point related to people retaining old systems, at what point would systems be switched off, and whether there was clarity on which systems those were.
- Paul outlined the systems that would be replaced by Connect 2024.
- Paul and David advised on the future rigour to develop the system on whether systems could be added to the EPR product, and the stabilisation and then optimisation periods following Go-live.

- Kirsten Major further added that the enthusiastic response to the request for “super users” to support peers showed the degree of engagement in the organisation.

The Board **NOTED** the presentation.

STH/83/24 System and Partnership Update

STH/83/24(a) Universities Update: The University of Sheffield

Ashley Blom, Non-Executive Director, presented a number of slides providing an update from The University of Sheffield taking in external pressures and looking at challenges to make things better, this included:

- The current challenging financial position, although the University was in a better financial position than others in the region.
- Student recruitment.
- Education, and establishment of a new pharmacy course which was on track to commence in 2025.
- National Student Survey (NSS) data and experience of students, which had improved on the previous year the domains were not as positive for medical students and work to learn from partners.
- Grant income was the highest it had ever been at over £50m.
- Estate plans.

The Board **NOTED** the update and **DISCUSSED**:

- Chris Morley questioned the implications for the Trust estate with Ashley advising on a scoping exercise to look to have more effective space rather than more space.
- Ashley and David provided details of the appointment of James Tomlinson to the Associate Medical Director for Education who would bring a more strategic approach.
- It was important medical students had a good experience whilst at the Trust.
- Annette enquired whether there was any learning from dental student and student nurse experiences, and Ashley outlined the action taken to simplify the structure into the three schools (Medical, Dental and Nursing) and look at the written feedback to see the experience by both nursing and medical students on the same wards.
- In response to a further question from Shiella, Ashley and Kirsten described the work as Anchor institutions to describe the impact of student numbers on the City as a whole, as well as actions to improve research trial activity.
- Kirsten informed the Board of the agreement by Trust Executive Group (TEG) to a different approach to support research trials particularly for pharmacy, which would be operationalised to open trials.

The Board **NOTED** the update.

STH/83/24(b) System and Partnership Update

Kirsten Major presented her report Lii updating on the Trust's core partnerships. Reporting continued to be refined to show the richness of information from each partnership.

From her report Kirsten highlighted the following points:

- The Sheffield Health and Care Partnership meeting on 24 June had agreed key priorities for Sheffield for the forthcoming year.
- A report from the NHS South Yorkshire Integrated Care Board (ICB) Chief Executive summarised the work of the ICB, Kirsten noted that Tony Buckham was involved as a Non-executive Director in its finance committee.
- The Acute Federation System Delivery Group had agreed a range of clinical areas where it would be advantageous to work collectively on models for the future.
- The summary report from the Acute Federation meeting, and the publication of the Acute Federation annual report for 2023/24.

The Board **NOTED** the updates from the Trust's core partnerships.

STH/84/24 Research and Innovation Committee Meeting Assurance Report from the meeting held on 17 June 2024

Dean Royles, Non-Executive Director and Chair of the Committee, presented his report Paper M. Dean highlighted the following points:

- The orientation of research metrics, the loss of grant income, and in light of these the turnaround and implementation plan.
- The complex financial structure around research funding and grant funding.
- The appointment of the Managing Director for Research and Innovation with effect from 1 July 2024, and the momentum this role would bring.

The Board **NOTED** the update.

STH/85/24 Board Out and About Visits

Sandi Carman, Assistant Chief Executive, presented the summary update primarily from corporate visits. This report now included points to address by Trust Executive Group, and feedback within the report.

The Board **NOTED** the report.

STH/86/24 Board of Directors' Terms of Reference and Workplan

Sandi Carman presented the Board of Directors' Terms of Reference (TOR) and annual workplan for approval. A small number of non-material changes had been made related to referencing PROUD behaviours as these continued to embed, and Freedom To Speak Up arrangements had been added to the workplan to address an outcome from the internal audit review to strengthen governance arrangements in this area.

Ann Harris suggested referencing the Board's own risk appetite within point 2.5 of the TOR, this was agreed.

SC

Ros Roughton suggested considering whether a specific item on patient experience was needed which would test against the CQC domains to be more visible. Sandi agreed to action.

SC

The Board:

- **APPROVED** the terms of reference with the inclusion of these points.
- **AGREED** to consider how to signpost people to strengthen patient feedback related to actions from the CQC report, good governance and Well-led review.

STH/87/24 Board Committee Annual Reports and Terms of Reference

Sandi Carman introduced the report highlighting a small number of amendments to address a recommendation from Internal Audit related to Freedom To Speak Up (FTSU), and the People Committee Terms of Reference and the Workplan for Audit Committee and People Committee had been updated to reflect their roles around FTSU.

The Board:

- **RECEIVED** the Board Committee Annual Reports and satisfied itself that these reports provided assurance that the Committees had discharged their responsibilities in 2023/24.
- **APPROVED** the 2024/25 Committee workplans.
- **APPROVED** the Board Committee Terms of Reference.

STH/88/24 Application of the Corporate Seal

The Board **APPROVED** the application of the Trust seal to the lease documents for Parking Eye, noting the rental charge of £3,570.67 per annum exclusive of VAT for office space to run the service.

STH/89/24 Infected Blood Inquiry Update

Sandi Carman presented the report providing an update following the publication of the Infected Blood Inquiry (IBI) final report and an overview of the recommendations as proposed by the Inquiry.

An action plan had been developed in initial response to the recommendations.

Sandi highlighted a number of other ongoing statutory inquiries and learning from all these inquiries would be brought together to be reflected on in a Board Strategy session in the future.

Actions would be categorised between national actions, actions within the Trust's gift and common themes from all these inquiries, as well as actions that the Trust could implement but which needed to be commissioned, and for it to be identified who owned progressing these actions.

The Board:

- **NOTED** the Inquiry lessons learned and recommendations.
- **NOTED** that the next phase of an Action Plan will be presented to the October's meeting.

STH/90/24 Modern Slavery Act Statement

Sandi Carman presented the Trust's Modern Slavery Act (MSA) Statement following its annual review for approval, highlighting the processes in place to prevent human trafficking and modern slavery.

The Board:

- **APPROVED** the Modern Slavery Act Statement for signature by the Trust Chair and publication on the Trust website.
- **APPROVED** the appended MSA Action Plan, noting the status of agreed actions.

STH/91/24 Audit Committee Meeting Assurance Report from the meetings held on 17 June and 16 July 2024

Ann Harris, Non-Executive Director highlighted the following points from her report:

- At its June meeting the Committee had approved the Annual Report and Accounts, noting External Audit comments on the positive working relationship with the Trust.
- From the July meeting:
 - The good discussion on the limited assurance outcome related to Medicines Management. Progress would continue to be reported through the Quality Committee even when the CQC actions had been discharged.

- The change in approach for the annual internal audit opinion to bring this into a single opinion with effect from 2024/25.
- The system wide audit 'Discharge review' report was awaited and would be shared as there may be actions for the Trust.
- The first review of the Policy Review Compliance dashboard and discussion on whether the target to achieve 90 per cent completion of policy refreshed by October was achievable. The Trust Executive Group would review this as well as those policies most out of date.

The Board **NOTED** the report.

STH/92/24 Outcome of Chair's Appraisal

Tony Buckham, Non-Executive Director and Senior Independent Director, presented the Chair's annual appraisal, which had been thoroughly discussed at the Council of Governors, as a Council of Governor Nomination and Remuneration Committee-led process.

As requested, the Board of Directors **NOTED** the completion of the Chair's annual appraisal for 2023/24.

STH/93/24 Chair's Report

From her report, Annette Laban, highlighted the following points:

- Her invite to undertake the opening address to the World of Work and Job and Careers Fair. This had been a good joint event with partners from across the City.
- Following the end of Tony Buckham's tenure as Non-Executive Director, and following an appointment process, Ros Roughton had been appointed as Senior Independent Director and Vice Chair with effect from 1 October 2024.
- A key responsibility of the Chair was the completion of Fit and Proper Person Test (FPPT) assessment, and the annual FPPT submission has been made to NHSE by the deadline.
- A reminder that Non-Executive Directors, Governors and Executives were all invited to attend the annual Thank You Awards ceremony held on 20 November 2024.

The Board **NOTED** the report.

STH/94/24 Chair and Non-Executive Director Matters

Ann Harris informed the Board of her planned attendance at the second system Audit Chairs meeting which was due to take place the following day.

STH/95/24 Matters Arising and Action Log

The Board **AGREED** to close the following actions as recommended: 64, 70, 71, 72, 73 and 74.

Actions 54, 69, 75 and 76 remained open. Future deadlines for these actions were specified and were being addressed or were work in progress and would come back in due course.

STH/96/24 Any Other Business

There were no additional items of business raised.

STH/97/24 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on 24 September 2024 at a time to be confirmed.

The Chair closed the meeting at 12:52pm.

Signed Date

Chair

