



**Unadopted Draft Minutes of the Board of Directors meeting held in public on Tuesday
 26 November 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
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
Francis Patton	Non-Executive Director
Maggie Porteous	Non-Executive Director
Rosamond Roughton	Non-Executive Director
Dean Royles	Non-Executive Director
Toni Schwarz	Non-Executive Director
Shiella Wright	Non-Executive Director

Participating Directors:

Sandi Carman	Assistant Chief Executive
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In Attendance:

Claire Coles	Senior Business Manager (Minutes)
Sarah Dew	Strategy and Partnerships Director deputising for Mark Tuckett
Joe Le Sage	Healthy Hospital and Community Programme Manager (STH/128/24)
Nathan Timmis	Operations Director, Obstetrics, Gynaecology and Neonatology (OGN) (STH/127/24)
Laura Rumsey	Midwifery Director, OGN (STH/127/24)
Stephen Stratton	Consultant Obstetrician Clinical Lead for Obstetrics, OGN deputising for Andrea Galimberti, Deputy Medical Director Clinical Director, OGN (STH/127/24)

Apologies:

Sonia Gayle	Non-Executive Director
Mark Tuckett	Chief Strategy Officer
Julie Phelan	Communications and Marketing Director

Observers:

Five Governors
 Four members of staff

Minute	Item	Action
STH/124/24	Welcome and Introductions	

Annette Laban, Chair welcomed Francis Patton, new Non-Executive Director to his first meeting of the Board of Directors, Board members and those in attendance to the meeting.

STH/125/24 Declarations of Interests

Dean Royles declared his new interest as a Trustee of the Health People Managers Association (HPMA) and described the nature of this role.

New Non-Executive Director Francis Patton formally declared his interests:

- Chair and Non-Executive Director of The Society of Independent Brewers (SIBA)
- Part time lecturer at Leeds Beckett University
- Trustee of the Spirit Pension Trust
- Trustee of Baxendale Employee Ownership
- Chair and Non-Executive Director of Cask Marque
- Trustee of Baxi Partnership Limited

Ann Harris declared a new interest related to a six-month assignment with the Home Office undertaking an efficiency review.

There were no other additional declarations or relevant declarations highlighted.

STH/126/24 Minutes of the Previous Meeting Held in Public on 24 September 2024

The Minutes of the meeting held in public on 24 September 2024 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/127/24 Maternity Matters

Nathan Timmis, Operations Director, Obstetrics, Gynaecology and Neonatology (OGN), and Laura Rumsey, Midwifery Director, OGN and Stephen Stratton, Clinical Lead for Obstetrics, OGN attended for this item.

Chris Morley, Chief Nurse, introduced the item, he highlighted Paper Bi and drew the Board's attention to Paper Bii and from both reports highlighted:

That he and Ros Roughton, Non-Executive Director and Maternity Champion continue to meet with the perinatal team to discuss any issues, particularly safety issues which require the support of the Board. The detail of the latest meeting was in the Maternity and Neonatal Safety Report and routinely included in the feedback to the Board from Ros.

Chris explained that the Neonatal service had met the relevant British Association of Perinatal Medicine (BAPM) neonatal

medical workforce recommendations. Noting that the Neonatal service was not currently compliant with the BAPM Nurse staffing standards. An action plan to recover this position had been developed and this was agreed as appropriate and the actions completed to date were reviewed by the November People Committee.

The midwifery staffing budget reflects the outcome of the last Birth Rate Plus assessment and was used to calculate the midwifery establishment as detailed in the report.

The Board **NOTED** the contents of the report which was evidence towards compliance with the Clinical Negligence Scheme for Trusts.

Maternity and Neonatal Safety Report

The triumvirate presented the Quarterly Maternity and Neonatal Safety Report (Paper Bi).

- Laura Rumsey provided an update on the continued improvement in relation to midwifery workforce levels, and that it was anticipated that by Quarter 4 the midwifery workforce would be fully recruited to the funded establishment which meets BirthRate+ levels.
 - Retention rates had also significantly improved from three years ago.
 - That internationally educated midwives were all now registered with the Nursing and Midwifery Council and eight out of ten of these midwives had now completed their supernumerary period.

In addition to the report, Laura shared two good new stories related to quality improvement projects (refurbishment of the Rivelin Antenatal Ward, and improvements to the elective caesarean pathway with the opening of a Theatre Assessment Unit (TAU)). Feedback had been excellent from both a service user and staff perspectives.

The Board **RECEIVED** and **DISCUSSED** the report.

In response to a question from Annette Laban, Laura described positive feedback from staff and improved retention levels as a result of an incremental approach including investment in education, the advocacy team, pastoral support and projects to grow midwives and support early career midwives.

Shiella Wright asked if there were any issues around sustainability of staffing the TAU. Laura confirmed that this was not a new workforce and had already been in place as part of the BirthRate+, and rather that the unit had moved into an additional unused space. Learning from this quality improvement project would continue to be identified as this pathway evolved.

It was confirmed that data for perinatal mortality rates was benchmarked locally, regionally and nationally. Learning was also shared system-wide via the Local Maternity and Neonatal System (LMNS).

Laura also advised that ethnicity and deprivation data was routinely reviewed noting national trends in relation to differential outcomes in deprived areas and Black, Asian and Minority Ethnic populations.

Shiella requested clarification in relation to the outcomes of the complaint referenced in the report. Chris agreed that this was something that could be included in future reports.

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In response to a comment from Ros Roughton on longer-term workforce planning. Stephen Stratton described the changing profile of the consultant workforce and the operational impact of this. Steve added that an anticipated increase in resident doctors would provide additional capacity and contribute to consultant workforce succession planning. Chris reported that the midwifery workforce was reviewed once per year and the pipeline for midwives was strong.

Dean Royles noted this positive workforce position and the impact on achieving CNST compliance. Laura was confident that all ten safety actions would be achieved for the Maternity Incentive Scheme, noting changes implemented this year to enhance evidence.

In response to a question from Annette on whether the Trust was involved in the national 10 Year Plan listening exercise. Laura advised that she was now chairing a Shelford midwifery group which would be well positioned to input into wider consultation in relation to this.

Quarterly Perinatal Mortality Report

The report was **NOTED** and discussed as part of the previous discussion of Paper Bi and Bii.

Non-Executive Maternity Champion Feedback

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

- Feedback from the 10 October maternity champions' meeting related to:
 - The review of themes from complaints.
 - Attendance by members of the Maternity Voices Partnership.
 - An update on quality improvement projects.
 - The quarterly review of perinatal data.

- On 15 November 2024 Chris Morley and Ros undertook an Out and About Visit to the Fetal Medicine Unit. They noted:
 - The positive impact that the introduction of a new support worker role had had on transforming care and support within the unit.
 - Improved morale on the unit.
- Stop smoking support provided by midwives.
- They planned to visit the Antenatal Unit at a later date.
- No safety issues were raised and feedback was positive.

The Board **RECEIVED** and **NOTED** the activities and positive feedback from the meetings of Board Level Safety Champions with the Perinatal Leadership team meetings detailed within the Maternity and Neonatal Safety Report.

STH/128/24 Clinical Update – QUIT Programme

Joe Le Sage, Healthy Hospital and Community Programme Manager attended for this item.

Joe presented slides explaining the background, evidence base and overview of this public health programme. Joe described two case studies noting improved health outcomes since the programme was established.

The Board **DISCUSSED** the presentation. Discussion points included:

- Vaping versus smoking trends.
- The positive impact of new legislation on preventing people taking up smoking.
- Sharing of best practice across the ICB, with other QUIT programmes and via national forums.
- The high profile of the STH QUIT programme and plans to share this at a Shelford Group event.
- The potential for the Trust's response to the 10 Year Plan consultation to highlight the lack of awareness in people under 30 around the causal link between smoking and cancer.
- The need to consider how the programme could most effectively support people attending outpatient appointments and those who had been discharged from hospital.
- Barriers to patients accessing nicotine replacement therapy.
- Links between this programme and the stop smoking midwifery team.
- Referrals from the QUIT programme to other services such as the Alcohol Care Team if required.

There was discussion around the outcomes for staff who had accessed support from the programme. Mark Gwilliam agreed to

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link with Joe to review and consider Occupational Health data and agreed to report this through the Board Committee structure.

Annette asked if the programme was recurrently funded by the Integrated Care Board. Chris Morley explained the current position and that a business case for the future was being prepared.

The Board **NOTED** the presentation and thanked Joe Le Sage for attending and asked him to convey the Board's recognition of the positive impact of the programme back to his team.

STH/129/24 Chief Executive's Matters

Kirsten Major, Chief Executive highlighted the following points:

STH/129/24 a) Operational Update

Kirsten reported unprecedented operational challenges at the present time and the concern that the Trust was already utilising all available surge capacity. The cold weather the previous week had impacted on levels of demand and acuity.

STH/129/24 b) Tier One

Kirsten reported that the Trust had been placed back into Tier One for Electives and Diagnostics. Focus was on recovery of the 65 week and 78 week wait positions against national targets. This position was predominantly being driven by long waits in neurology, and for diagnostic waits.

The Trust remained in Tier One for Cancer, however the position was improving.

STH/129/24 c) Launch of 'Change NHS: Health Build a Health Service Fit for the Future'

Kirsten reported the launch of the public engagement consultation for the national 10 Year Plan.

STH/129/24 d) NHS 10 Year Plan Regional Engagement Event – 21 November 2024 and Accountability and Oversight Group Meeting – 25 November 2024

Kirsten noted that she had been asked to join this Enabler Workstream for the 10 Year Plan.

STH/129/24 e) Further Faster 20 Initiative Update

Kirsten briefed the Board on the Further Faster 20 Initiative, and targeted support provided to trusts with large waiting lists and areas with high levels of worklessness / deprivation.

STH/129/24 f) Evolution of the Operating Model

Kirsten noted NHS England's (NHSE) refresh of its current Operating Model highlighting key changes.

STH/129/24 g) Well-led Development Update and Next Steps

Kirsten highlighted the work to continuously review governance and leadership at the Trust. She noted recommendations following a recent external review of board meeting documentation. These recommendations would be considered alongside the recently published NHSE guidance on 'Insightful Provider Board'.

STH/129/24 h) Electronic Patient Record (EPR) Update

Kirsten provided an update on EPR following the Trust's decision to delay go-live. Kirsten summarised the activities and areas of focus since this decision was made to inform a recommendation of a revised go-live date.

STH/129/24 i) Sheffield City Council Discharge Team Visit – 13 November 2024

Kirsten reported on a visit by Sheffield City Council to see the work of the Discharge Team.

STH/129/24 j) Association for British HealthTech Industries (ABHI) Event – 21 November 2024

Kirsten reported back from an insightful meeting with ABHI on the innovation landscape including digital innovation and artificial intelligence opportunities.

STH/129/24 k) People Update

The Board **NOTED** the people update, communications and awards summarised within the report.

No further questions were raised.

Kirsten updated Board members on the 'Dragons' Den' process which was not including in the report, noting the high quality of bids received.

The Board **NOTED** the report and additional verbal updates.

STH/130/24 Annual Report from the Guardian of Safe Working Hours

Jennifer Hill presented paper D, the Annual Report on Safe Working Hours for doctors in training (2023) which provided context and assurance around safe working hours for Trust Doctors in Training, noting areas of concern in terms of exception reporting, work schedules and detail of fines paid.

Jennifer highlighted:

- The report had been prepared by the Guardian of Safe Working Hours and scrutinised at the People Committee.
- The reasons for resident doctors exception reporting.
- The introduction of a new system which made reporting easier.
- How the information was used to show areas where reporting was high due to high workload pressure.
- The role of the new Associate Medical Director (Education), James Tomlinson - to implement solutions to address areas previously highlighted.
- The success of resident doctors' engagement groups within directorates in identifying solutions.
- The work with Health Education England to manage requests for less than full time contracts where this would impact on service provision.

The Board **NOTED** the report and thanked the Guardian for all his work.

STH/131/24 Learning from Deaths Report

Jennifer Hill presented Paper E, the Learning from Deaths Report for Quarter 4 2023/24.

Jennifer highlighted that:

- The report had been scrutinised by the Quality Committee.
- A reduction in total deaths and mortality rate.
- The Summary Hospital-level Mortality Indicator (SHMI) remained stable in the 'as expected' range for June 2023 to May 2024.
- The Hospital Standardised Mortality Ratio (HSMR) was 'higher than expected' which was a trend seen across other Large Northern Acute Trusts. When palliative care was excluded from the HSMR was 'as expected'.

Dean Royles noted the Trust position in relation to HSMR and while noting the explanation provided questioned whether there was further benchmarking information for assurance.

Jennifer informed the Board of further discussions within Shelford Group around variation in the application of coding rules across trusts in relation to palliative care, noting that the new model (HSMR plus) would remove palliative care from the model.

She described how mortality data had been triangulated for different diseases and compared with national audit data to provide assurance around the Trust's position.

Ros Roughton noted the value of routinely reviewing the SHMI alongside the HSMR.

The Board **NOTED** the report.

STH/132/24

Quality Committee Meeting Assurance Report

Ros Roughton, Committee Chair presented a summary update of key discussions and outcomes from the 21 October and 18 November 2024 meetings. Ros highlighted:

- The presentation on the learning disability strategic vision, which had been informed by feedback from patients and their families.
- The presentation on the progress of the South Yorkshire and Bassetlaw Pathology Network, noting incident reporting arrangements.
- The Committee's concern about the rising demand for services as a result of an increase in type 2 diabetes in the population. She noted that whilst this was not within the Trust's control, the impact it will have on services means it is important to highlight.
- A deep dive review of Strategic Risk One – Quality of Care noting that the target risk score had been achieved. This would be considered further by the Board when the Board Assurance Framework was next presented to the Board in January 2024.

The Board **NOTED** the report.

STH/133/24

Integrated Performance Report (IPR)

a)

Deep Dive: Elective Recovery Programme

Michael Harper presented the IPR deep dive on elective recovery.

The paper described elective activity targets and the Trust's position at Month 6.

Michael described the focus on increasing core capacity activity, by reducing long waits. He described specific challenges including neurology waiting times. As noted earlier in the meeting the report confirmed that the Trust had been escalated back into Tier One NHS England oversight arrangements.

Michael noted the Trust's similar benchmarking position against other Large Northern Acute Trusts (LNAT).

Michael outlined conversations with directorates to reduce long waits.

Key points from the Board's deep dive discussion included:

Ros Roughton asked about the recovery trajectory for eliminating neurology 65 week waits. Michael responded to advise that neurology planned to eliminate 65 week waits by the end of Quarter 4. Michael advised that he was holding weekly conversations with the directorate to ensure actions were

progressed and noted that mutual aid from other trusts was being sought.

In response to a question from Ros, Michael advised that 85% theatre productivity was best practice nationally and that the Trust performed well against this target.

Ros sought an update in relation to the outpatient follow up position. Michael advised on action to review this data, and this was a focus to track at directorate level.

In response to a question from Annette Laban relating to potentially excluding corneal graft waits from waiting times data due to these waits being caused by unavailable graft material, Michael explained that there had been a national instruction to include these in long wait data. Kirsten and Jennifer provided additional context on work with the medical examiner around corneal donation.

In response to a point raised by Annette, Michael highlighted the significant progress made on reducing length of stay and sharing of best practice pathways across all directorates, however noted the need for further work to increase the day case numbers in some areas.

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

b) Deliver the Best Clinical Outcomes

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

- Hospital Standardised Mortality Ratio, noting that this had been discussed under the Learning from Deaths Report.
- Average non-elective Length of Stay, noting that improvement work had been significantly impaired by operational pressures.

Chris Morley noted that the Trust was not meeting most Infection Prevention and Control targets as discussed in detail at the Quality Committee. He noted that peers were in a similar position but recognised there was further work to do to improve this performance. Focus on improving intravenous line and catheter care continued.

In response to a question from Annette Laban, Chris confirmed numbers for C.Difficile were increasing across the system.

Chris noted the change in the way that Friends and Family Test data was recorded for community services which it was anticipated would impact on future reporting.

c) Patient Centred Services

Michael highlighted the following exception reports: ambulance handover times and long waits and described actions to recover performance against these metrics.

In relation to Ambulance handover times, Michael described the continued work as a system linked to organisational and system flow in the run up to Winter. TEG had agreed a clear plan to track this over winter to show impact on patient experience and patient harm. Some improvements were starting to be seen, and a new role in A&E funded by Yorkshire Ambulance Service was having a significant impact.

Michael described the plans to stabilise diagnostic waits for CT, MR and ultrasound, and mutual aid being received from others in the system. Michael responded to a question from Ros Roughton and explained the further work to deliver the 85% trajectory by year end for MR and ultrasound. A system-wide diagnostic oversight group had been established to maximise available capacity. Annette noted current actions within the Acute Federation to address differential pay rates for sonographers.

Toni Schwarz noted that more strategic workforce / training planning was needed in relation to sonographer roles.

Cancer waits

Sarah Dew provided an update on cancer waiting times performance and the encouraging improvement, noting that the Faster Diagnosis Standard had been above trajectory for five months.

Sarah noted that the main surgical wait challenges related to Urology and described the actions being taken to address challenges and performance in both surgical and non-surgical cancer services.

d) Employ Caring and Cared for Staff

Mark Gwilliam, highlighted the following exception reports:

- Appraisal performance was at 87% against the 90% target. Performance had been impacted upon by Electronic Patient Record training.
- Sickness year to date figure was 4.7% against the 4.5% target.

e) Spend Public Money Wisely

Louisa Cowell reported:

- Continued improvement in relation to the financial position at Month 7 due to increased elective activity and cost reductions as part of the Financial Recovery Plan.
- The Financial Recovery Plan would focus on efficiency saving actions for all directorates, with the nine most challenged directorates having their own recovery plans.
- Efficiency remains a challenge and focus would continue.

Ros Roughton noted the better financial position and raised a point related to whether the controls on temporary staffing were having an impact. Louisa explained that the full impact of the controls was not yet reflected in the financial position and was further compounded by pay award arrears. It was noted that Nurse Directors were reporting that they were receiving fewer requests to sign off temporary staffing which indicated that behaviours were changing. The position would be clearer next month.

Chris Morley noted temporary staffing was needed to maintain extra surge beds and that this may mask some of the good work being done. Louisa advised that surge costs were being tracked.

The Board:

- **RECEIVED** the Integrated Performance Report for August 2024 and September 2024.
- **NOTED** the performance standards that were being achieved.
- **ASSURED** itself that where performance standards are not currently met, a detailed analysis has been undertaken and actions are in place to ensure an improvement is made.

STH/134/24 Winter Plan

Michael Harper presented paper H, a briefing on the annual Winter Plan for 2024/25.

Michael outlined the main points of the plan, describing the planned actions and the context of the current operational position which was extremely challenging.

Other points highlighted were:

- The need for wider system engagement to deliver the Winter Plan.
- Command and control arrangements in place to provide oversight.

Prompted by comments made by Non-Executive Directors discussion was held around:

- System oversight and reporting arrangements.
- Opportunities provided by virtual wards and other patient flow initiatives.
- Surge capacity arrangements.

- GP referral patterns and their impact.

Michael described the conversations across the ICB regarding no criteria to reside, mental health patients waiting in A&E and the adult mental health provider's bed capacity. A system response to increase mental health bed capacity was being considered.

The Board asked about protocols in place for staff working on surge wards to ensure effective set up, team working and handover arrangements. Chris Morley explained processes in place and noted that QUEST visits were undertaken on any wards open longer than one week. Kirsten Major added that all surge wards were allocated to a 'home' directorate to provide clarity on the reporting and escalation to a Nurse Director. Silver Command also had oversight of staffing levels.

As requested, the Board **RECEIVED** the briefing on the Trust's Winter Plan for 2024/25.

STH/135/24

Emergency Planning Resilience and Response (EPRR) Annual Report 2024/25

Michael Harper presented paper I, the Emergency Planning Resilience and Response (EPRR) Annual Report for 2024/25.

Michael highlighted the following points:

- This was a requirement of the NHS EPRR Core Standards.
- The statement of compliance with these standards would be presented to the Board in January 2025.
- The Annual Report aimed to provide assurance that plans were in place to respond to incidents and described a number of business continuity events and unplanned incidents across the year, and training activities coordinated by the Emergency Planning team.

Maggie Porteous sought assurance around business continuity arrangements for cyber security incidents. David Black noted a recent internal audit of IT business continuity. He noted that actions in response to the audit recommendations would be taken forward by the cyber security team and EPRR team and reported through the Board Committee structure. He also noted that learning from external incidents at other organisations was reviewed.

Ann Harris reported that a system wide review of cyber security had been undertaken. The report from this was awaited and would be taken through the Board Committee structure.

Ros Roughton advised that the Digital Committee had routine updates on cyber security and had looked at the learning from the recent cyber-attack at London trusts related to business continuity and restoring services.

The Board **RECEIVED** the EPRR Annual Report and **APPROVED** that a statement confirming that the Board of Directors have received the annual EPRR Annual Report was included in the Trust's Annual Report.

STH/136/24 Half Year Progress Report on Corporate Objectives

Sarah Dew presented paper J, a six-month assessment of the progress made on delivering the 2024/25 Corporate Objectives.

Sarah:

- Reported good progress and balanced position in that out of 45 objectives 23 were Green, 15 Amber and six currently rated Red.
- Advised that the process to refresh objectives was commencing through the 2025/26 business planning process.
- Added that TEG had discussed the potential inclusion of a Freedom To Speak Up objective (as per Board Action 75) and noted that this is governed through the People Committee and therefore did not require an additional objective.

The Board **NOTED** progress.

STH/137/24 People Committee Meeting Assurance Report

This item was deferred, and the paper would be presented at next meeting in January 2025.

STH/138/24 Standing Financial Instructions and Reservation of Powers to the Board and Scheme of Delegation

Louisa Cowell, Chief Finance Officer, presented Paper L, the Trust's Standing Financial Instructions and Reservation of Powers (Scheme of Delegation) for Board approval. She highlighted key areas of change; the documents had been reviewed by TEG and the Audit Committee.

The Board **APPROVED** the Standing Financial Instructions and Reservation of Powers (Scheme of Delegation).

STH/139/24 Update on Five Year Capital Plan and Capital Programme

Louisa Cowell, Chief Finance Officer, presented Paper M the Quarter 2 update on the 2024/25 Capital Programme and 5 Year Capital Plan.

From the report Louisa highlighted the following key points:

- The changes to the programme and slippage of projects into 2025/26 due to delays.
- Changes and slippage from Quarter 1 to Quarter 2.

- Challenge to produce a capital forecast for the Electronic Patient Record (EPR) delay.
- Internal activities to identify projects that could be brought forward from 2025/26. The risks around this were noted. It was expected to be able to provide an update on any schemes brought forward in the January 2025 Capital Plan update.

In response to Ann Harris, Louisa explained the rules around ring-fenced capital budgets and grants which were within the organisation's capital allocation.

The Board **NOTED** the update and that further updates would be presented to the Board.

STH/140/24 Finance and Performance Committee Meeting Assurance Report

Maggie Porteous, Deputy Committee Chair presented paper N, summarising the outcome of discussions at the 11 November 2024 meeting. In addition to a number of points already covered in the meeting Maggie highlighted the following key points:

- The detailed deep dive review into specialised cancer services and haematology.
- Discussion of financial performance and forecast outturn scenarios. Noting a positive improvement of the financial position at Month 7 compared to previous months.
- An update on Estates supported by an anticipated assuring Internal Audit report.
- Approval of the National Costs Collection/Reference Costs methodology undertaken for Patient Level Information and Costing System and the action plan.

The Board **NOTED** the report.

STH/141/24 System and Partnership Updates

STH/141/24(a) The University of Sheffield Update

Annette Laban announced that Ashley Blom, had been appointed to a new post at another university. The University of Sheffield was currently considering its nomination for its representative on the STH Board.

Ashley Blom provided an update. Key points highlighted were:

- Challenges for the university sector as a whole including financial challenges.
- The University of Sheffield's financial position and actions being taken to achieve financial sustainability.
- Student recruitment related to healthcare professions.
- The outcome of a recent Ofsted inspection of apprenticeship schemes.

- Ring fenced cancer posts.

In response to a question Ashley provided an update related to capital plans that may be relevant to the Trust including approximate timescales.

The Board thanked Ashley Blom, Non-Executive Director, for his verbal update.

STH/141/24(b) System and Partnership Update

Kirsten Major presented report O, updating on the Trust's core partnerships, drawing attention to:

- Ongoing work with Sheffield Health and Care Partnership on activities around winter planning and key priorities set out in the Fair and Healthy Sheffield Plan.
- Positive collaboration with Acute Federation partners and collective work on specific clinical services.
- Activities relating to Electronic Patient Record (EPR) convergence.
- The Chief Executives' discussion at System Delivery Group regarding its way of working.
- Focus on efficiency and finances given the system financial position.

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

STH/142/24 Acute Federation Committee in Common Meeting Assurance Report

Annette Laban presented Paper P, a summary update from the South Yorkshire and Bassetlaw Acute Federation Board meeting, highlighting key points from the report:

- The focus of the agenda on financial challenges across all Acute Federation organisations.
- Consideration of lessons learned from the pathology review.
- The Acute Federation input into the consultation on the 10 Year Plan.

The Board **NOTED** the report.

STH/143/24 Research and Innovation Meeting Assurance Report

Dean Royles, Committee Chair, presented the report from the October 2024 meeting, highlighting the following key points:

- Action and implementation reports now being routinely received.
- Performance reports from the Research Executive Committee.
- Ongoing work and potential areas of focus.

The Board **NOTED** the report.

STH/144/24 Review of the Risk Appetite Statement

Sandi Carman presented Paper R, the updated Risk Appetite Statement, which had been developed using output from discussions held at the September 2024 Board Development Session.

Sandi described changes in risk reporting through Committees and noted that this would be evaluated after six months.

Annette supported this approach and welcomed the work undertaken by the Board to challenge itself in relation to risk tolerance. She felt that six months was sufficient time to embed and evaluate the process on the use of the updated Risk Appetite Statement.

In response to a question from Mark Gwilliam, Sandi clarified the process for reporting risks through the Board Committee structure, noting that the updated thresholds would be applied and monitored as part of the six-month review.

In response to a comment made by Annette Sandi agreed to consider what could be done to support the Board to routinely consider risk appetite during its discussions.

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There was discussion around the need for a nuanced approach to be taken in specific areas e.g. cyber security where it would still be appropriate to provide Board oversight of risks below the risk tolerance score.

The Board **DISCUSSED** and **AGREED** the updated Risk Appetite Statement.

STH/145/24 Audit Committee Meeting Assurance Report

Ann Harris, Committee Chair, presented the report from the October meeting, highlighting the following key points:

- Two limited assurance internal audit reports presented and arrangements to oversee actions.
- The effectiveness review of the Board Assurance Framework (BAF) undertaken. Ann noted that Internal Audit would also be undertaking a review of the BAF.
- Work continued on policy compliance and the Committee will receive a further update in December 2024 in advance of the Committee's January 2025 meeting.

The Board **NOTED** the report.

STH/146/24 Application of the Corporate Seal

The Board **APPROVED** the application of the Trust seal to the lease documents for the surrender of the UK NEQAS lease for office space.

STH/147/24 Chair's Report

The Board **NOTED** the report on the Chair's activities and key engagements during October and November 2024.

Annette Laban made positive reflections around the Thank You Awards ceremony and showcased the fantastic work of individuals and teams. Annette had also joined the long service awards.

STH/148/24 Board Out and About Visits

The Board **NOTED** the summary of visits which had taken place since the last report in September 2024.

STH/149/24 Chair and Non-Executive Director Matters

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

STH/150/24 Matters Arising and Action Log

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

a) Board of Directors' Terms of Reference and Workplan (Action log number 80, minute number STH/86/24)

The target date for this action had been extended to allow further reflection considering the new NHS England Insightful Provider Board guidance.

The Board **APPROVED** closure of actions 54, 75 and 82.

STH/151/24 Any Other Business

Staff survey response rate

Mark Gwilliam informed the Board that the Trust's staff survey response rate was currently at 54% with a few more days left for staff to respond. He noted how this compared with the 2023 response rate and highlighted the significant improvement from 39%.

STH/152/24 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on 28 January 2025 at a time to be confirmed.

The Chair closed the meeting at 12.48pm.

Signed Date

Chair

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