



Unadopted Minutes of the Board of Directors meeting held in public on 28 January 2025 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)
Louisa Cowell	Chief Finance Officer
Sonia Gayle	Non-Executive Director
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
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

Participating Directors:

Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Claire Coles	Senior Business Manager (Minutes)
--------------	-----------------------------------

Apologies:

Ashley Blom	Non-Executive Director
Maggie Porteous	Non-Executive Director

Observers:

10 Governors
1 members of staff
2 members of public

Minute	Item	Action
STH/01/25	Welcome and Introductions	
	Annette Laban, Chair welcomed Board members and those in attendance to the meeting.	
STH/02/25	Declarations of Interests	
	The Board NOTED Sonia Gayle's, new Non-Executive Director, declarations of interest:	

- Mentor and presenter on board effectiveness and governance (contract basis) for Women on Boards UK
- Member of Race Equality Partnership Sheffield
- Member of the independent advisory group advising South Yorkshire Police (Police Race Action Plan)
- Board Trustee and Chair for the African Heritage Culture Forum
- Board Trustee and risk governance committee chair for Breast Cancer NOW

There were no additional declarations or relevant declarations highlighted.

STH/03/25 Minutes of the Previous Meetings Held in Public on 26 November 2024

The Minutes of the meeting held in public on 26 November 2024 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/04/25 Board Assurance Framework

Sandi Carman shared a presentation supporting Paper B, which outlined the Ward to Board escalation of risks and the updated Strategic Risk and Risk Appetite dashboard informed by review of Strategic Risks by Strategic Risk Owners. Sandi explained that changes to the escalation of operational risks had followed recent work undertaken by the Board on Risk Appetite and agreement of risk tolerance scores. This and some further changes to the presentation / sequencing of the BAF had been discussed at the January meeting of the Audit Committee.

Following on from discussion at Audit Committee, Sandi used a section of the BAF (Strategic Risk 1 - Quality of Care) to describe how a specific domain of operational risks (Estates risks) reported within the Corporate Risk Register Report fed through to the Board Assurance Framework. The short presentation prompted discussion from Board members.

In response to questions from Dean Royles on 1) how to ensure focus remained on Strategic Risks that were within risk appetite to prevent complacency, and 2) how longer-term estates strategic ambitions were captured. Sandi explained 1) that Board Committees would continue to retain focus through their twice-yearly deep dives of individual Strategic Risks, and the whole BAF would continue to be presented to the Board three times a year. In relation to 2) strategic ambition, alongside the risk of not developing the estate, was captured through triangulation of different sources of information including discussion within BAF deep dives, business planning activities and the Board's strategy work.

Toni Schwarz questioned deadline dates within aggregated action plans, noting slippage across of number of actions. Mark Tuckett responded that whilst partner feedback was a continual process, further thought would be given to describing time specific pieces of work on the BAF.

Toni also noted five risks on the Corporate Risk Register Report related to Neurosciences. Jennifer Hill confirmed that triangulation of performance data had led to this clinical directorate being assigned to

Performance Management Framework (PMF) level three where support and focus was being given to a number of significant challenges.

Sandi confirmed that 360 Assurance, the Trust's Internal Auditors, had undertaken a review of the BAF. Issued with a significant assurance opinion, the report also noting an advisory finding relating to the need for consistency in scrutiny and challenge of BAF content, in particular whether actions are being delivered to deadline and whether such actions address gaps in control / assurance.

There was further discussion relating to Strategic Risk 6 and challenge around whether sufficient focus was being to the system working / partnership working element of this risk. Acknowledging that this Strategic Risk combined both sustainable healthcare and partnership working, Mark Tuckett proposed that the two scheduled Deep Dives focus separately on each element of this Strategic Risk.

Kirsten Major advised Board members that discussion had taken place with TEG members around the scoring of Strategic Risk Four (Finance). While it was fully anticipated that the current risk score would be increased, it was recommended that this change await assessment of the impact of detailed planning guidance which had been delayed. A fuller discussion on the financial regime would be held with Board members once the finer detail was available. Francis Patton also noted that on each of the last two reviews of this Strategic Risk by the Finance and Performance Committee it had been agreed to postpone changing the risk score until the planning guidance was received.

Ann Harris asked that consideration was given to the Digital Strategic Risk during a Deep Dive to prompt a review by the Digital Committee at its February meeting of the aggregated risk position. Sandi confirmed that this would be prioritised on the agenda. David Black agreed that a February review of this risk was timely.

Responding to a point from Francis on how organisational culture was reflected within the BAF, Annette and Kirsten both confirmed that staff survey results provided a key source of assurance in respect of this. The detailed staff survey results for 2024/25 would be taken through the People Committee to understand where directorates might require more support.

The Board **NOTED** the work to incorporate risk appetite on the BAF, and as requested, used the prompts to **DISCUSS** levels of assurance in place and current levels of Strategic Risk.

STH/05/24 Corporate Risk Register Report

Jennifer Hill presented Paper C, in relation to open and validated risks on the Trust Risk Register that have a score that lies outside Risk Appetite.

The report included 45 open and validated risks logged on the Trust Risk Register (Datix) that meet or exceed the reporting threshold.

Annette sought an update in relation to *Risk: 4287 - Inadequate control of exposure to Entonox - COSHH Assessment*. Chris Morley provided

an update for this risk, noting that actions had been addressed therefore the risk score would improve.

The Board of Directors **NOTED** the update provided and **COMMENTED** on specific points raised within the report.

STH/06/25 Maternity Matters

Andrea Galimberti, Clinical Director, Laura Rumsey, Midwifery Director, and Nathan Timmis, Operations Director from the Obstetrics, Gynaecology and Neonatology attended for this item.

Chris Morley, Chief Nurse, introduced the item explaining reporting arrangements for the quarterly reports and intervening monthly reports which focused solely on harm events. This was a monthly report focused on harm events; Chris confirmed that in each case bereavement support was provided to the family.

The full quarterly report would come to the March public meeting, when the South Yorkshire Maternity and Neonatal Independent Senior Advocate (MNISA) would also present.

Maternity and Neonatal Safety Report

Andrea Galimberti presented Paper D, presenting the Maternity and Neonatal Safety Report for December 2024. This provided oversight of specific Perinatal Quality Surveillance Model metrics on a monthly basis, ahead of more detailed analysis in the quarterly report.

The paper focused on:

- Three still births and Andrea advised these had individually been assessed in terms of care provided and no immediate concerns were identified, but the care provided would be subject to further scrutiny through the Perinatal Mortality Review Tool process.
- A neonatal death which would be a Coroner's case, which had been reported externally for Maternity and Neonatal System Investigation (MNSI) and the outcome of this was awaited.

The Board of Directors **RECEIVED** and **NOTED** the contents of the December 2024 Maternity and Neonatal Safety Report.

In response to a query from Dean Royles, Andrea clarified that 'serious harm events' related to 'avoidable' harm and no serious avoidable harm had been identified from investigations related to the still birth case referenced.

In relation to timescales for the coroner's case, Laura Rumsey advised that the outcome of the MNSI report was awaited before the Coroner process could commence, usual timescales would be within six months.

The Board **NOTED** that the final MNSI report would be reported to the Quality Committee, through the Learning from Incidents Report. The Board expressed its deepest condolences to the mothers and families who had experienced the loss of a baby.

Non-Executive Maternity Champion Feedback

Ros Roughton, Non-Executive Director Maternity Champion provided a verbal update on visits and activities:

- Ros had attended a Maternity Services Champions meeting where they had discussed in more detail the work of the South Yorkshire Maternity and Neonatal Independent Senior Advocate (MNISA) and areas which could be improved as a system, noting they had also shared good feedback on care received in Sheffield.
- Ros had received an update on the induction of labour quality improvement project which she felt illustrated how having delivered improvements in safety, the next phase of the maternity improvement journey was moving to improving patient experience.
- The Maternity and Neonatal Voices Partnership meeting had been cancelled.

The Board **NOTED** the verbal update from the Maternity Champion.

STH/07/25 Clinical Negligence Scheme for Trusts (CNST): Maternity Incentive Scheme (MIS) Sign-off

Andrea Galimberti, Clinical Director, Laura Rumsey, Midwifery Director, and Nathan Timmis, Operations Director from the Obstetrics, Gynaecology and Neonatology attended for this item.

Chris Morley presented Paper E describing the Trust's final position in regard to CNST Year 6. The paper summarised the activities undertaken and process the Trust has followed to provide assurance on the 10 CNST MIS safety actions. The Local Maternity and Neonatal System (LMNS) had confirmed and challenged the evidence prior to it being scrutinised by the People and Quality Committees in their role of providing assurance to the Board that the standards had been met. The paper recommended to Board approval to declare that all the requirements of CNST MIS Year 6 had been achieved.

The Board **RECEIVED** and **DISCUSSED** the detailed information which had contributed to achieving compliance this year, noting the focused effort to put in place dedicated roles to enable delivery of the standards following learning from others. Other trusts were already asking for learning from the Trust's process.

Ros Roughton raised two points which were shown as Red. These requirements related to neonatology workforce and the acuity tool. Chris advised the neonatology workforce rated red related to Qualified in Specialty (QIS) training and there was some flexibility in the standard to allow organisations to submit an action plan on how this standard would be achieved, the action plan had been reviewed by the People Committee. Other trusts were taking similar action where they were not achieving this standard.

Similarly in relation to the Red for the standard: *Evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with the provision of one-to-one*

care in active labour. The same principle applied and not achieving this standard did not prevent achieving CNST compliance but having the data contributes towards compliance together with submitting an action plan on how this would be achieved.

The Board acknowledged the complexity of the scheme.

The Board **APPROVED** that the Trust should return a fully compliant return in respect of the CNST MIS Year 6 declaration.

STH/08/25 Clinical Update – Palliative and End of Life Care in the Community

Helen Chapman, Associate Nurse Director Community Nursing and Head of Integrated Community Care, Alba Senent Calenco, District Nurse Team Leader, Lisa Steele, Intensive Home Nursing, Sarah Alton, Community Medicines Management Governance Lead, and members of the Combined Community and Acute Care Group joined for this item.

Chris Morley introduced the item. Led by Helen Chapman the team presented how the service provides support to patients on palliative and end of life care in the community and how the Intensive Home Nursing Service provides community personalised care and compassion to patients. Restorative supervision was provided to teams in recognition of the emotional burden of this care.

Alba Senent Calenco shared a compelling patient story, highlighting collaborative end-of-life care at home.

In response to the Boards comments:

Leaflets were available to promote the services balanced with being able to make right choices. In promoting awareness of the services Death Doulas were being used as a voice to share information. A leaflet for healthcare professionals was also being developed. The team were keen to raise awareness where possible to help grow the service.

In relation to the national discussions regarding assisted dying, Kirsten sharing an intention to provide local MPs with details of this unique service to feed into national conversations.

Dean noted the shift within the 10-year plan from acute to community care and questioned whether there was untapped need. Helen described the removal of bureaucracy around bringing people home when someone was in their last hours or days of life. Helen described the potential concept of an end-of-life virtual ward with wraparound specialist care.

Francis Patton asked whether there were barriers in relation to accommodating essential equipment in people's homes to allow them to remain at home amongst more deprived populations. The service works hard to accommodate all wishes at this time and work with the environments that people have.

Mark Tuckett advised that the Trust's approach to end-of-life care in relation to 'What matters to you' would be a key focus within the Trust's Clinical Strategy.

In response to Ros Roughton, Helen explained how the service was financed and commissioned, and that palliative care was only one element of delivering community nursing.

The team was thanked for presenting such a unique service, and it was important to shine a light on this nationally.

STH/09/25 Chief Executive's Matters

Kirsten Major, Chief Executive highlighted the following points:

Kirsten informed the Board that Emeritus Professor Eric Preston had sadly passed away earlier this month. Professor Preston had made a huge contribution to haemophilia and thrombosis patient care.

Kirsten reported the formal announcement had now been made on the appointments of the new Chief Medical Officers: Miss Jane McNicholas as Chief Medical Officer (Operations) and Dr Nick Lyons, Chief Medical Officer (Development).

STH/09/25 a) Operational Update

Kirsten provided an update on the extremely challenging operational position during January caused by respiratory viruses, cold weather and the availability of staff. Despite the challenging situation Kirsten reported that little elective care had been cancelled.

Michael additionally described today's situation and the pattern across the month had been difficult in terms of inconsistent significant periods of operational pressures. These pressures were replicated across South Yorkshire. The pressures had been managed through the stepping up of Silver Command when required, and the Trust had managed to avoid calling an external critical incident.

STH/09/25 b) 2025/26 Planning Guidance

Kirsten noted the delay in the publication of the 2025/26 planning guidance, publication was now expected on 30 January 2025. Work with directorates in the absence of the planning guidance had commenced based on what was already known but it was important to have the national detail.

STH/09/25 c) Electronic Patient Record (EPR) Update

Kirsten reported on the decisions by an extraordinary Board of Directors (held in Private) to approve the EPR replan new go live date of 14 July 2025. Kirsten noted that Louisa Cowell, Chief Finance Officer, had taken on the Senior Responsible Officer (SRO) for the period until go live.

STH/09/25 d) Reforming Elective Care for Patients Plan and Elective Reform Plan Letter

Kirsten highlighted the letter received on the publication of the NHS Elective Reform Plan, which outlined the return to the NHS Constitution access standards for elective care by March 2029, and the Trust's current position in relation to achieving these standards.

STH/09/25 e) People Update

Kirsten reported the appointment of the new Shelford Group Managing Director.

STH/09/25 f) Dragon's Den Innovation Funding

Kirsten provided an update on the Dragon's Den innovation funding process. There was positive engagement from teams wanting to be involved even if their bids were unsuccessful.

Thirteen successful projects had been awarded funding; examples of these projects were summarised in the report.

There was interest in seeing how the projects developed in due course.

The Board **NOTED** the report and additional verbal update provided.

STH/10/25 Learning from Deaths Report

Jennifer Hill presented Paper E, the Learning from Deaths Report for Quarter 1 2024/25.

Jennifer highlighted that:

- The Summary Hospital-level Mortality Indicator (SHMI) remained stable in the 'as expected' range for 1 April 2024 to 30 June 2024.
- The Hospital Standardised Mortality Ratio (HSMR) was 'higher than expected'. When palliative care was excluded from the HSMR it was 'as expected'.
- The Trust continued to look at specific disease groups.
- Learning from neonatal deaths was included within this report for the first time to ensure reporting of all deaths was in one report.

In relation to a question from Dean on the proposed future change to the HSMR indicator, Jennifer advised that the Care Quality Commission (CQC) was moving to look at SHMI rather than HSMR in the future. It was unknown whether HSMR Plus (which removed palliative care coding from the model) would be universally adopted. Due to the uncertainties around the indicator change Jennifer confirmed that the Trust would continue to report HSMR and SHMI, work to improve coding and triangulate with other sources of data (including national audits) on mortality.

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

STH/11/25 Equality Diversity and Inclusion Annual Report

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

Kirsten introduced Paper H, the report presenting the Trust's 2024 Annual Equality, Diversity and Inclusion (EDI) Report for approval. This was a requirement of the 2010 Equality Act's Public Sector Equality Duty requiring all public organisations to publish annually their EDI performance information.

Kirsten reflected the progress made; this was mainly due to the excellent team although there was more work to do. A strategy was being developed building on existing achievements, and this work related to both patients and staff, which would be launched in April 2025.

Paula Ward and Sally Edwards acknowledged this was the third report and key to the success was because work was led by the Chief Executive but was everyone's responsibility. Paula acknowledged the recent national incidents and the impact these had on staff which were reported to have been handled in a sensitive way by the Trust.

The Board **RECEIVED** the report and **COMMENTED**:

Toni Schwarz raised a point related to non-disclosure around sexual orientation as detailed within the report. Sally explained this might be due to a combination of fear of disclosing and people's confidence in asking this question of patients. It was felt this was a data collection issue, and Kirsten asked how and when this question was being asked.

Shiella Wright noted the excellent report and transparency provided and would be keen to see how the new strategy would address matters.

In relation to governance around the report Dean Royles suggested Committee oversight would allow more time to scrutinise the detail.

The Board **APPROVED** the Annual Equality Diversity and Inclusion Report for 2024 and supported this work from both a patient and staff perspective.

STH/12/25 Quality Committee Meeting Assurance Report from the meeting held 20 January 2025

Ros Roughton, Committee Chair presented a summary update of key discussions and outcomes from the 16 December 2024 and 20 January 2025 meeting.

The December report would be shared outside of the meeting. From the December meeting Ros highlighted:

- The deep dive of pressure ulcer care noting progress made.
- Recommended that Board members reviewed the Integrated Quality and Safety Report.
- An annual report from the Mental Health Executive Committee reflected the progress made over the past five years. There was

noticeable improvement which was attributable to David Black and his team.

From the January report, Ros Highlighted:

- The national urgent and emergency care survey headlines, there was more work to do but there were no immediate concerns identified.
- A deep dive into the experience of people who are blind and visually impaired, with a focus on communication.

There had been a focus at both the December and January meetings on safety during operational pressures and how to ensure safety on temporary wards.

Annette had requested for the work with the Sheffield Royal Society for the Blind that was presented to the Quality Committee to be shared with Governors.

Ros had raised a new issue / concern in her report (Paper I) related to so-called 'corridor care'. Chris Morley explained the definition of 'corridor care' and the Trust's approach to caring for patients where there is no existing bed space. It had come to light after Quality Committee that part of the initial assessment area within A&E was classed as temporary space. There were no concerns related to this area as they are very similar the remainder of this assessment area. However, Chris advised that the Trust was not caring for patients on corridors or in non-dedicated patient bed spaces.

The Board **NOTED** the update provided and responded to specific points raised within the report.

STH/13/25 Integrated Performance Report

a) Deep Dive: Recruitment process and key metrics

Mark Gwilliam presented an in-depth analysis of the current recruitment performance in General and Medical and Dental recruitment processes, along with a summary of progress improvements that have been implemented, as well as ongoing and future improvement initiatives.

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

Annette Laban's experience on the TRAC recruitment system, where only factual information was requested when seeking references. Mark provided details of the Trust's differing approach in seeking more information on candidates noting that an enhanced reference template was used.

Shiella Wright welcomed bringing together the general and medical recruitment teams, and Mark advised on the decision to standardise processes for medical HR. An update on these standardisation of recruitment processes would be taken to People Committee.

Dean Royles reflected on the volume of recruitment activity due to the size of the organisation that had been observed during a World Admin Day visit to the team.

A point made by Ros Roughton on the proposed values based approach taken during interviews which would help to standardise interviewing across all panels.

In response to a question from Ros on the ability to quickly and easily recruit to short term roles. Mark described the bulk recruitment process which gave access to a pool of candidates. Michael explained that temporary recruitment was through NHS Professionals. Retirees were offered an 'as and when' (previously zero hours) contract to be able to tap into a flexible pool of individuals.

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

b) Deliver the Best Clinical Outcomes

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

- Hospital Standardised Mortality Ratio had been discussed under the Learning from Deaths Report.
- Average non-elective Length of Stay, noting the booster programme improvement work to improve the discharge process. This was an ongoing focus to reduce the length of stay which was challenged by operational pressures.

In response to a question from Toni Schwarz on maximising day cases and the negative impact on the elective average length of stay, Michael explained that the remaining patients were more complex cases which necessitated a longer length of planned stay, whilst day cases are removed from the denominator rather than counting as zero.

Chris Morley highlighted to drive improvement, the internally set target for pressure ulcers had been deliberately reduced. He observed that the run rate to October had seen little change, however due to the change in target, it was over target for October but there was no change in actual performance. November showed improvement and Chris would continue to monitor performance and report back to the next public Board.

CM

Chris reported on the improvement in Community Friends and Family Test performance following the previously flagged concern that there was confusion on what service people are being asked about. The question being asked had been changed in October and the impact of this is shown in the November data with the target achieved. It was encouraging and now felt the right question was being asked.

c) Patient Centred Services

Michael highlighted the following exception reports: ambulance handover times due to operational pressures and long waits with 65 week waits continuing to come down, long waits predominantly related to neurology cases. The Trust was on track to have under 138 patients waiting over 65 week at the end of January and described actions to recover performance against these metrics.

Michael noted that diagnostic performance was a focus of Tier 1, and described the actions being taken through system mutual aid to recover the backlog. Michael confirmed that Medical Imaging and Medical Physics (MIMP) Care Group was in PMF Level 3.

Toni asked whether patients could be diverted to the Walk in Centre to help alleviate pressures on A&E. Michael explained the well embedded pathway to divert from A&E to the GP Collaborative and support to the pathway from the Walk in Centre to minor injuries.

Michael also described the work to get a grip of data quality issues on SystmOne to be able to provide situation reports for community care. It was noted that operationally it was also challenging for staff working in the community currently.

Cancer waits

Mark Tuckett provided an update on cancer waiting times performance and backlog, with some encouraging improvement, noting that the Faster Diagnosis Standard had been above trajectory for a number of months.

Cancer wait performance was a focus of Tier 1 meetings with NHS England colleagues and the Finance and Performance Committee.

In December there were 259 patients waiting; this was the lowest it has been for a year. Mark described the improved and encouraging position in relation to the Urology robot backlog position, although this had deteriorated in January.

There was a lag in the reporting of FDS performance but there were improvements being seen across all areas, with the Trust in the second quartile nationally. There were challenges in the breast pathway and Mark described the actions being taken to improve this.

Mark also explained that the 62 day combined performance had been the slowest to recover, but there were signs of improvement for December.

d) Employ Caring and Cared for Staff

Mark Gwilliam, highlighted the following exception reports:

- Sickness year to date figure was 5.3 per cent against the 4.5 per cent target. This was a slight improvement on the October rate.
- Appraisal performance was at 86 per cent against the 90 per cent target. Performance had been impacted by operational pressures. It was unlikely the 90 per cent target would be achieved by year end.

Annette supported undertaking a quality appraisal rather than chasing the target, and further analysis would come through within the staff survey results. Dean suggested looking at the detail of appraisal performance at the People Committee as the target had not been met for a number of years.

e) Spend Money Wisely

Louisa Cowell reported:

- The mixed Month 8 position. In that the income and expenditure position was not as good in Month 8 due to how the elective target was set nationally.
- Although there were slight improvements seen because this was the highest delivery of activity during the month.
- Cost controls were showing some improvement for pay showing a month-on-month reduction in temporary pay costs.

Ros Roughton raised a point on whether there were any additional controls which could be brought in given the anticipated challenges next year. Louisa advised there were no plans to introduce additional controls at this point and focus would be on embedding existing controls. A more wholesale change was needed to ensure services were funded correctly.

Chris Morley questioned the risk to delivery of this year's plan due to the number of surge beds and staff needed to run those. Louisa explained that the position was not as risky as previously expected due to reduction in costs from controls and improved run rate starting to be seen; should this trajectory continue it was anticipated the Trust would deliver this year's plan.

f) Sustainability

Mark Tuckett reported a performance breach related to an increase in use of nitrous oxide due to a leak. The leak had been addressed and usage would return to usual levels. There was no financial penalty attached to this breach.

STH/14/25 Emergency Preparedness Resilience and Responses (EPRR) Core Standards Self-Assessment Compliance

Michael Harper presented Paper K the annual self-assessment against the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR). These are the minimum requirements commissioners and providers must achieve to show that they can effectively respond to major, critical, and business continuity incidents whilst maintaining the ability to remain resilient and continue to deliver critical patient services. Michael explained the different process undertaken within the North East and Yorkshire region requiring a substantially higher level of evidence for standards to be approved as Compliant.

Michael described the process and actions being taken to check and challenge the Trust's self-assessment with the Integrated Care Board (ICB) to confirm compliance. The Trust had assessed it was 48 per cent compliant therefore was declaring 'Non-Compliance' of the 2024/25 Core EPRR standards. A full improvement plan was in place that would move the Trust further towards compliance. With the expectation that we would be partially compliant later this year. Oversight of this plan was through

Quality Committee and an update would be brought to the Board in due course.

The good progress was noted and that the Trust was no less prepared than others however Dean Royles queried the reputational risk of being seen by others as being less prepared due to this statement of non-compliance. Kirsten explained the challenge back to NHS England on the higher compliance requirements as this caused confusion with other regions.

Ann enquired on the consequences of non-compliance. Whilst there was no consequence of being non-compliant, Michael explained the compliance process to ensure that patients and staff were safe, and the improvement plan to achieve compliance.

Kirsten explained the reasons for the higher compliance requirements came from the Kerslake Report in response to the Manchester bombing incident as there had been high variability of preparedness across emergency services.

Board of Directors:

- **AGREED** the recommendation, from the Trust's Accountable Emergency Officer following self-assessment, of Non-Compliance of the 2024-25 Core EPRR standards.
- **APPROVED** the Statement of Compliance and Improvement Plan for submission to NHS England (Yorkshire and the Humber).
- **NOTED** the action plan for improving compliance and **AGREED** the proposal to maintain Board level oversight through the Quality Committee ahead of next year's return.

STH/15/25 People Committee Meeting Assurance Report from the meeting held 13 January 2025

Shiella Wright, Non-Executive Director Chair of the People Committee presented the reports from the 11 November 2024, 9 December 2024 and 13 January 2025. The November report was noted. Shiella highlighted:

From the December report:

- Freedom To Speak Up update highlighting key themes. An increase in the number of champions should encourage greater raising of concerns.
- Wellbeing champions was the focus of the People Strategy deep dive (We are safe and healthy). Received a story on outcomes which brought this work to life.
- Received a comprehensive update on the Trust's hard to fill roles.
- Reviewed the detail of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme for assurance.

From the January report:

- The updated from the Guardian of Safe Working Hours.
- The People Strategy deep dive of We are always learning, which linked to the EDI annual report. The Committee heard from a learner on their experience of the Rising Star Programme.

- The good news story on Medical and Dental Appraisal performance which had exceeded target at 92.7 per cent during October 2024.

Annette sought to clarify a point related to the risk to long term capacity of the wellbeing project team. This was included on the risk register as it was due to go back to the charity to seek continuation of funding.

Chris Morley provided further detail on the biannual workforce review related to inpatient wards which the Committee had received at their November meeting. The report concluded that nursing levels in ward areas were appropriate and there were no concerns in relation to quality metrics. Therefore, other than one minor change related to skill mix on the Palliative Care Unit accommodated within budget; the review had not recommended any changes to ward nursing establishments.

Sandi Carman raised a point on behalf of Maggie Porteous in relation to the low level of Freedom to Speak Up e-learning training being completed and the need for ongoing focus in this area.

The Board **NOTED** the report particularly the outcome of the biannual workforce review for inpatient wards.

STH/16/25 Update on Five Year Capital Plan and Capital Programme

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

Louisa highlighted:

- The current under-commitment at Quarter 2. Slippage had been utilised to support investment decisions by bringing forward projects and purchases forward from 2025/26.
- Quarter 3 assumed that the national Laboratory Information Management System (LIMS) funding for this year would have been spent. However, it was likely this programme would be delayed therefore the unspent funding would need to be returned to the national team. The funding would be required the year after. Louisa explained the risks related to this, and the confidence that there continued to be national support to ensuring this programme was delivered.

Annette questioned at what point was charity funding sought to cases, Louisa explained that each capital case showed the charity's contribution within the report, and that charity support was considered as part of the development of a business case.

Ros Roughton prompted a question on how capital funding process was being used to improve productivity and efficiency. Louisa described how the £5m extra capital allocation for this year was supporting investment to fund projects that would streamline processes, save back-office costs and / or drive length of stay reductions, with projects also brought forward from next year focused on saving energy.

The Board of Directors:

- **APPROVED** the latest 2024/25 Capital Programme and note the required actions ongoing to ensure available 2024/25 funding is fully utilised.
- **NOTED** the likely LIMS re-profiling required of national funding.
- **NOTED** the challenges for development of the 2025/26 Capital Programme and 5-year plan, which is being progressed through the Business Planning round.

STH/17/25 Approval for the write off of debt

Louisa Cowell presented Paper N seeking approval to the write off unrecoverable debt associated with AMT Coffee Limited of £752,169.09, in line with Standing Financial Instructions.

Dean Royles highlighted the discussion at Audit Committee to understand lessons learned due to concern on the value of this debt, and the conclusion to recommend approval in the circumstances.

Following agreement at Audit Committee on 21 January 2025, the Trust Board of Directors **APPROVED** the formal write off of the outstanding AMT debt of £752,169.09.

STH/18/25 Finance and Performance Committee Meeting Assurance Report from the meeting held 13 January 2025

Francis Patton Non-Executive Director Chair of the Finance and Performance Committee presented the report from the 9 December 2024 and 13 January 2025 meeting.

From the December report Francis highlighted:

- The business planning work already underway in preparation for receipt of the 2025/26 planning guidance.
- Presentation from IMPEL (Medical Imaging & Medical Physics and Laboratory Medicine) care group on a number of issues already covered within the Integrated Performance Report.
- Received the Public View benchmarking report and asked how this data could be used to drive performance and what our aspirations were in each area.

From the January report:

- The update on internal planning process, and the external operational planning change from value and volume to performance in terms of referral to treatment.
- Delved into 12-hour bed waits metrics and the hospital occupancy levels.
- The Month 8 financial performance from a Trust and ICB perspective.
- A comprehensive six-month update from the Procurement team.
- Update on use of resources and cost benefits.

The Board **NOTED** the report.

STH/19/25 System and Partnership Update

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

- The major work within the Sheffield Health and Care Partnership related to 'no criteria to reside' patients. Whilst the paper noted the average number was 220 patients per day, the number had peaked in January at over 300 patients.
- The work led by the Acute Federation with partners' executive teams on the interface between primary and secondary care.
- The ongoing work led by the Acute Federation on digital convergence.
- The transformation work by NHS South Yorkshire Integrated Care Board to develop a clinical strategy to address the broader health, public health and social care needs of the population.
- The establishment of a Sheffield Genomics Board which will strengthen our existing partnership with Sheffield Children's NHS Foundation Trust.

Ros Roughton raised a point referenced in the South Yorkshire ICB Chief Executive's report on the Trust's role in economic inactivity, and opportunities in employing care leavers. The Trust was already involved in targeted work with Sheffield College and disadvantaged and vulnerable people, and Job Centre Plus within the most deprived areas. The Board noted these initiatives addressing health inequalities which should contribute to economic benefits which could be presented to a future Board session.

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

STH/20/25 Acute Federation Committee in Common Meeting Assurance Report from the meeting held 13 January 2025

Annette Laban presented Paper Q summarising key discussions and outcomes of the 13 January 2025 meeting.

Annette drew the Board's attention to the session on the Paediatric Innovator pilot and how this impacts on the Trust.

The Board **NOTED** the report.

STH/21/25 Research and Innovation Committee Meeting Assurance Report from the meeting held 16 December 2024

Dean Royles Non-Executive Director Chair of the Committee presented the report from the 16 December 2024 meeting. Dean highlighted:

- The step change to focus on activities to mobilise this work.
- A discussion on the Limited Assurance Internal Audit report: Directorate Research – Planning and Performance.
- Finance issues and loss of income through lack of research activity.
- An update on the Academic Health Science Partnership.

The Board **NOTED** the report.

STH/22/25 Chair's Report

The Board **NOTED** the report on the Chair's activities and key engagements during December 2024 and January 2025.

STH/23/25 Board Out and About Visits

Sandi Carman presented Paper T providing a summary of clinical visits which had taken place since the last report in November 2024.

The Board **NOTED** and reflected on the contents of the update on the Out and About visits that have taken place since the last report in November 2024.

STH/24/25 Infected Blood Inquiry Report

Sandi Carman presented Paper U, the final update to the Board on the review of the Infected Blood Inquiry Report, published on 20 May 2024. The recommendations outlined in the report have been carefully considered, and the summary in the report highlighted those recommendations that were relevant to the Trust and that fall within the Trust's remit to address.

The Board of Directors:

- **NOTED** the progress of the work to review and learn from the outcomes of the Infected Blood Inquiry.
- **SUPPORTED** the actions identified and the governance route for reporting.

STH/25/25 Framework for Risk Management (Risk Management Policy)

The Board **APPROVED** the updated Framework for Risk Management (Risk Management Policy).

STH/26/25 Audit Committee Meeting Assurance Report from the meeting held 21 January 2025

Ann Harris, Non-Executive Director and Chair of the Audit Committee presented the report from the 21 January 2025 meeting. In addition to items already covered by the meeting Ann highlighted:

- The two limited assurance audit reports received. One of which would be discussed at their March meeting. The second report: Post project evaluation – benefits realisation had been discussed and five of the six recommendations were now completed and benefits mapped. Any cash releasing benefits were taken off directorate budgets.
- System discharge work discussed and actions which sat with Place and as a system.
- Next year's audit plan process had been discussed, with an opportunity for Non-Executive Directors to contribute to the plan.
- Data quality work had been impacted on by the EPR work.
- The Annual Report and Accounts timetable had been approved.
- The Committee had reviewed policy compliance. There was clear progress, and the final report would be brought to the March meeting.

STH/27/25 Chair and Non-Executive Director Matters

Annette Laban provided details of upcoming events: EXPO and Leadership Forum for Non-Executive Directors. Invites would be shared with Non-Executive Directors.

STH/28/25 Matters Arising and Action Log

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

a) Integrated Performance Report: Patient Centred Services (Action log number 81, minute number STH/107/24)

Michael Harper provided an update advising that there was no longer an expectation to achieve zero 52 week waits, and focus would move to delivery of 18 week waits. The management of delivery of increased activity was through Finance and Performance Committee therefore it was requested this action was closed from the Board's action log. As recommended the Board **AGREED** to close this action.

The Board **APPROVED** closure of five actions recommended to closure for: 76, 80, 81, 83, 84 and 85.

STH/29/25 Any Other Business

Royal Hallamshire Hospital site lifts

Shiella Wright raised a point on the number of complaints related to the number of lifts that were out of order at the Royal Hallamshire Hospital site. Chris Morley advised that all lifts within the Royal Hallamshire Hospital foyer had been refurbished in recent years.

Faults were intermittent; this was a known problem, and the estates team was liaising with all parties and engineering issues were being worked through. The overhead displays were also faulty which compounded the issue.

Retirement of Chief Medical Officers

On behalf of the Board Annette Laban thanked David Black, Chief Medical Officer (Development) and Jennifer Hill, Chief Medical Officer (Operations) for their significant contributions to both the Trust and the NHS, and thanked them for their service, wishing them well in their retirements.

STH/30/25 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on 25 March 2025 at a time to be confirmed.

The Chair closed the meeting at 13:25

Signed

Date

Chair

Unadopted