



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors
held on Tuesday 19 May 2020 by video conference**

Present:**Members:**

Mr T Pedder	Chair
Mr T Buckham	Non-Executive Director
Ms A Gibbs	Director of Strategy and Planning
Mr M Gwilliam	Director of Human Resources and Staff Development
Mr M Harper	Chief Operating Officer
Dr D Hughes	Medical Director
Ms A Laban	Non-Executive Director
Ms K Major	Chief Executive
Professor C Morley	Chief Nurse
Mr J O'Kane	Non-Executive Director
Mr N Priestley	Director of Finance
Mr M Temple	Non-Executive Director
Ms S Wright	Non-Executive Director

Participating Directors:

Ms S Carman	Assistant Chief Executive
Dr J Hill	Medical Director (Operations)
Ms J Phelan	Communications and Marketing Director

In Attendance:

Dr S Reid	Clinical Lead, Major Trauma (For STH/52/20)
Ms R Winterbottom	Business Manager (Minutes)

Apologies:

Professor C Newman	Non-Executive Director
Ms R Roughton	Non-Executive Director

Observers:

10 Governors
One Member of Staff

Minute**Item****STH/48/20 Welcome and Introductions**

The Chair welcomed Board members and those in attendance to the meeting.

STH/49/20 Declarations of Interests

Martin Temple declared his interest as Chair of the Health and Safety Executive (HSE) in relation to item STH/53/20 (a) COVID-19 Gold Command Update in respect of the discussion around Personal Protective Equipment (PPE). It was agreed that Martin Temple could participate in the discussions related to this matter, however if any issues arose during the discussion that gave rise to a conflict of interest Martin Temple would leave the meeting.

STH/50/20 Minutes of the Previous Meeting Held on Tuesday 28 April 2020

The Minutes of the previous meeting held on Tuesday 28 April 2020 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/51/20 Matters Arising

The Assistant Chief Executive referred to the one open action which remained on the action log (Action log number 16, minute number STH/06/20 (b)(iv)). She explained that an update from the Trust's Equality, Diversity and Inclusion (EDI) Manager was scheduled for the November 2020 Board meeting.

The Chair requested updates on the following two matters from the previous meeting which were not logged as actions:

STH/41/20 (b) Integrated Performance Report

The Chair asked when the results of investigation to review the reasons for the Hospital Standardised Mortality Ratio (HSMR) showing in the 'higher than expected' range would be reported into Healthcare Governance Committee. The Medical Director (Operations) confirmed that a detailed analysis was underway and would be presented to HCGC in either June or July 2020.

STH/44/20 Corporate Objectives

In relation to the timetable for the development of 2020/21 Corporate Objectives and operational plan the Chief Executive explained that an update from the recent Trust Executive Group time out would be shared with the Board in the private meeting. The Chair noted that timetable for the development of 2020/21 Corporate Objectives and operational plan would be presented to the Board and the Council of Governors in due course.

STH/52/20 Clinical Update – Major Trauma

The Medical Director welcomed Dr Stuart Reid, Clinical Lead for Major Trauma to the meeting. Dr Stuart Reid gave a presentation which described the development of the Sheffield Major Trauma Centre, the current service and his view on how the service might be improved in the future.

The following questions and comments were raised:

The Chairman also asked whether there was any learning from recent weeks during COVID-19 which could be applied.

Annette Laban asked what Dr Reid thought would make the biggest improvement to the Trust's performance against the Trauma Audit and Research Network (TARN) indicators in relation to Traumatic Brain Injury and whether there were other interventions that could have an impact. Dr Reid felt that moving neurosurgery onto the same site as the Accident and Emergency Department would have the biggest impact however; he highlighted other changes that may also have an impact including improvements in pre hospital care, interventional radiology and rehabilitation.

Annette Laban raised a question regarding repatriations to district general

hospitals and the opportunities for improvement around this, Dr Reid explained that work with the Major Trauma Network was underway to better understand what facilities were available in local communities. The Chief Executive commented that Yorkshire and Humber was unusual in that nationally level 1 rehabilitation was not commissioned in the area.

The Board thanked Dr Stuart Reid for his presentation and for his role in the establishment of the Sheffield Major Trauma Centre.

In relation to next steps the Board **AGREED** that the Medical Director and Chief Executive would give further consideration to potential solutions to the challenges described by Dr Stuart Reid in his presentation, the Board was particularly keen for IT solutions to be explored noting the recent advances as a result of COVID-19. It was **AGREED** that a report would be brought back to the Board at a future date.

Action – Medical Director and Chief Executive

STH/53/20 Chief Executive's Matters

The Chief Executive's report had been shared with the agenda papers; the Chief Executive highlighted the following points:

a) COVID-19 Gold Command Update

The Chief Executive gave a presentation which provided an update in relation to COVID-19 since the last meeting.

Key points highlighted were:

- Sadly, she reported that a member of staff Ray Lever, Domestic Services Assistant, a member of the Facilities team had passed away from complications of COVID-19
- An update on levels of COVID-19 activity was shared. The Trust was past the peak of the outbreak
- Since the start of the outbreak the organisation had repurposed its services in order to cope with the expected surge in COVID-19 cases and to protect patients, as a result non-COVID-19 related activity had reduced. There had also been fewer attendances for urgent care. The Chief Executive highlighted that there had been an extraordinary increase in the number of non-face to face outpatient appointments in April, 39% compared to 11% in March
- She also highlighted that the waiting list had reduced in size from March 2020 as a result of a reduction in referrals to the Trust
- She highlighted that staff testing at the Trust was significantly ahead of the national plans and had been effective in ensuring that staff testing negative for COVID-19 could return to work.
- The Trust was participating in a number of research trials covering treatment, observational trials and was looking to shortly recruit staff for a vaccine trial. She highlighted that participation of every COVID-19 positive patient in research was a key ambition for the Trust
- Highlighting the on-going global Personal Protective Equipment (PPE) supply challenges it was noted that to date PPE stock levels at the Trust were generally acceptable. Decontamination of masks and

gowns was being progressed with expert advice as a contingency measure; however decontaminated masks and gowns had not yet been deployed. The Trust was collaborating with regional and national colleagues on procurement of PPE

- Significant work had been done around identifying and supporting staff that may be at higher risk of COVID-19 complications, QRISK3, a risk assessment tool was being launched that day and would be available to staff in the following groups; BAME staff ≥45 years, male staff ≥45 years and female staff ≥50 years. Following assessment the existing staff risk stratification guidance would be applied and if required further action taken to reduce these individuals potential exposure to COVID-19 whilst at work
- Nine staff briefing sessions had been held via Microsoft Teams. Feedback from these sessions had been positive and plans for further briefings were being made
- Eight sets of guidance had been issued for a COVID-19 secure workplace. A Gold Command Task and Finish Group had been established to consider and apply the guidance. Further communications around this would be shared with the organisation later that week
- In relation to visiting, on-going review by Gold Command was taking place to manage the risk and benefits around the current restrictions

The Chair thanked the Chief Executive for her comprehensive update and invited questions from Board members.

John O’Kane asked where COVID-19 in-patients who did not require Critical Care were located. The Chief Executive explained that a clinical decision was made following assessment of individual patients as to the most appropriate setting for care.

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

b) Integrated Performance Report

The following matters were highlighted from the Integrated Performance Report (IPR) for March 2020:

Deliver the Best Clinical Outcomes

- The Medical Director noted that the most recent data for the Hospital Standardised Mortality Ratio HSMR (January 2019 – February 2020) was showing in the ‘higher than expected’ range and reminded the Board that an investigation to review this data was on-going. The Standardised Hospital Mortality Indicator (SHMI) remained ‘as expected’
- The Chief Nurse reported that 2019/20 performance against Infection Prevention and Control targets was similar to or better than the previous year. He explained that the Trust was continuing to monitor C-Diff rates and that deep clean programmes continued.

Providing Patient Centred Services

The Chief Operating Officer highlighted the following points:

- In March, 86.83% of patients attending A&E were seen within 4 hours compared to a local target of 90% and the national target of 95%. This was better than the national average performance for the month which was 84.2%. 68.28% of ambulance handovers occurred within 15 minutes which was an improvement from 65.32% in February.
- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of March was 89.23% which was below the national target (92%). Gold Command had agreed to stop validating the reportable position in early April as the COVID-19 incident commenced. The national performance for March was 86.7%.
- At the end of March, the percentage of patients waiting less than 6 weeks for their diagnostic test was 97.38% which was below the national target of 99%. This was linked to the decrease in referrals and reduction in activity as a result of COVID-19
- 75 operations were cancelled on the day for non-clinical reasons in March, compared to 71 in February. Eight patients had their operation cancelled on the day of admission for non-clinical reasons and were not re-admitted within 28 days, noting this was a result of COVID-19.

In response to a question from the Chair the Chief Operating Officer explained that all of the patients who had been cancelled and not readmitted within 28 days had been reviewed by a clinical team and had been prioritised based on clinical need. These patients had been contacted to explain the decision to cancel. He added that these patients would be subject to on-going review.

Annette Laban recognised the strong performance in relation to the 52 week target for the year.

The Director of Strategy and Planning gave the following updates on relation to cancer waiting times performance:

- Cancer waiting times were achieved for Two Week Wait, 31 Day First Treatment and 31 Day Subsequent Treatments
- The 62 Day referral to treatment standard remained challenging; Trust performance for non-shared pathways was 83.0% (threshold 85%), shared performance reflecting the Breach Allocation Guidance was 77.3% (threshold 85%)
- For pathways relating to 31day subsequent treatment (Surgery), March performance was currently 91.8% (threshold 94%).
- She highlighted that post March the potential impact of COVID-19 on cancer waiting times performance was unclear

The Chair asked about the impact of COVID-19 on referrals. The Director of Strategy and Planning confirmed a 50% reduction in referrals overall. She noted that the Trust was working with GP's on key messaging to improve this.

Employ caring and cared for staff

The Director of Human Resources and Staff Development highlighted the following points:

- Sickness absence for March was 5.05%. The year to date figure was 4.33%, which was above the Trust target of 4%

- Compliance levels for mandatory training were at 91%, which exceeded the Trust Target of 90%. However, the Trust appraisal rate was 87% in March, which was below the Trust Target of 90%. The Command Structure Silver Workforce Cell was considering this and it would be raised at the Management Board Briefing later that week

In response to a question from the Chair the Director of Human Resources and Staff Development confirmed that individuals at the Trust did feel confident that they could raise concerns noting that the six concerns raised to date had been reported via a number of different routes, only one of the six cases had been raised with the Freedom To Speak Up (FTSU) Guardian.

Tony Buckham explained that a reminder communication around the FTSU process would be sent out to staff shortly to ensure all individuals know who to raise any concerns.

Spend Public Money Wisely

The Director of Finance highlighted:

- The Trust was currently in the middle of the audit process for 2019/20. He noted that the draft accounts showed a small surplus of £4.2m against the internal financial plan and £4.5m against the national Control Total, with the benefit of Trust surplus, the South Yorkshire and Bassetlaw Integrated Care System (ICS) had also met the System Control Total.
- The approval and adoption process of the annual accounts would take place week commencing 8 June 2020.

Deliver Excellent Research, Education and Innovation

- The Medical Director reported that the target for recruitment to trials had not been achieved. Due to COVID-19 a number of trials had closed to recruitment before the year end. The main focus at present was on recruitment to COVID-19 research trials.

The Board:

- **RECEIVED** the Integrated Performance Report for March 2020.
- **NOTED** the performance standards that were being achieved and where performance standards were not currently met were assured that analysis had been undertaken and actions were in place to ensure an improvement was made.

c) Estates Director

The Chief Executive reported that Mr Phil Brennan, Estates Director had announced he would be retiring at the end of May, having worked for over 39 years for the Trust and its predecessor organisations. The Board thanked Phil for his contribution over the years and wished him a long, happy and fulfilling retirement.

STH/54/20 Fit and Proper Persons Declarations

The Assistant Chief Executive reported that the annual fit and proper person's self-assessment for the Board of Directors had been completed in line with the requirements in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement.

The self-assessments for all individuals had been completed. No issues were identified that would impact on the individual's ability to perform their duties as a member of the Board.

The Board **NOTED** that all Non-Executive, Executive Directors and Senior Managers that attend the Board have completed a self-declaration form and that there are no issues that impact on the individual's ability to perform their duties.

STH/55/20 Chairman and Non-Executive Director Matters

The Assistant Chief Executive highlighted that the draft Annual Report had been sent to the Non-Executive Directors for their review. She requested any comments were received by 22 May 2020.

STH/56/20 Any Other Business

No additional items of business were raised.

STH/57/20 Date and Time of Next Meeting

The next Board of Directors meeting will be held on Tuesday 30 June 2020 by video conference at a time to be confirmed.