



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors  
held on Tuesday 30 June 2020 by video conference**

**Present:**

**Members:**

Mr T Pedder	Chair
Mr T Buckham	Non-Executive Director
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
Ms S Wright	Non-Executive Director

**Participating Directors:**

Mr P Buckley	Deputy Director of Strategy and Planning
Ms S Carman	Assistant Chief Executive
Dr J Hill	Medical Director (Operations)
Ms J Phelan	Communications and Marketing Director

**In Attendance:**

Ms C Skene	Neonatal Nurse Consultant
Ms R Winterbottom	Business Manager (Minutes)

**Apologies:**

Ms A Gibbs	Director of Strategy and Planning
Professor C Newman	Non-Executive Director
Ms R Roughton	Non-Executive Director
Mr M Temple	Non-Executive Director

**Observers:**

Nine Governors  
Three Member of Staff

<b>Minute</b>	<b>Item</b>	<b>Action</b>
<b>STH/58/20</b>	<b>Welcome and Introductions</b>  The Chair welcomed Board members and those in attendance to the meeting.	
<b>STH/59/20</b>	<b>Declarations of Interests</b>  No declarations were made.	
<b>STH/60/20</b>	<b>Minutes of the Previous Meeting Held on Tuesday 19 May 2020</b>	

The Minutes of the previous meeting held on Tuesday 19 May 2020 were **AGREED** and **APPROVED** as a correct record of the meeting. The Chair agreed for his electronic signature to be added to the Minutes.

**STH/61/20 Matters Arising**

**a) Equality Diversity and Inclusion update (Action Log number 16, minute number STH/06/20(b)(iv))**

The Board agreed to close action log number 16 as the Trust's Equality, Diversity and Inclusion Manager was confirmed to attend the November 2020 Board meeting.

**b) Clinical Update, Major Trauma (Action Log number 18, minute number STH/52/20)**

The Chair noted that following the meeting he had confirmed to the Governors that there was no concern around the Trust's performance as a Major Trauma Centre and he was confident there was no risk to the Trust's status.

It was agreed that action number 18 would be parked and considered post COVID-19.

**c) Agenda Items Parking Lot**

John O'Kane queried when the deferred update on cancellations would be presented to the Board. The Chief Nurse highlighted that due to the impact of COVID-19 the team was currently focusing on establishing the virtual outpatients clinics. He therefore proposed bringing a broader item on outpatients back to the Board in the Autumn.

Forward  
Plan

**STH/62/20 Clinical Update – Avoiding Term Admissions Into Neonatal Units (ATAIN)**

The Chief Nurse welcomed Caryl Skene, Neonatal Nurse Consultant to the meeting. Caryl Skene gave a presentation on the Avoiding Term Admissions Into Neonatal Units (ATAIN) programme at the Trust.

Key points to note were:

- The national ATAIN scheme set a target for all trusts to reduce term admissions to their Neonatal Units to 5% by 2019/20.
- In July 2018 a multi-disciplinary group was established to review the findings of the ATAIN Audit and to develop and implement an action plan at the Trust.
- To improve staff engagement with this work the group decided to change the messaging to one focusing on reducing parent

and baby separation and focused on a key issue which was the importance of keeping babies warm.

- Since July 2018 there had been a downward trend in term admissions to the neonatal unit and importantly the number of potentially avoidable admissions had reduced.

Noting that the Trust was one of the largest regional Neonatal Units in the country with complex cases often referred from other regional hospitals, the Chair asked if this had any impact on the numbers of term admissions to the Neonatal Unit. Caryl explained that despite this figures were comparable to other local hospitals.

Shiella Wright asked whether the Continuity of Carer model had any impact on numbers of avoidable term admissions to the Neonatal Unit. Caryl agreed to consider this further and the Chief Nurse agreed to feedback to the Board once further information was available.

Shiella Wright asked whether posters and information about keeping babies warm had also been shared with patients and families, Caryl confirmed that information and posters were available to patients as well as staff and skin to skin contact was promoted.

In response to a question from Annette Laban, Caryl explained that the Trust ATAIN Group were working with other local maternity units to share findings and resources.

The Board thanked Caryl for her interesting presentation and noting her plans to retire in September 2020 thanked her for a remarkable 43 years' service and wished her a happy retirement.

#### **STH/63/20 Chief Executive's Matters**

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

##### **a) COVID-19 Gold Command Update**

The Chief Executive gave a presentation which provided an update on COVID-19.

Key points highlighted were:

- There had been a significant reduction in COVID-19 cases.
- The Trust was working with colleagues in South Yorkshire and Bassetlaw (SY&B) to explore proposals for a single COVID-19 acute site as cases across the region diminish to low levels.
- She highlighted the complexities of the reset of services including the challenges associated with establishment of a COVID minimised pathway to enable provision of elective care.
- Testing was now available to anyone via the NHS website or 111.
- Staff had access to serology testing; the results had indicated a positive rate broadly similar to that of the general population

which indicated that Personal Protective Equipment (PPE) for staff was effective.

- The Trust continued to participate in a number of research trials.
- There was a significant focus on ensuring that the Trust was a COVID secure workplace and face masks were now required in all settings.
- In line with the National Test and Trace System the Trust was responsible for the contact tracing of any of its staff or patients in its care, who tested positive.
- There had been good progress with uptake of the QRISK3 assessment for higher risk staff groups and impact assessments were being rolled out by managers and had been offered to all staff.
- On 1 August shielding would end and the Trust was carefully considering return to work plans for the 700 Trust staff who had been shielding.
- The restrictions to visiting arrangements remained unchanged but were subject to constant review by Gold Command.

The following questions and comments were raised:

The Chair asked a question in relation to the COVID minimised care pathway and the requirement for weekly staff swabs. The Medical Director (Operations) explained that testing was only one of the precautions in place to limit spread of the virus and particularly PPE and good hand hygiene are essential to protect staff and patients on the pathway.

The Chair asked whether the Trust's approach to visiting was in line with national guidance and the approach being taken by other trusts. The Chief Executive confirmed that national requirements on visiting had now been withdrawn and this was now an individual organisational assessment. The Trust's approach was in line with that of other regional trusts and Shelford organisations. It is an issue that is also regularly reviewed by Gold Command.

Noting the outbreak in Leicester that had resulted in a local lockdown, the Chief Executive explained that she would be contacting Greg Fell, Director of Public Health and Charlie Adan, Chief Executive, Sheffield City Council to discuss learning from the situation in Leicester that might be applied in Sheffield.

Tony Buckham asked about the timescales for the single COVID site and any impact of a second wave on this. The Chief Operating Officer explained that the move to a single centre would be likely to happen only when the total number of COVID inpatients in SY&B fell below 45. He explained that in the event of a second wave district general hospitals would be required to backer-escalate to providing primary, acute COVID care, as had happened in the first wave.

#### b) National Pride Month

June was National Pride Month chosen because this was when the

'Stonewall Riots' took place in New York, on 28 June 1969. The previous week the Trust had raised the eight coloured inclusive Pride flags at the Royal Hallamshire Hospital and the Northern General Hospital sites. In support of the 28 June, a two minute silence was observed on Monday 22 June which coincided with the raising of the flags.

### c) Integrated Performance Report

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

#### Deliver the Best Clinical Outcomes

The Medical Director (Operations) reported that the Hospital Standardised Mortality Ratio (HSMR) (March 19 to February 20) remained in the 'higher than expected' range and reminded the Board that work was on-going to understand the data. The Trust's SHMI remains as expected.

#### Providing Patient Centred Services

The Chief Nurse reported that in April 78% of complaints were responded to within 25 days which was below the threshold of 90%.

He explained that in March the Trust had paused the complaints process in line with national guidance in response to COVID-19. However he provided assurance that complaints where serious /urgent risks had been identified were still progressed. He confirmed that the complaints process had fully recommenced on 4 May.

The Chief Nurse noted that because the data around numbers of complaints responded to within the timeframe was recorded at the point the complaint was closed, the percentage reported in the IPR in coming months was likely to deteriorate further before the position was recovered.

The Chief Operating Officer highlighted the following points:

- There had been an improvement in the performance against the four hour standard Accident and Emergency (A&E). In April 90.95% of patients attending A&E were seen within four hours against a local target of 90% and a national target of 95%. National performance in April was 90.4%. He explained that this good performance was due to lower attendances during April, reduced activity, including the temporary closure of the Minor Injuries Unit, and improved flow in the organisation. He added that the lower levels of activity had provided an opportunity for the department to focus on re-designing some pathways. He confirmed that activity had since started to increase, but improved performance had been sustained.
- The percentage of patients waiting less than 18 weeks at the end of April had dropped to 84.05% which was below the national target of 92%. This was better than the national

- performance for April which was 71.3%.
- There had been one 52 week breach in April.
- The percentage of patients waiting longer than six weeks for their diagnostic test was 46.40% which was significantly lower than the national target of 99% and worse than the national performance for April which was 55.7%. He explained that work was underway to recover the position with the different diagnostic areas.

Shiella Wright asked a question specifically about waits for dental treatment. The Chief Operating Officer confirmed that whilst an urgent pathway had been maintained during the pandemic there had been a significant reduction in dental activity because of the high risks associated with these treatments.

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

- In Quarter 4 cancer waiting times were achieved for two week wait and 31 subsequent treatments (drugs).
- Performance for 31 day subsequent treatment (radiotherapy) had improved notably in Quarter 4.
- He explained that Quarter 1 2020/21 performance would look quite different for some of the metrics due to the impact of COVID-19 and highlighted that all patients on cancer pathways were being clinically reviewed to ensure that in line with national guidance, priority patients were being treated, risks were minimised and they continued to receive clinically appropriate care.

#### Employ caring and cared for staff

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

- The volume of appraisals and mandatory training undertaken had significantly reduced in April as staff prioritised their response to the COVID-19 incident.
- The annual turnover rate at March was 7.50% and retention figures were 90% both of which were positive.

#### Spend Public Money Wisely

The Director of Finance highlighted the following:

- The national funding arrangements for the first four months of the year was for block contract payments to be made to the Trust and COVID-19 expenditure reimbursed, topped up by NHSE/I. In Month 1 the Trust had received a top-up of £750,000. He anticipated that the top-up payment for Month 2 would be significantly higher.
- Funding arrangements from August were not confirmed and a further announcement was expected in mid-July 2020.
- Significant challenges and risks for the Trust in terms of the

national funding arrangements and activity and financial planning were noted.

- The Trust had been required to reduce its 2020/21 Capital Plan by 15%.

#### Deliver Excellent Research, Education and Innovation

The Medical Director explained that as a result of COVID-19 the National Institute of Health Research (NIHR) metrics that the Trust report had been suspended. He reported good performance in terms of recruitment to COVID-19 studies. He explained that due to the reduction in numbers of cases of patients with COVID-19 it may be challenging to recruit the patient numbers to meet the targets for some of the studies.

The Board:

- **RECEIVED** the Integrated Performance Report for April 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.

#### d) Appointment of a new Clinical Director, Vascular Services

Mr Akhtar Nasim had been appointed as Clinical Director for Vascular Services. Mr Nasim would join the Trust from University Hospitals of Leicester to take up his role in September.

#### e) Infection Prevention and Control COVID-19 Board Assurance Framework

The Chief Nurse was leading work to consider the Trust compliance with the IPC Board Assurance Framework (BAF) issued by NHS England / Improvement in May 2020. The BAF was developed to support all healthcare providers to effectively self-assess their compliance with Public Health England and other COVID-19-related infection prevention and control guidance and to identify risks.

For all of the key lines of enquiry the Trust had demonstrated how it had implemented the guidance, the next step was to undertake further work to gain assurance that the implementation was consistent and effective across the Trust.

#### f) South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)

The Board **NOTED** the report from the Chief Executive of SY&B ICS which was attached to the report at Appendix C.

#### g) Sheffield Accountable Care Partnership

The Board **NOTED** that there was no overview of the programme activities for the Sheffield Accountable Care Partnership as meetings

had been postponed to ensure that all efforts were focused on addressing the urgent operational priorities caused by COVID-19.

**STH/64/20 Integrated Performance Report Update**

The Chief Operating Officer referred to the report which outlined the proposed changes to the Integrated Performance Report (IPR) following a review of the metrics in March 2020. A number of indicators had been identified for removal and six community indicators had been added.

Annette Laban commented that she was pleased that community indicators had been included.

Prompted by a challenge from John O’Kane around whether the high number of metrics within the report should be reduced, the Board discussed and felt that it was important that all of the proposed metrics remained within the report. However the Board agreed that the presentation of the IPR was key to ensure that key messages and exceptions were reported.

The Board of Directors **APPROVED** the changes to the IPR.

**STH/65/20 Workforce Equality**

The Chief Executive presented the report on Workforce Equality that had been previously presented to the Human Resources and Organisational Development Committee. She asked the Board to note the actions to further strengthen workforce equality in the COVID-19 command and governance structures and note that the reverse mentoring would recommence and that this would be open to all Board members.

Both Tony Buckham and Annette Laban commented that they had enjoyed their previous experience of reverse mentoring and had found this extremely beneficial. Annette Laban asked if Paula Ward, Organisational Development Director could gather any evidence from previous reverse mentoring programmes.

The Board of Directors **NOTED** the actions and that they were invited to participate in the new reverse mentoring scheme.

If Board members wished to be involved they were asked to contact the Chief Executive or Paula Ward.

**STH/66/20 Chairman and Non-Executive Director Matters**

No matters were raised by the Chair and Non-Executive Directors.

**STH/67/20 Any Other Business**

No additional items of business were raised.

**STH/68/20 Date and Time of Next Meeting**

The next Board of Directors meeting will be held on Tuesday 28 July 2020 by video conference at a time to be confirmed.

Signed ..... Date .....

Chairman

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