



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors held on 28 July 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                               |
| Ms R Roughton      | Non-Executive Director                            |
| Mr M Temple        | Non-Executive Director                            |
| Ms S Wright        | Non-Executive Director                            |

**Participating Directors:**

|             |   |
|-------------|---|
| Ms S Carman | Assistant Chief Executive               |
| Dr A Gibson | Deputy Medical Director (for Dr J Hill) |
| Ms J Phelan | Communications and Marketing Director   |

**In Attendance:**

|                   |                                   |
|-------------------|-----------------------------------|
| Dr Mohammad Raza  | Consultant Virologist (STH/73/20) |
| Ms R Winterbottom | Business Manager (Minutes)        |

**Apologies:**

|                    |                               |
|--------------------|-------------------------------|
| Dr J Hill          | Medical Director (Operations) |
| Professor C Newman | Non-Executive Director        |

**Observers:**

Six Governors  
Three members of staff

| <b>Minute</b>    | <b>Item</b>  | <b>Action</b> |
|------------------|--|---------------|
| <b>STH/69/20</b> | <b>Welcome and Introductions</b><br><br>The Chair welcomed Board members and those in attendance to the meeting. |               |
| <b>STH/70/20</b> | <b>Declarations of Interests</b><br><br>There were no declarations made.   |               |
| <b>STH/71/20</b> | <b>Minutes of the Previous Meetings Held in Public on 30 June 2020</b>   |               |

The Minutes of the previous meeting held on Tuesday 30 June 2020 were **AGREED** and **APPROVED** as a correct record of the meeting and would be **SIGNED** by the Chair at an appropriate time.

#### **STH/72/20 Matters Arising and Action Log**

The Assistant Chief Executive explained that the Trust Executive Group had recently reviewed all of the parked actions and deferred agenda items in view of the transition to the Reset phase of the COVID-19 incident.

##### **a) Clinical Update – Major Trauma (Action log number 18, minute number STH/52/20)**

Following discussion the Board **AGREED** to close this action as solutions to challenges described by Dr Stuart Reid in his presentation would be considered as part of the reconfiguration work as a result of the Hadfield reoccupation and the Major Trauma Peer review process.

It was agreed to schedule an update for January 2021 onto the forward plan following the Peer Review.

Forward Plan

##### **b) Public Agenda Items Deferred due to COVID-19**

The Assistant Chief Executive provided a status update on each of the deferred agenda items which were recorded on the Action Log, all of which were recommended for closure.

The Board **AGREED** to close all of the deferred agenda items.

##### **c) Matter Arising – Infection Prevention and Control COVID-19 Board Assurance Framework (BAF)**

The Chief Nurse confirmed that monitoring compliance against that BAF was on-going and regular updates would be presented to Healthcare Governance Committee.

#### **STH/73/20 Clinical Update – COVID-19, a view from Virology**

The Medical Director welcomed Dr Mohammad Raza, Consultant Virologist to the meeting. Dr Raza gave a presentation 'COVID-19 pandemic – A Virologist's Perspective'.

The presentation covered in detail:

- The structure of viruses including COVID-19
- Human body responses to the virus including severe immune reactions (Cytokine Storm)
- Diagnostics including PCR testing and antibody testing
- The role of Virology Services during the peak of the pandemic, their role over the coming winter months and how in future the management of COVID-19 would become

business as usual.

The following questions were raised:

The Chief Executive asked about progress in relation to a Point of Care Test machine in A&E. Dr Raza explained that a solution was currently being developed nationally.

In response to a question from the Chief Executive about predicting individuals who were likely to have a severe immune reaction (Cytokine Storm) to COVID-19, Dr Raza explained that certain groups were more likely to have a severe response however predicting this was extremely difficult.

Tony Buckham asked a question about immunity to the virus decreasing over time and what this meant for the production of a vaccine. Likening a COVID-19 vaccine to the vaccination for flu Dr Raza explained that a vaccination would likely be seasonal to respond to different strains of the virus.

The Board thanked Dr Raza for an interesting presentation and passed on their thanks to the Virology team for their amazing work over recent months.

#### **STH/74/20 Chief Executives 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 on COVID-19 since the last meeting.

Key points highlighted were:

- There had been a significant reduction in the number of COVID-19 cases.
- The focus was now on the Reset of services including the redesign of the command and control structure.
- Staff testing continued and open public testing was available to anyone with symptoms.
- Staff absence rates were noted; the vast majority of COVID related absence was staff who were shielding.
- The Trust continued to provide risk assessments (QRISK3 assessment) for staff in higher risk groups, this had been extended to all BAME staff aged 25 and above.
- Staff Impact Assessments were being rolled out and would be offered to all staff to consider any personal impact on work or home life due to COVID-19.
- Shielding would pause on 1 August 2020, return to work plans for shielding staff were being developed.
- Winter was likely to be challenging. Eligibility for the flu vaccine would be expanded.

- Changes to the way emergency services are accessed were being considered including a 'Talk before you Walk' system. A system level winter plan was being developed with the Accountable Care Partnership.
- Visiting arrangements were subject to constant review by Gold Command which was looking to revise the approach to visiting in coming days.

Noting the impact of the last five months on staff wellbeing, Shiella Wright asked how staff would be supported going into a potentially challenging winter. The Chief Executive explained that the clear message to staff had been for them take annual leave before the winter to ensure they get an adequate break.

In response to a question from Ros Roughton about the reset of diagnostics, the Chief Executive and Chief Operating Officer explained that the Trust continued to receive referrals. They described the actions in place to safely reset diagnostic services. Actions included; utilising capacity in the private sector, implementing guidance around isolation pre procedure and estates work to ensure social distancing was possible.

The Chief Executive explained that the Tactical Reset Group, led by the Chief Operating Officer, was considering the factors that had enabled the Trust to improve service provision.

Ros Roughton referred to British Geriatric Society work around the absence of some symptoms in older people, including silent hypoxia. She asked if this was something the Trust would consider using testing capacity for. The Medical Director noted the complexities with this as the PCR testing window was short; he explained that clinical awareness of the range of symptoms was important.

In response to a question about social distancing in the workplace at the Trust the Chief Executive explained that the Welfare Team was actively promoting social distancing, alongside extensive communications. The Chief Nurse highlighted some evidence from the Virology team running the internal test and trace system that social distancing was effective in preventing transmission in both patients and staff in the Trust.

The Chief Executive confirmed that support for staff and teams who had diverse experiences of the last five months was being carefully considered as shielding staff returned to the workplace.

The Chair requested a specific update on the reset of dentistry services. The Chief Operating Officer explained that the Trust had maintained provision of urgent dental care. The required changes in terms of estates were being worked through to ensure that social distancing was possible at Charles Clifford Dental Hospital (CCDH).

Building on this Shiella Wright asked about dental waiting times and whether there had been any impact on the acuity of patients

whose care had been delayed. The Medical Director confirmed that there had been no escalation to his team in respect of this and the Chief Operating Officer agreed to ask the service if there had been any impact in terms of the acuity of patients they were seeing.

MH

The Chief Operating Officer confirmed that the dental services at CCDH were taking a caseload management approach and were ensuring appropriate communications with patients about their care.

## **b) Integrated Performance Report**

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

### Deliver the Best Clinical Outcomes

The Medical Director reported that the most recent data for the Hospital Standardised Mortality Ratio (HSMR) (April 19 to March 20) remained in the 'higher than expected' range. A review of the data was being undertaken to establish the reasons for this. The Board requested a further update on the HSMR in September.

JH

The Chief Nurse reported that the Trust recorded one case of MRSA in May 2020. He explained that a Post Incident Review was underway and all care groups were undertaking an audit of compliance with existing protocols for routine MRSA swabbing.

### Providing Patient Centred Services

The Chief Operating Officer highlighted the following points noting the direct impact of COVID-19 on performance in these domains:

- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of May had reduced to 76.04%. This was better than the national performance for May which was 62.2%
- There had been eight 52 week breaches in May
- The percentage of patients waiting 6 weeks or less for their diagnostic test was 37.02%% which is below the national target of 99%.
- 93.91% 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 marginally better than the national performance for May which was 93.5%.

The Chief Operating Officer highlighted that community care indicators had been included in the report for the first time and highlighted two exceptions:

- The number of Integrated Care Team contacts reduced in May due to the COVID-19 outbreak and response requirements.

- The Active Recovery Service response time had started to improve in May 2020 following a reduction of the service in April due to COVID-19.

The following questions and comments were raised in relation to the Chief Operating Officer's update:

In response to a question raised by the Chair it was confirmed that the Waiting Times Performance Overview Group (WTPOG) was ensuring that care groups were regularly reviewing patients in their caseload to prioritise and provide care where it was safe to do so. The WTPOG was also carefully considering communications to patients around their care.

Martin Temple asked about the reasons for the significant improvement in A&E performance and whether this was due to lower activity levels. The Chief Operating Officer explained that lower attendances during the pandemic had given the department the opportunity to change processes and pathways and move to electronic systems. Work was underway to ensure that this improvement was maintained as attendances increased, which they were now doing.

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

- Two week wait performance had returned to pre COVID-19 levels with the exception of two specialties (Lung and Urology).
- Deterioration was expected in performance against the 31 and 62 day standards linked to the new cancer waiting times standards. A full update on the new standards would be provided to the Finance and Performance Committee and an update to Board in the Autumn.

**AG**

#### Employ caring and cared for staff

The Chief Nurse noted that the staffing level for registered nurses was higher than usual. He explained that this was due to lower occupancy levels and redeployment of non-ward based nursing staff onto wards as a result of COVID-19. The staffing level for all care staff also was higher than usual because of the deployment of student nurses into paid placements during the pandemic.

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

- In May the appraisal rate was 83% and compliance levels for mandatory training was at 88%, both below the Trust targets of 90%.
- The Trust annual turnover rate at May was 7.57%.
- The retention rate was at 90% which has been consistently above the target of 85% for over 12 months and was the best retention rate nationally.

Noting the importance of appraisals for staff wellbeing the Chair asked what was being done to increase the appraisal rate. The Director of Human Resources and Organisational Development confirmed that the importance of promoting appraisals had been emphasised at the Management Board Briefing and was being actively encouraged by the HR Business Partners within directorates.

The Chair asked about the timeline for the coming winter's flu vaccination programme. The Chief Operating Officer confirmed that a paper describing the flu programme would be presented to the Trust Executive Group in August 2020. Learning from the provision of serology testing would be used when considering how to manage social distancing when delivering the programme. The Communications and Marketing Director added that flu vaccination would be promoted to staff in the next Chief Executive's bulletin.

An update on the flu programme would be brought to the next Board meeting in September.

**MH**

#### Spend Public Money Wisely

The Director of Finance highlighted the following points:

- It had been confirmed that the national funding arrangements that had been in place April - July 2020 including the national top up for COVID-19 costs would continue at least for August 2020.
- Linked to the change in emphasis as the Trust moved into the Reset phase, from August 2020 the internal funding arrangements would be adjusted, and as such automatic retrospective reimbursement of COVID-19 costs / income losses would cease for directorates.

#### Deliver Excellent Research, Education and Innovation

The Medical Director explained that reporting of recruitment to trials would restart from October 2020 following the pause to allow focus on the recruitment to COVID-19 studies.

#### Deep Dive 2019/20 Performance Summary

The Board **NOTED** the performance summary for 2019/20 in particular that performance had been strong prior to the COVID-19 outbreak.

The Board of Directors:

- **RECEIVED** the Integrated Performance Report for May 2020.
- **NOTED** the performance standards that were being achieved and where performance standards were not currently met were assured that a detailed analysis had

been undertaken and actions were in place to ensure an improvement is made.

**c) Legacy Park Limited**

Lucy Melleney, Chief Executive of Darnall Well Being had been appointed to the Board of Directors at Sheffield Olympic Legacy Park.

**d) Appointment of a new Clinical Director for Renal Services**

Dr Veena Reddy had been appointed as Clinical Director for Renal Services and commenced in role on the 6 July.

**e) South Yorkshire and Bassetlaw Integrated Care System**

The Board **NOTED** the report from the Chief Executive of South Yorkshire and Bassetlaw Integrated Care System which was attached to the report at Appendix B.

**f) Sheffield Accountable Care Partnership**

The Board **NOTED** the summary of the proposed approach of the Accountable Care Partnership to re-establishing the core workstreams whilst recognising the positive aspects of different ways of working across the system during the pandemic.

**STH/75/20 Corporate Objectives**

The Director of Strategy and Planning presented the Corporate Objectives for 2020/21. She explained that the objectives described in the document would remain under review subject to any changes in national planning guidance.

The Board discussed the Corporate Objectives and the following refinements were proposed:

- Strategic aim 5 to include specific reference to education.
- Reference to working in partnership with carers (of patients and staff carers).

Subject to the proposed refinements the Board of Directors **APPROVED** the Corporate Objectives for 2020/21. The Board **AGREED** for the Trust Executive Group (TEG) to sign off the amended Corporate Objectives for 2020/21. A final version of the Objectives would be circulated to the Board of Directors.

**AG**

**STH/76/20 Update on 5 Year Capital Plan and Capital Programme**

The Director of Finance referred to Attachment E which provided an update on the 2020/21 Capital Programme and 5 Year Capital Plan.

Key points highlighted were:



- The Trust had been asked by NHSE/I to reduce its planned spend by 15% from the level originally assumed.
- There had been recent national announcements of additional capital funding for 2020/21.
- The Trust had also submitted a number of bids for COVID-19 capital but had not yet received confirmation of outcomes. Despite this, the Trust was considering proposals internally and would commence schemes where it was appropriate to do so.
- The requirement to spend capital funding in year was challenging.
- In addition, major schemes such as the Weston Park Hospital Upgrade and Electronic Patient Record procurement would require specific funding solutions and external support if they were to progress.

It was noted that the Government's Comprehensive Spending Review would soon be published. The Director of Finance confirmed that any change as a result of this would be reflected in the next quarterly report to the Board.

The Board of Directors:

- **APPROVED** the latest 2020/21 Capital Programme and **NOTED** the significant over-commitment on the 2023/24 to 2024/25 position, which would need to be addressed via an appropriate combination of the funding solutions proposed in the paper.
- **NOTED** the list of "probable" and "possible" schemes on the five year plan at Appendix A which, along with other likely schemes which would emerge over the five year period, would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the paper, and the need to continue to generate additional resources for future years and/or identify any opportunities to secure additional capital funding.
- **NOTED** the national position on 2020/21 capital expenditure requirements, the consequences for the Trust and the close attention required throughout the year to ensure an acceptable year end outturn position was delivered.
- **NOTED** the importance of capital planning/prioritisation and "value engineering" in securing maximum benefits from limited capital and revenue funding.

## **STH/77/20 Learning from Deaths Quarterly Report**

The Deputy Medical Director presented the quarterly report to the Board of Directors on behalf of the Medical Director (Operations) regarding the deaths of patients under the care of the Trust as required by the Learning from Deaths Guidance of March 2017. The report which covered Quarter 3 of 2019/20 (1 October – 31

December 2019).

The Deputy Medical Director confirmed that the Trust now had a full complement of Medical Examiners in post.

Annette Laban confirmed that the report had been discussed in detail at the Healthcare Governance Committee.

The Board of Directors **DISCUSSED** and **NOTED** Learning from Deaths Report for Quarter 3 of 2019/20.

**STH/78/20 Deliver Excellent Research, Education and Innovation – Research and Development Presentation**

The Medical Director gave a presentation on COVID-19 research activities at the Trust. He described the Trust's contribution to studies including; treatment trials and observational studies. He highlighted a number of significant research achievements and noted that organisational engagement in and focus on research had been significantly enhanced.

The Board discussed how to build on the success.

The Board of Directors **NOTED** the update on recent COVID-19 research activities and extended their thanks to the teams involved noting the significant research achievements.

**STH/79/20 Stepping Back Up Letter – Governance Processes**

The Assistant Chief Executive presented the results of an exercise that had been carried out to benchmark the current activities of the Trust, against the activities described in the NHS England letter of 6 July 2020. This letter outlined the activities which were to be re-established and the stepping back up of key reporting and management functions moving into phase 2 of reset planning now that the initial peak of COVID-19 had passed.

She highlighted that the benchmarking exercise has identified no significant areas of concern and had been reviewed and agreed at the Trust Executive Group on the 22 July 2020.

The Board of Directors **NOTED** and **SUPPORTED** the current position with regards to the stepping back up of key reporting and management functions.

**STH/80/20 Emergency Preparedness, Resilience and Response Arrangements, Annual Report**

The Chief Operating Officer presented the Emergency Preparedness, Resilience and Response Arrangements, Annual Report, the report outlined the work undertaken by the Emergency Planning Team in 2019/20 to ensure that arrangements were place to respond to business continuity and emergency planning challenges.

The Chief Operating Officer highlighted that the Trust had planned for 38 business continuity interruptions and responded to 19 unplanned business continuity incidents including the on-going COVID-19 pandemic. These were detailed in the report.

He also noted that the Trust had previously submitted partial compliance against the NHS Core Standards for Emergency Preparedness Resilience and Response (EPRR) and the required remedial action to achieve compliance had now been completed.

The Board of Directors:

- **NOTED** the activities of the emergency planning team and the work done to deliver the EPRR responsibilities of the Trust throughout 2019/20.
- **APPROVED** the report as recommended by the Trust Executive Group and Healthcare Governance Committee.

#### **STH/81/20 Clinical Research Network, Yorkshire and Humber, Annual Report 2019/20**

The Assistant Chief Executive presented the Clinical Research Network, Yorkshire and Humber, Annual Report for 2019/20. As Host of the CRN, Y&H the Trust was contractually required to submit an Annual Report to the Clinical Research Network Coordinating Centre (CRNCC), due to the impact of COVID-19 the requirement for an Annual Report had been suspended and replaced with a high level summary report. This had been submitted to the CRNCC in May 2020 and was also required to be submitted to the Board of Directors.

The Board of Directors **AGREED** the Clinical Research Network Yorkshire and Humber Annual Report for 2019/20.

#### **STH/82/20 For Approval**

##### **Use of the Corporate Seal**

##### **a) Extension and Refurbishment of the Clinical Immunology and Allergy Unit at the Northern General Hospital**

The Board of Directors **APPROVED** the affixing of the Trust seal to the contract documents relating to the extension and refurbishment of the Clinical Immunology and Allergy Unit at the Northern General Hospital.

##### **b) Construction of Vickers Modular Wards at the Northern General Hospital**

The Board of Directors **APPROVED** the affixing of the Trust seal to the contract documents relating to the construction of Vickers Modular Wards at the Northern General Hospital.

#### **STH/83/20 Chairman and Non-Executive Director Matters**

Shiella Wright commented that the Sheffield Star feature on Weston Park Hospital had been positive.

**STH/84/20 Any Other Business**

There were no additional items of business raised.

**STH/85/20 Date and Time of Next Meeting**

The next public Board of Directors meeting will be held on 29 September 2020 at a time to be confirmed.

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

Chairman

DRAFT