



Unadopted Draft Minutes of the Public Meeting of the Board of Directors held on 29 September 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 R Roughton	Non-Executive Director
Mr M Temple	Non-Executive Director
Ms S Wright	Non-Executive Director

Participating Directors:

Mr P Buckley	Interim 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 M Reid	Deputy Nurse Director & Head of Midwifery (STH/90/20)
Ms P Schofield	Nurse Director & Head of Midwifery (STH/90/20)
Ms R Winterbottom	Business Manager (Minutes)

Apologies:

Ms A Gibbs	Director of Strategy and Planning
Professor C Newman	Non-Executive Director

Observers:

Six Governors
 One Member of Staff

Minute	Item	Action
STH/86/20	Welcome and Introductions	
	The Chair welcomed Board members and those in attendance to the meeting.	
STH/87/20	Declarations of Interests	
	There were no declarations made.	
STH/88/20	Minutes of the Previous Meetings Held in Public on 28 July 2020	

The Minutes of the meeting held on 28 July 2020 were **AGREED** and **APPROVED** as a correct record of the meeting and would be **SIGNED** by the Chair at an appropriate time.

STH/89/20 Matters Arising and Action Log

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

a) COVID-19 Gold Command Update Dental Services (Action log number 19, minute number STH/74/20 (a))

The Chief Operating Officer confirmed that a paper on the Restart of Dental Services had been presented to the Finance and Performance Committee on 14 September 2020. He explained that the paper described the robust clinical processes that were in place for reviewing patients as part of the restart of services. The Board agreed to close this action.

b) Integrated Performance Report Hospital Standardised Mortality Ratio (Action log number 20, minute number STH/74/20(b))

The Board noted that Balbir Bhogal, Performance and Information Director was leading a detailed piece of work on the Hospital Standardised Mortality Ratio, a revised deadline for completion of this work would be added and the action would remain open.

In addition to the above updates the Board agreed to close action number 22 as an update on the 'Flu Campaign was provided in the Chief Executive's Report.

It was agreed that actions 21 and 23 would remain open.

STH/90/20 Clinical Update – Continuity of Carer In Maternity Services

The Chief Nurse welcomed Paula Schofield, Nurse Director & Head of Midwifery and Marie Reid her deputy to the meeting. Paula Schofield and Marie Reid gave a presentation which provided an update on progress with the implementation of the 'Continuity of Carer' model following the last update to Board in April 2019.

Key points to note were:

- There had been the requirement to review the model and expand the cohort of women to enable the increased target to be met. The current model was a hub and spoke model centred around the Midwifery Lead Unit (MLU).
- Recruitment and workforce challenges were highlighted.
- It was noted that a high percentage of women (72%) had transferred off the pathway either during their pregnancy or during labour.
- Data on the outcomes for women on the full continuity of care pathway was presented against the outcomes for

women referred onto the pathway and MLU referrals in 2018. Clinical outcomes for the women on the full pathway were better however it was noted that the women who remained on the pathway were the lowest risk.

- The current model had been paused during the initial months of COVID-19 and had recently been restarted.
- To expand the model to meet the 51% target required by the end of 2020/21 a local obstetric and midwifery model with clear planning and quantitative outcomes would be required to underpin any future developments.
- The requirement in the NHS Long Term Plan for 75% of women from the BAME community to receive continuity of care by 2024 was noted. Paula and Marie described the work that was underway in Sheffield.

The Board of Directors thanked Paula Schofield and Marie Reid for an interesting presentation. The following questions were raised:

In response to a question from Shiella Wright, about the monitoring of impact on breastfeeding rates over a longer period, Marie Reid confirmed that the Trust was working closely with Public Health and the Health Visiting Service to capture this information. Marie also highlighted that's the 1:1 breastfeeding support offered by community midwives and Infant Feeding Service had continued during the pandemic with support being offered virtually.

Shiella also asked whether there were any plans for the Sheffield BAME project work to feed into national research projects. Paula Schofield agreed to put Shiella in touch with Helen Baston who was leading the project locally.

Ros Roughton asked whether it was felt that the current restrictions on visitors and birth partners were disproportionately affecting BAME communities for example where there was a language barrier. Marie described the services that were in place to support these women which included interpreting services and noted that the Doula project would shortly recommence.

STH/91/20 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 TEG Update

The Chief Executive gave a presentation which provided an update on COVID-19 since the last meeting which included an update on the current position in terms of inpatient numbers, deaths, admissions and discharges as compared to July 2020.

Key points highlighted were:

- The Trust continued to offer testing to staff and work was on-going to make this even more accessible for staff and their household members. The challenges being experienced by Pillar 2 testing were noted.
- Staff absence rates were noted; COVID related absence had decreased since the last Board meeting as a result of the return of the majority of staff who had been shielding.
- Since the last meeting schools and universities had reopened and as had been expected there had been some outbreaks associated with this. The Trust was working closely with the universities to support the return of students.
- Sheffield was not at the present time seeing an exponential rise in COVID-19. Cases were largely associated with specific outbreaks which were geographically dispersed across the city.

The Board **NOTED** the update and supported the approach of continuing with reset activity.

b) Integrated Performance Report

The Chief Executive noted that the Integrated Performance Reports (IPR) for both June and July 2020 were presented as there was no Board meeting held in August. The June 2020 IPR would be referred to by exception. The following matters were highlighted from the Integrated Performance Report (IPR) for July 2020:

Deliver the Best Clinical Outcomes

The Medical Director (Operations) noted that the annual refresh data for the Hospital Standardised Mortality Ratio (HSMR) published in July for the financial year 2019/20 was showing in the 'higher than expected' range. She confirmed that Balbir Bhogal, Performance and Information Director was leading a detailed piece of work with representatives from clinical coding, clinical effectiveness and Dr Foster to carry out a systematic review of the HSMR data to explain the reasons for this.

The Chief Nurse referred to the IPR for June 2020 noting that the quarterly figures for Infection Prevention and Control measures were provided in this report. He reported that there were 12 cases of Trust attributable cases of MSSA bacteraemia recorded in quarter 1, four cases below the internal threshold for the quarter.

He added that the Trust recorded six healthcare associated cases of C.difficile for quarter 1 against a threshold of 12, and 25 Trust attributable cases of C.difficile for quarter 1 against a threshold of 27.

It was noted that C.difficile incidence had been discussed in detail at the Healthcare Governance Committee on 21 September. The Chief Nurse confirmed that

the number of cases remained low for September 2020 and the Trust was on track for the point in the year.

Providing Patient Centred Services

The Chief Nurse highlighted that the Trust continued to work to ensure that performance against the target for responses to complaints was restored by December 2020 following the planned scaled down management of complaints in line with national guidance, in response to the COVID-19 incident.

In response to a question from the Chair the Chief Nurse confirmed that some complaints in relation to the visiting restrictions had been received, in particular in relation to maternity scanning services.

There was a discussion around whether there had been any impact on organ donation numbers as a result of the restrictions potentially impacting on nurses' ability to liaise with families. Shiella Wright confirmed that numbers of donations remained at the same level as this time last year and the Chief Nurse confirmed that in these circumstances the visiting restrictions would not apply.

The Chief Operating Officer highlighted the following points:

- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of July was 59.82%. The national performance for July was 46.8%. (the Trust ranked 12 out of 123 trusts nationally)
- There had been 63, 52 week breaches in July. Nationally there had been significant deterioration against this metric. (the Trust ranked 15 out of 123 trusts nationally)
- The percentage of patients waiting 6 weeks or less for their diagnostic test was 65.61%.
- 90.85% of patients attending A&E were seen within 4 hours compared to a local target of 90% and the national target of 95%.

The Chief Operating Officer gave the following updates in relation to cancer waiting times performance:

- For pathways relating to 31 day first treatment, the Trust's performance for quarter 1 was 93.6% (against a threshold of 96%).
- With regard to 62 day referral to treatment standard (GP Referral), performance for all pathways was 67.6% (against a threshold of 85%) the Trust's performance for non-shared pathways was 74.8% (against a threshold of 85%) which was above the national average. Late inter-provider transfers continued to adversely impact performance.
- For pathways relating to 62 day screening, the Trust's performance for the Trust was 58.1% (against a threshold of 90%).

Employ Caring and Cared for Staff

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

- In July the appraisal rate was 85% and compliance levels for mandatory training was 86% both below the target of 90%.
- The Trust annual turnover rate at July was 6.99%.
- Retention figures for the Trust were at 90% which had been consistently above the target of 85% for over 12 months and was the best retention rate nationally.

Spend Public Money Wisely

The Director of Finance updated that the Trust was continuing to work through activity and financial forecasts for the rest of the year, both internally and as part of the Integrated Care System (ICS).

Deliver Excellent Research, Education and Innovation

The Medical Director noted that national reporting of recruitment to trials had been suspended due to COVID-19. He provided the following update on COVID-19 research activities:

- The Trust had participated in 20 COVID-19 studies so far with a further three in set-up and others under consideration.
- Of these, the recruitment targets have been achieved or exceeded in seven studies already.
- Sheffield had been the highest recruiting national centre in the Oxford vaccine trial.

The Board of Directors received the Integrated Performance Reports for June and July 2020 and **NOTED** the performance standards that were being achieved and where standards were not being met and were assured that analysis was being undertaken and actions were in place to improve where standards were not being met.

c) Annual Members' Meeting

The Annual Members' Meeting had been held on Monday 21 September 2020. The Board noted that higher than usual numbers had attended the virtual meeting and agreed to reflect on this success with Governors when considering the plans for future years.

d) NHS People Plan 2020/21

The NHS People Plan 2020/21 had been published on 30 July 2020.

e) Flu Campaign

The Chief Executive reported that the Flu Campaign had commenced and that the Trust's vaccine order started to arrive from 18 September 2020.

The staff vaccination programme had recruited 370 vaccinators who would vaccinate staff out of the Flu hubs, which would open on the 12 October 2020 as well as safely roving amongst clinical teams and departments.

Accommodating social distancing had been a key part of this year's programme and as a result an on-line booking platform was being used for the hubs to avoid crowding and waiting.

As usual the Trust would be offering vaccines to all maternity patients and inpatients who had a length of stay over 14 days.

National guidance received in August required the Trust to offer flu vaccinations to patients attending an outpatient appointment on-site. The Trust was working with the Citywide Flu Group to plan how this service would be configured and to secure the vaccine supply from national sources.

It was agreed to keep the Board updated on progress in relation to the Flu Campaign. The Trust's self-assessment against NHS England / Improvement best practice management checklist for healthcare worker vaccination would be presented to the Board of Directors in October 2020.

**Forward
Plan**

f) Clinical Director for Musculo-Skeletal Care Group

Mr Amjid Ali had been appointed as Clinical Director for the Musculo-Skeletal Care Group and would commence in post on 1 October 2020, taking over from Mr Simon Buckley.

g) Clinical Lead, Major Trauma

Dr Matt Wiles had been appointed as Clinical Lead for Major Trauma, taking over from Dr Stuart Reid.

h) Chair Recruitment

The Chair, Tony Pedder would step down from his role at the end of his term of office in December 2020. The process of appointing his successor had commenced and would conclude with the final interview panel in early November 2020.

i) Nurse Directors

Mrs Paula Schofield, Nurse Director and Head of Midwifery and Martin Salt, Nurse Director for Specialised Medicine, Cancer and Rehabilitation would both be retiring at the beginning of October.

The Board thanked both Paula and Martin for their contributions over the years and wished them both a long, happy and fulfilling retirement.

Marie Reid, Deputy Nurse Director and Deputy Head of Midwifery and Ali Mortimer, Deputy Nurse Director, South Yorkshire Regional Services would be replacing Paula and Martin in the interim and substantive recruitment for these posts would take place early in 2021.

j) Appointment of the New CEO, Sheffield City Council

Sheffield City Council had announced the appointment of their new Chief Executive, Kate Josephs, who would join the Council in January 2021.

k) Patient Lead Assessment of the Clinical Environment (PLACE)

The Trust had received confirmation that the regular national PLACE assessment would not be going ahead in 2020. This was in recognition of the risk to patient assessors and staff in undertaking the full assessment programme while the COVID-19 pandemic continued.

Local assessments using a modified version of the PLACE module were being planned to ensure that the Trust is maintaining high standards in relation to the patient environment; however these would not involve patient assessors due to the potential risk of transmission of infection.

l) 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.

m) Sheffield Accountable Care Partnership

The Board **NOTED** that the efforts of the Sheffield Accountable Care Partnership were currently focused on addressing the urgent operational priorities caused by COVID-19.

n) Communication and Awards Update

The report highlighted a number of awards that had been received by teams at the Trust over recent weeks.

STH/92/20 Phase 3 Reset Plan

The Interim Director of Strategy and Planning gave a presentation which provided an update on Phase 3 Planning at the Trust, the detail of the Trust's submission to the Integrated Care System (ICS) on 17 September and next steps.

The Interim Director of Strategy and Planning highlighted the eight urgent actions which had been set out in the Phase 3 planning guidance and explained that the Trust's assessment against these actions had formed part of the narrative that had been submitted alongside activity and workforce plans. He shared graphs which detailed the Trust's phase 3 plan against the national ask.

To demonstrate how the Trust benchmarked against other trusts the Interim Director of Strategy and Planning shared an NHSE Provider-Level summary which indicated that the Trust's plan was in line with the performance of Newcastle Hospitals and Leeds Teaching Hospitals. In response to a question from Tony Buckham the Interim Director of Strategy and Planning confirmed that the figures were based on planned activity levels.

The Interim Director of Strategy and Planning went on to describe the next steps in particular mitigating the potential risks to delivery of the plans which included a second wave of COVID-19, winter and flu.

The Chair requested benchmarking data around how the Trust compared to others in relation to the use of non-face to face appointments. The Chief Nurse agreed to include this information as part of his Outstanding Outpatients update to the Board in October 2020. The Interim Director of Strategy and Planning added that use of Attend Anywhere was going well and that clinical directorates had been asked to maximise its use.

Prompted by a comment made by Annette Laban around the impact of patient initiated follow ups on outpatient follow up activity levels there was a discussion about how the Phase 3 planning guidance around outpatients was at odds with the requirement described in the NHS Long Term Plan to reduce outpatient activity by 30%.

The Chair asked about the process for monitoring of progress against the Phase 3 plans and how this would be reported to the Board. Michael Harper explained that reporting would be via the Monthly Activity Report which was presented to the Trust Executive Group (TEG) and the Finance and Performance Committee. He also highlighted that exceptions would be reported to TEG on a weekly basis.

With respect to the sharing of activity levels with other trusts the Chief Operating Officer explained that there had been a request to share activity levels between local and Shelford group Chief Operating Officers. He added that new software Public View would allow monitoring of where the Trust benchmarked against others in the ICS and Shelford.

The Chair asked a question about monitoring of system performance in relation to the ICS considering sharing of waiting lists and capacity to manage long waits. The Chief Operating Officer noted that further work would be required to understand the implications of these proposals and agreed to give further

consideration to how key data and narrative around this could be shared with the Finance and Performance Committee and Board of Directors.

The Board of Directors **NOTED** the update on Phase 3 Planning, the detail of the Trust's submission to the Integrated Care System and next steps. The Board of Directors confirmed their support for the approach taken and reiterated that patient and staff safety were their priority.

STH/93/20 Board of Directors Terms of Reference and Workplan

The Assistant Chief Executive presented the Board of Directors' Terms of Reference and Workplan for the period October 2020 – September 2021 for approval. She explained that an annual review of the Terms of Reference for the Board of Directors had been undertaken with changes to note confirmed as follows:

- The strengthening of reference to the Board's responsibility in respect of supporting the workforce and promoting health and positive wellbeing. (sections 1.5(f) and 1.10)
- Addition of the post of Medical Director (Operations) as a contributing Director. (section 5.2)

Sandi Carman agreed to consider how to build an opportunity for the Board to discuss system working into the Board Workplan and suggested possibly including this as a topic for debate at a strategic Board session.

The Board of Directors **APPROVED** the revised Terms of Reference and Workplan for the period October 2020 to September 2021.

STH/94/20 Chair and Non-Executive Director Matters

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

STH/95/20 Any Other Business

There were no additional items of business raised.

STH/96/20 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on 27 October 2020 at a time to be confirmed.

Signed Date

Chairman