



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors held on 27 October 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
Professor C Newman	Non-Executive Director
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:**

Professor Dame P Shaw	Professor of Neurology and Honorary Consultant Neurologist and Director of the NIHR Sheffield Biomedical Research Centre (STH/101/20)
Ms R Winterbottom	Business Manager (Minutes)

**Apologies:**

Ms A Gibbs	Director of Strategy and Planning
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**Observers:**

Five Governors  
One member of staff

<b>Minute</b>	<b>Item</b>	<b>Action</b>
<b>STH/97/20</b>	<b>Welcome and Introductions</b>  The Chair welcomed Board members and those in attendance to the meeting.	
<b>STH/98/20</b>	<b>Declarations of Interests</b>  Shiella Wright declared the following new interests; her appointment as a Commissioner of Sheffield City Council Race	

Equality Commission and membership of the South Yorkshire Police and Crime Commissioner Ethics Panel.

These interests would be recorded on the Trust's public register in line with the Standards of Business Conduct Policy.

**STH/99/20 Minutes of the Previous Meetings Held in Public on 29 September 2020**

The Minutes of the meeting held in public on 29 September 2020 were **AGREED** and **APPROVED** as a correct record of the meeting and would be **SIGNED** by the Chair at an appropriate time.

**STH/100/20 Matters Arising and Action Log**

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

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

The Board **NOTED** that the deadline on the action log had been extended to enable the work on the Hospital Standardised Mortality Ratio to be completed. A further update would be provided at the next meeting.

**b) Integrated Performance Report, update on Cancer Waiting Times Standards (Action log number 21, minute number STH/74/20(b))**

An update on the new Cancer Waiting Times Standards would be included in the next Integrated Performance Report.

The Board agreed with the recommendation to close action number 23 as the final version of the corporate objectives had been circulated to the Board. An update on progress against the objectives would be presented to the November Board.

**Forward  
Plan**

**STH/101/20 Clinical Update – Translational Neuroscience for motor neurone disease: are we winning?**

The Medical Director welcomed Professor Dame Pam Shaw, to the meeting; she gave a presentation which provided the Board with an update on the research programmes and treatment advances which were improving outcomes for people with Motor Neuron Disease (MND).

Key points to note were:

- Multidisciplinary scientific and clinical research teams were based together at the Sheffield Institute for Translational Neuroscience (SITraN). This was enabling effective collaboration between the University of Sheffield

and the Trust.

- The research programmes were extremely well supported by patients with MND and their engagement was hugely beneficial.
- Treatment advances and the impact on outcomes were described; these included the positive impact on average survival of patients receiving care from a multidisciplinary team; advances in symptom management including, non-invasive ventilation and the design of the Head Up Collar for patients with neck muscle weakness.
- The development of neuroprotective therapies was highlighted including the effect of the drug riluzole and genetic therapies targeting genes known to cause / predispose to MND including gene SOD1.
- There had been promising results from a Phase 1- 2 trial of Anti-Sense Oligonucleotide (ASO) published in the New England Journal of Medicine in July 2020. There had been 50 participants in this trial worldwide, including nine from Sheffield. She explained that ASO was successfully used to degrade the SOD1 gene and reduce levels of the SOD1 protein in people with amyotrophic lateral sclerosis (ALS) with the SOD1 gene mutation and that trial participants had reported improvements in functioning.

The Board of Directors thanked Professor Dame Pam Shaw for a fascinating presentation and the following questions were raised:

Shiella Wright asked about social care support for patients and carers, Pam confirmed that arranging support at home was the main priority of the team following a diagnosis and that a helpline was available to offer advice and arrange extra help if required.

In response to a question from Shiella around learning from the MND research influencing the approach to research for other diseases, Pam explained that the model could be replicated for other diseases noting the work of SITraN on other neurodegenerative diseases, but explained that measuring degeneration of muscle strength for MND was less complex than measuring degeneration for other diseases such as Parkinson's.

Commenting around the increased incidence of MND associated with increased physical activity Annette Laban asked about the evidence as to why this was the case. Pam elaborated, highlighting that incidence of MND was not down to a single cause, rather due to multiple causes and complex interactions between genetic and lifestyle factors.

Martin Temple asked whether the research around the SOD1 mutation was likely to be a scalable treatment for MND in future, Pam explained that only 2% of sporadic MND cases had the SOD1 mutation (20% of familial MND cases), but added that reducing the levels of the SOD1 protein may have a broader benefit to those with MND who do not have the mutation in the

specific gene. Pam also added that the approach of identifying and silencing certain genes could be applied to other genes and across other neurological diseases.

The Board **NOTED** and **SUPPORTED** the fantastic work taking place in Sheffield led by Professor Dame Pam Shaw and the Chair confirmed that the Board shared the ambitions and vision for Sheffield to be a leading centre for research in Translational Neuroscience.

## **STH/102/20 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 Update**

The Chief Executive gave a presentation to update the Board on COVID-19 related matters. This included an update on the current position in terms of inpatient numbers including those in critical care, deaths, admissions and discharges as compared to September 2020.

Key points raised were:

- The numbers of COVID-19 patients receiving care had risen from the previous month and were at a level close to the numbers seen in Wave 1.
- A lower proportion of COVID-19 patients were requiring admission to critical care than in the peak in April.
- Staff testing continued; provision of a new drive through staff testing service at the Northern General Hospital was underway and staff would have the ability to book a test directly rather than access via their line manager.
- There had been a rise in COVID-19 related staff absence from the previous month which included those who were isolating as positive case contacts and those who were caring for children who were self-isolating. At present the COVID-19 related absence figure did not include any staff not present at work due to their level of risk of exposure, however additional guidance on "clinically extremely vulnerable" individuals was expected following the Tier 3 announcement for South Yorkshire.
- On Friday 23 October the Trust had re-established Gold, Silver and Bronze Commands.
- Maintaining multiple organisational pathways was extremely challenging operationally and the Trust was seeking to maintain elective pathways where possible. The Chief Executive highlighted that this was very different to Wave 1 where all planned care was cancelled nationally.

The following questions and comments were raised.

The Chair asked whether having separate hospitals for COVID and non-COVID care would be a viable option. The Chief Executive described how logistically challenging this would be and explained that another challenge with this was the number of patients now presenting with other conditions who also happened to have COVID-19.

Building on the previous point John O’Kane commented that rapid turnaround of testing was crucial. The Chief Executive noted that whilst limited very rapid testing was currently provided by the Laboratory Services, the ambition was for Point of Care Testing for COVID, Flu and RSV to be available in the A&E department and at other ‘front door’ entry points. The Executive Medical Director was leading on this work which was underway. The Chief Nurse added that in parallel the Trust was working to further improve current testing processes to ensure they were as efficient as possible.

Noting that cancellations were an issue Annette Laban asked how the Trust could further reassure the public that it was safe to attend for planned care. There was a discussion around the wide range of reactions from the public including those who were anxious about attending. The Communications and Marketing Director described all of the ways that this message had been communicated including leaflets and a video. She explained that a regional radio campaign would commence that week and that a letter to the city was being drafted to feature in the Sheffield Star.

Ros Roughton asked whether the Executive team had any reflections on why the staff positive rate was higher than that in the general population and whether this was similar to other trusts. The Chief Executive confirmed that the rate was in line with other trusts and suggested the higher rate was the result of staff being more discerning in identifying symptoms and the degree of confidence in the NHS terms and conditions arrangements for medical exclusion for those who are positive.

In response to a question from Shiella Wright the Chief Executive confirmed that it would be extremely challenging to maintain the levels of planned activity described in the Phase 2 Reset Plan.

Ros Roughton asked whether there was a point identified at which the Trust would stop seeking to maintain activity levels as described in the Reset Plan the Chief Executive confirmed that the situation was being constantly monitored and managed through the Command and Control structures. The Board would be updated on activity levels if they changed substantially from the plan.

Tony Buckham noted the high prevalence of COVID-19 in surrounding areas and asked whether there had been requests for mutual aid. The Chief Executive confirmed that partners in surrounding areas were also under significant pressure and the

Trust had received requests for support.

There was a discussion around supplies of drugs, reagents and PPE prompted by a question from Martin Temple. It was confirmed that supplies PPE were generally good and stock levels were being closely monitored. There were some challenges with supplies of reagents and this was being closely monitored. In relation to drugs to treat COVID specifically, supplies had been secured and would continue to be monitored. The Chief Executive confirmed that the potential impact of Brexit was recorded as a risk and was also being closely monitored.

Shiella Wright asked if there was anything more that the Board could do to support staff going into Wave 2. The Chair explained that support for staff had been discussed at length at the Human Resources and Organisational Development Committee. The Board confirmed that supporting staff was a high priority and were very mindful of the current demands on staff recognising that this was the second time staff were dealing with an increase in COVID cases and had the added pressure of maintaining planned care which was different to Wave 1.

The Board **NOTED** the update on COVID-19.

#### **b) Integrated Performance Report**

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

##### Deep Dive – Activity and Access

The Chief Operating Officer referred to the Deep Dive which gave an overview of the Phase 3 plans and the processes in place to monitor elective activity for the remainder of the year. The Deep Dive also introduced a new benchmarking tool that the Trust was using to monitor performance.

In response to a question from the Chair the Chief Operating Officer confirmed that monitoring of activity against the Phase 3 plan was provided via a weekly report presented to the Trust Executive Group (TEG).

##### Deliver the Best Clinical Outcomes

The Medical Director (Operations) confirmed that there were no new never events to report in August and reiterated that the work to review the HSMR being led by Balbir Bhogal would report back to the Board in due course.

##### Providing Patient Centred Services

The Chief Nurse reported that:

- 86% of complaints were responded to within the agreed timescale (target 90%). He explained that it was currently

anticipated that this target would be achieved by December 2020 but noted that if it was necessary to scale down the management of complaints for a second time in response to Wave 2 then the achievement of this target may be affected.

- The Friends and Family Test (FFT) score for A&E was below the Trust target rate.

The Chief Operating Officer highlighted the following points:

- 89.31% 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 in line with the National performance in August which was 89.3%.
- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of August was 66.20% which was better than the national performance for August which was 53.6%.
- There had been 113, 52 week breaches in August. 32 of these patients had also been a reportable 52 week breach at the end of July.
- The percentage of patients waiting 6 weeks or less for their diagnostic test was 73.20%, better than the national performance for August which was 62.0%

#### Employ Caring and Cared for Staff

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

- The total absence rate for August was 5.6%.
- In July the appraisal rate was 86% and compliance levels for mandatory training was 87% both below the target of 90%.
- The annual turnover rate was 7.12% and the retention figures for the Trust were at 91% which had been consistently above the target of 85% for over 12 months.

#### Spend Public Money Wisely

The Director of Finance explained that the Trust was still in the 'true up' reconciliation phase at Month 5 (August) with actual costs incurred, including those related to COVID-19, being reimbursed. He noted that these arrangements had continued for Month 6 but had changed for the second half of the year. Since the publication of these new arrangements work to understand the arrangements including system envelopes and refine internal plans had been undertaken and was largely complete.

#### Deliver Excellent Research, Education and Innovation

In respect of education the Medical Director highlighted that an education and training deficit had developed as a result of the impact of COVID-19, this had delayed the training progression of

some individuals which would be a challenge for Wave 2.

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

The Board **NOTED** updates on the following matters that were provided in the Chief Executive's Report:

- Report for Phase 1 of COVID-19 Response
- Appointment of Estates Director
- Operations Director, Acute Emergency Medicine
- Consent and COVID Podcast
- South Yorkshire and Bassetlaw Integrated Care System
- Sheffield Accountable Care Partnership

### **STH/103/20 Outstanding Outpatients Update**

The Chief Nurse gave a presentation which provided an update on the Outstanding Outpatients (OO) Programme.

Key points to note were:

- In October 2019 an update was provided to the Board on the work of the OO Programme to reduce hospital cancellation of outpatient appointments through the development of the "HIPPO" Framework. At the time small scale implementation of this Framework had shown some success.
- The original plan was for this Framework to be rolled out between March and September 2020.
- Due to COVID-19 these plans had been paused and the focus of the OO programme had moved to supporting the organisation to continue to deliver care without bringing patients on site with a focus on virtual clinics and the implementation of the Attend Anywhere video platform.
- In 2020/21 to date 54.45% of outpatient communication had been carried out face to face compared to 92.02% in the previous year. The majority of non-face to face consultations had been carried out by telephone rather than by video.
- In terms of benchmarking against local trusts the Trust had the highest percentage of non-face to face consultations overall.
- Over the coming months the OO programme would focus on supporting the reset and recovery of outpatients.

In response to questions from the Chair the Chief Nurse confirmed that patient feedback around their experience of virtual appointments was being captured using a questionnaire and confirmed that nationally a dashboard was being developed



which would allow the Trust to benchmark against other Shelford trusts.

Ros Roughton asked about clinicians' experiences of carrying out consultations by phone and video and whether there was any sense that this was affecting job satisfaction and if a different approach to training was required. The Chief Nurse highlighted that the response from clinicians had been positive to date but added that ensuring the correct mix between face to face and non-face to face consultations would be considered going forward.

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

## **STH/104/20 Deliver Excellent Research, Education and Innovation**

### **a) Research and Development Presentation**

The Medical Director gave a presentation on COVID-19 research activities at the Trust. He outlined the significant research achievements to date highlighting studies which had been completed; those which were still recruiting and new studies that were under development or opening to recruitment. Of particular note was the Trust's contribution to the Oxford vaccine trial.

The Medical Director drew the Board's attention to key findings of studies which had been translated into practice and were providing effective treatments for COVID-19. He also highlighted new testing technologies which were under development.

The Board of Directors **NOTED** the update on recent COVID-19 research activities and recognised the significant achievements that had been made.

### **b) Universities' Update**

Chris Newman presented updates on behalf of the University of Sheffield and the Sheffield Hallam University which focused in particular on the impact of COVID-19 on learning, teaching and research.

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

## **STH/105/20 Checklist for Healthcare Worker Influenza Vaccination**

The Chief Operating Officer presented Attachment D, a briefing on the outcome of the Influenza Staff Vaccination Programme Self-Assessment process undertaken as per guidance issued by Department of Health and Social Care which required the Trust to undertake a best practice self-assessment for public assurance via the Board of Directors at the start of flu season.

He explained that the assessment had been undertaken and that the majority of areas were complete, he asked the Board to sign off the remaining areas (A1, A3, A5, B3 and D1) where action

was indicated which would result in all areas being complete.

In respect of the remaining areas the Board:

- Recorded its commitment to achieving the ambition of 100% of frontline workers being vaccinated (A1).
- Recorded their individual commitment to being vaccinated either by booking a 'flu hub' appointment or confirming that they had received a flu vaccination via their GP or pharmacy and agreed to publicise this where appropriate (A5 & B3).
- Agreed to sign off action A3 as complete, confirming that although the usual review process for the 2019/20 flu programme had been disrupted by the COVID-19 response they were assured that the 2020/21 Programme included learning from 2019/20.
- Agreed the proposal from TEG not to include an incentive this year based on national communications alongside COVID constraints, and as such agreed for action D1 to be marked as complete.

The Board of Directors:

- **AGREED** with the self-assessment undertaken, and confirmed they were happy for all actions to be marked as complete.
- **AGREED** for the outcome of this self-assessment to be published as requested.
- **NOTED** the need for members of the Board to access a flu vaccination.

The Assistant Chief Executive agreed to do a final stocktake on Board members' flu vaccinations and would follow up with individuals if confirmation was required.

#### **STH/106/20 Update on 5 Year Capital Plan and Capital Programme**

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

Key points to noted were:

- The Capital Programme remained manageable for 2020/21 but the 5 Year Plan starts to move into a significant over committed position from 2023/24 onwards.
- This over-committed position is likely to be exacerbated as new schemes and priorities emerge over the medium term such that funding solutions will be required.
- In addition, major schemes such as the Weston Park Hospital Upgrade and EPR procurement would require specific funding solutions and external support if they were to progress.

- Given the COVID-19 impact and a range of new funding allocations announced recently, planning and financial forecasting was challenging at this point.
- Notwithstanding this, capital planning/prioritisation and scheme “value engineering” continued to be crucial in securing maximum value for money from constrained resources.
- Slippage experienced to date already meant that the Trust would have an under-commitment against its target NHSE/I spend. Discussions within the Integrated Care System would be required to manage this.
- Appropriate monitoring and management action would need to be taken to ensure an acceptable position was achieved for 2020/21.

The Board of Directors:

- **APPROVED** the latest 2020/21 Capital Programme and **NOTED** the significant over-commitment on the 5 Year Plan, which would need to be addressed via an appropriate combination of the funding solutions proposed.
- **NOTED** the list of “probable” and “possible” schemes which were described at Appendix A of the report which, along with other likely schemes which would emerge over the five year period and would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the report, and the need to continue to internally generate additional resources for future years and/or identify any opportunities to secure additional capital funding.
- **NOTED** the position on 2020/21 capital expenditure requirements 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/107/20 Learning from Deaths**

The Medical Director (Operations) presented the quarterly report to the Board of Directors on the deaths of patients under the care of the Trust, as required by the Learning from Deaths Guidance of March 2017. This report covered Q4 of 2019/20 (1 January – 31 March 2020).

Key points highlighted were:

- The Medical Examiner System was still in the non-statutory period of implementation
- The report covered the period prior to an increase in Medical Examiner and Medical Examiner Office staffing and included the period in March when COVID-19 started to impact on the number of deaths and the availability of reviewers.

- Of the 768 deaths at the Trust during the period, 27 deaths had been subject to structured judgement review (SJR), none of the deaths subject to SJR were judged more likely than not to be due to a problem with care.
- As of 1 June 2020, 100% of deaths occurring at the NGH and a proportion of deaths at the RHH have a Medical Examiner review and the mandatory cases, along with a selection of further cases, have an SJR.

The Chair asked how the Trust’s performance benchmarked in relation to other trusts, the Medical Director (Operations) confirmed that the Trust had performed exceptionally well in terms of the numbers of deaths it had reviewed compared to others.

The Board of Directors **NOTED** the Quarter 4 Learning from Deaths report for the period 1 January – 31 March 2020.

**STH/108/20 Chair and Non-Executive Director Matters**

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

**STH/109/20 Any Other Business**

There were no additional items of business raised.

**STH/110/20 Date and Time of Next Meeting**

The next public Board of Directors meeting will be held on 24 November 2020 at a time to be confirmed.

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

Chairman