



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors held on 24 November 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

**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 N Balela	Equality, Diversity and Inclusion Manager
Ms H Chapman	Head of Integrated Community Care
Ms S Edwards	Head of Equality, Diversity and Inclusion
Mr R Jones	Equality, Diversity and Inclusion Manager
Ms G Smith	Nurse Director
Ms P Ward	Organisational Development Director
Ms R Winterbottom	Business Manager (Minutes)

**Apologies:**

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

**Observers:**

Ten Governors  
One member of staff

<b>Minute</b>	<b>Item</b>	<b>Action</b>
<b>STH/111/20</b>	<b>Welcome and Introductions</b>  The Chair welcomed Board members and those in attendance to the meeting.	

#### **STH/112/20 Declarations of Interests**

There were no declarations made.

#### **STH/113/20 Minutes of the Previous Meetings Held in Public on 27 October 2020**

The Minutes of the meeting held in public on 27 October 2020 were **AGREED** and **APPROVED** as a correct record of the meeting and would be **SIGNED** by the Chair at an appropriate time.

#### **STH/114/20 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 work on the Hospital Standardised Mortality Ratio (HSMR) was underway, led by the Performance and Information Director. The Medical Director (Operations) highlighted that no clinical concerns had been identified. Given the complexity of the work and current demands the Board agreed for a further update to be provided in January 2021.

The Board agreed with the recommendation to close action number 21 as an update on Cancer Waiting Times Standards was provided within the Integrated Performance Report (IPR) Deep Dive.

#### **STH/115/20 Clinical Update – COVID-19 and the impact on Community Services**

The Chief Nurse introduced Gill Smith, Nurse Director, and Helen Chapman, Head of Integrated Community Care for the Combined and Community and Acute Care Group. They gave a presentation which provided the Board with an update on the impact of COVID-19 on community nursing services.

Over the last nine months there had been huge changes in the community services in response to COVID-19. During this time community services had;

- Established and supported new services and enhanced their existing services
- Maximised the integration of community services to release capacity
- Developed new procedures and guidance
- Provided enhanced support to care homes, including supporting the delivery of end of life care
- Increased remote working to facilitate Multi-Disciplinary

- Team meetings and remote consultations
- Worked to alleviate patient / public anxiety around home visiting

Helen Chapman highlighted that the community nursing caseload had changed as a result of COVID-19; she highlighted that many of the recent developments had been positive and would be retained.

Gill Smith described the impact of COVID-19 on the community workforce and shared staff experiences with the Board. She went on to highlight how proud she was of the response from community teams who had continued to provide home visiting care despite the challenges and had been a constant for patients and their families during the pandemic.

Gill highlighted the ways which community services were supporting their staff and recognised that ongoing support was required.

The Board of Directors thanked Helen and Gill for the presentation and asked them to feedback the Board's thanks and appreciation to their teams for their fantastic work over recent months.

The following questions were raised:

In response to a question from the Chair around staff morale Helen Chapman explained that there was weariness among teams. Helen reiterated the directorate's support offers to staff, which would continue.

Ros Roughton commended the support which the Trust's community services had provided to care homes during the pandemic.

In respect of the increase in the end of Life Care (EOLC) caseload, Ros Roughton remarked that this was also a national trend, with more people choosing to die at home. Ros suggested that as this had been the EOLC strategy for a number of years the Trust should support the continuation of this change to and asked the Chief Nurse and Chief Executive to consider how to capture and share the learning from recent months.

Building on this Annette Laban invited Helen and Gill to reflect on the community services response to COVID-19 and consider other positive changes which the Trust should embed. In addition to the EOLC work, positive developments highlighted were; the use of technology to enable remote consultations and the work with the diabetes team.

In response to a question from the Chair, Helen confirmed that there were examples of strengthened relationships and good collaboration between community services and Primary Care the Chair requested that examples of good practice were captured

and shared.

The Board of Directors **NOTED** the update on the impact of COVID-19 on community services. The Board requested that the learning and good practice from recent months was captured and shared.

## **STH/116/20 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 the Board which provided an update on COVID-19 matters. She updated on the current position including inpatient numbers including those in critical care, deaths, admissions and discharges as compared to the previous month.

She highlighted the following points:

- Since the last meeting the daily count of inpatients had exceeded the Wave 1 peak. However, early indications suggested that this position was stabilising.
- A new drive through staff testing service at the Northern General Hospital would be operational by the end of the week.
- Twice weekly lateral flow testing of all patient facing staff would commence shortly.
- The staff absence level had marginally reduced from the previous month (both for COVID and Non-COVID absence). The COVID absence level now also included a number of staff who were shielding.
- New national restrictions had been put in place on 4 November 2020 and would remain until 2 December 2020.
- The Trust continued to strive to maintain as much planned care as possible, this remained extremely challenging operationally.
- Results from vaccine trials were very encouraging.
- At their regular briefing on 6 November 2020 the Non-Executive Directors had discussed and endorsed for the Board to revert back to the streamlined approach to assurance and governance that had been adopted in Wave 1.

The Board of Directors **NOTED** the Chief Executive's update on COVID-19 and **AGREED** that the arrangements for Board governance and assurance would revert back to operate under the business continuity arrangements agreed by the Audit Committee on 20 April 2020 and implemented during Wave 1.

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

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

#### Deep Dive – Cancer Waiting Times

The Chief Operating Officer gave the following headlines from the deep dive which provided a high-level overview on the impact of the pandemic on Cancer Waiting Times (CWT).

- During Wave 1 the Trust had received national guidance to pause some cancer care.
- The provision of urgent and obligatory care had remained a key priority throughout the pandemic and had continued where it was safe and appropriate to do so.
- Two week wait demand fell rapidly across all tumour site pathways as the country moved into an initial phase of 'lockdown'. As the lockdown restrictions were lifted in the summer, demand began to increase again and was now at near normal levels.
- The total cancer patient tracking list (PTL) had stabilised since late summer with two week wait demand and activity levels in balance. A robust process of clinical review and appropriate risk stratification was in place to ensure that care continued to be prioritised appropriately.
- Work was ongoing to reassure patients attending the Trust that environments were COVID secure and safe to attend.
- The total number of patients on cancer pathways had recovered and stabilised following growth during the Wave 1 lockdown as services were paused.
- Any impact of Wave 2 on performance would be seen in coming weeks and months; however unlike in Wave 1 all diagnostic and cancer services had been maintained.

The Chair asked how the Trust's performance on Cancer Waiting Times compared to the performance of other major cancer centres. It was agreed that a brief summary paper to benchmark the Trust's performance against other major cancer centres would be presented to the Finance and Performance Committee.

**MH**

#### Deliver the Best Clinical Outcomes

The Medical Director (Operations) confirmed that a further update in relation to the HSMR would be presented to the Board of Directors in January 2021. She noted that there were no new never events or serious incidents closed in September 2020.

The Chief Nurse referred to the Quarter 2 Infection Prevention and Control results which were reported in the IPR, he highlighted:

- There was one case of hospital onset MRSA bacteraemia recorded for September.
- In Quarter 2 the Trust had recorded 24 C.Difficile Trust attributable cases, 3 cases below the threshold of 27 set

for the quarter and 15 Trust associated cases, 3 above the threshold of 12 set for the quarter. For the year to date the Trust is below the combined threshold for these metrics.

- The Trust recorded 17 Trust attributable cases of MSSA in quarter 2, 1 above the threshold of 16 set for the quarter. For the year to date the Trust is 3 cases below the threshold for this metric.

### Providing Patient Centred Services

The Chief Operating Officer highlighted the following points from the IPR:

- September activity levels were, on the whole, in line with the Phase 3 plan recovery targets.
- The percentage of patients on an incomplete pathway waiting less than 18 weeks in September was 74.34%. The national performance was 60.6%.
- Due to the impact of COVID19 on activity levels, there were 169, 52 week breaches in September. September A&E activity remained below previous levels as a result of the pause on the Royal Hallamshire Hospital Minor Injuries Service.
- 88.10% of patients attending A&E were seen within 4 hours compared to a national performance of 87.3%.

The Chair asked whether there was any need at this stage to consider revising the Phase 3 activity plans. Whilst a number of assumptions had changed as a direct result of the second wave of COVID the Chief Operating Officer confirmed that the Phase 3 trajectory remained in place and performance was being monitored via a weekly report to the Trust Executive Group.

In response to a question from Annette Laban the Chief Operating Officer explained that there was high flow from A&E to the GP Collaborative and that the work in the City to promote use of 111 first was possibly having an impact on demand and performance at the GP Collaborative.

In response to a question from Martin Temple around waiting times in non-cancer services, the Chief Operating Officer reaffirmed that the Trust was prioritising patients in all areas based on clinical review and risk stratification.

### Employ caring and cared for staff

The Director of Human Resources and Staff Development highlighted a good performance in September 2020 in respect of compliance levels for appraisal and mandatory training (86% and 88% respectively).

He went on to note that the annual turnover rate at September was 6.96% which was an all-time low and the retention rate remained the highest nationally at 91%.

## Spend Public Money Wisely

The Director of Finance highlighted the following points:

- Month 6 was the last month of the 'true up' reconciliation arrangement.
- Between months 1 and 6 the Trust had claimed £56m of COVID costs / income loss, £30m of which was attributed to PPE. The payments for months 1 to 5 had been received and the final payment for month 6 was due in December 2020.
- He highlighted that significant work had been done to produce a financial plan / forecast for months 7 to 12 and to manage the change in process between the arrangements for the first half of the year and the arrangements now confirmed for months 7 to 12.
- Financial planning for 2021/22 was challenging due to the uncertain financial arrangements.
- The national Spending Review was expected to be announced the following day.
- There a number of uncertainties, including the impact of COVID-19 on services in the remainder of the year.

The Chair asked about the timetable for the next years' planning process. The Director of Finance noted that nationally this was unclear. He explained that internally the Trust would issue business planning guidance in the next couple of weeks. Financial arrangements for subsequent years were still to be confirmed but the assumption was that the arrangements for 2021/22 would be similar to the arrangements for the second half of 2020/21. He highlighted the Payment by Results system was unlikely to continue.

## Deliver Excellent Research, Education and Innovation

The Medical Director (Development) explained that as a result of COVID-19, reporting of trials remained suspended. The organisation's focus was on supporting COVID-19 research and urgent Public Health studies.

He highlighted the Trust's involvement in the Oxford Vaccine Trial and that the Trust had been selected to trial the Janssen COVID-19 candidate vaccine.

The Board of Directors:

- **RECEIVED** the Integrated Performance Report for September 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) Flu Vaccination Programme**

Over 12,000 members of staff had now been vaccinated for flu which was more than in any previous year and this had been achieved in eight weeks as opposed to the normal five months.

### **d) Sheffield Accountable Care Partnership**

From the overview of the programme activities for the Sheffield Accountable Care Partnership (ACP) included at Appendix C, the Chief Executive highlighted, that the ACP had reconsidered its approach to ways of working post COVID-19 and noted the progress made on the development of the 2030 'Vision for Provision' for Sheffield. She also drew the Board's attention to the recent collaborations between city partners which were described in the report.

She updated that the Chair of the Trust had agreed to continue to act as an independent Chair of the ACP Board following his retirement from the Trust at the end of December 2020.

### **e) Report of the Independent Review on NHS Hospital Food**

The Report of the Independent Review on NHS Hospital Food had been published on 26 October 2020, the report included examples of positive outcomes from a series of site visits, which included a visit to the Trust in February 2020.

The report contained eight recommendations which would be considered by the Nutrition Steering Group, who would oversee the production and implementation of an action plan. This work would be reported in the Nutrition Steering Group annual report to the Healthcare Governance Committee later in the year.

### **f) Communication and Awards Update**

An update on a number of awards received by teams and staff across the Trust was provided in the report.

## **STH/117/20 Update on Equality Diversity and Inclusion Priorities**

The Chief Executive introduced the item; stating that the purpose of the update was to convey to the Board of Directors the progress made in the organisation in respect of Equality Diversity and Inclusion (EDI), and to share the plans / actions that were in place for the coming months, acknowledging that the COVID-19 pandemic had heightened and exposed existing inequalities experienced by the people of Sheffield.

The Chief Executive welcomed Paula Ward, Organisational Development Director and the recently appointed new EDI Team; Sally Edwards, Head of EDI, and Novlette Balela and Robert Jones, EDI Managers who were in attendance for this item.

The EDI team gave a presentation which set out the Trust's current approach to EDI, the EDI Objectives and priority areas progress made and the focus for the next six months.

Key points to note were:

- The EDI team were seeking to have a more proactive presence across the Trust and to create specialisms within their team aligned to the three Staff Network groups (BAME, Disability and LGBTQ+). These Networks established in 2019, continued to grow and develop their role.
- During COVID the EDI team had developed Individual Staff Impact Assessments, a rapid Equality Impact Analysis process and worked with city partners via the ACP to address the disproportionate impact of COVID-19 on BAME communities.
- A new EDI Strategy which included additional objectives to focus specifically on the impact of COVID-19 was under development and would be available for comment in the New Year, ahead of a launch in April 2021.

In response to a question from Annette Laban around measuring progress, the Chief Executive confirmed that the EDI Board was monitoring progress against a suite of indicators which included, the Workforce Race Equality Standard, the Workforce Disability Equality Standard and data from the Staff Survey.

Ros Roughton asked whether the Trust was systematically analysing existing data to identify impacts on specific communities. Paula Ward noted that the EDI Board was developing a dashboard which would provide this data and agreed that the next EDI update to the Board of Directors would include this information. The Chief Executive also subsequently shared the Trust's recent submission to the Sheffield Race Equality Commission with the Board which provides analysis of a range of metrics by different ethnic groups.

In response to a suggestion from Ros Roughton about potentially developing 'Friends of the Networks' groups, Paula confirmed that this was being explored with the Staff Networks to identify the best way to enable conversations between the Networks and the wider organisation.

Ros Roughton highlighted that Universities UK had published a report that day 'Tackling racial harassment in higher education' which set out recommendations to tackle racial harassment and to address racial inequality in higher education. Sally Edwards noted that this report was being considered by the ACP.

Tony Buckham noted a specific challenge in relation to tackling the harassment of staff from patients and the public. The importance of having a clear framework, sharing good practice and supporting staff to deal with harassment in the moment was

recognised and supported by the Board. The Chief Executive confirmed that this was a piece of work being overseen by the EDI Board.

The Board of Directors **NOTED** the progress to date and the plans / actions that were in place for the coming months. Further updates on progress including presentation of the EDI Board dashboard of metrics would be brought to the Board as appropriate.

**STH/118/20 For Approval**

**Use of the Corporate Seal**

**Lease renewal for Cherry Tree Business Suite, Union Road, Sheffield**

The Board of Directors **APPROVED** the lease renewal for offices at Cherry Tree Business Suite, Union Road, Sheffield and the affixing of the Trust's seal to the contract documents related to this.

**STH/119/20 Chair and Non-Executive Director Matters**

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

**STH/120/20 Any Other Business**

There were no additional items of business raised.

**STH/121/20 Date and Time of Next Meeting**

The next public Board of Directors meeting will be held on Tuesday 15 December 2020 at a time to be confirmed.

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

Chairman