



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors held on 26 January 2021 by Video Conference**

**Present:**

**Members:**

Ms A Laban	Chair
Mr T Buckham	Non-Executive Director
Mr M Gwilliam	Director of Human Resources and Staff Development
Mr M Harper	Chief Operating Officer
Dr J Hill	Medical Director (Operations)
Dr D Hughes	Medical Director (Development)
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
Ms J Phelan	Communications and Marketing Director

**In Attendance:**

Dr M Hunter	Executive Medical Director, Sheffield Health and Social Care NHS Foundation Trust (SHSC) (STH/05/21)
Dr J Labuschagne	Consultant Clinical Psychologist and Head of Department of Psychological Services (STH/05/21)
Ms R Winterbottom	Business Manager (Minutes)

**Apologies:**

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

**Observers:**

11 Governors  
 Three members of staff

<b>Minute</b>	<b>Item</b>	<b>Action</b>
<b>STH/01/21</b>	<b>Welcome and Introductions</b>	
	The Chair welcomed Board members and those in attendance to the meeting.	
<b>STH02/21</b>	<b>Declarations of Interests</b>	
	There were no additional or relevant declarations highlighted.	
<b>STH/03/21</b>	<b>Minutes of the Previous Meetings Held in Public on 15 December 2020</b>	

The Minutes of the meeting held in public on 15 December 2020 were **AGREED** and **APPROVED** as a correct record of the meeting.

#### **STH/04/21 Matters Arising and Action Log**

The Board received updates on the following actions arising from previous meetings:

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

The Board noted that an update in relation to the work to review the Hospital Standardised Mortality Ratio would be provided under the Chief Executive's Matters later in the meeting.

##### **b) Parked Issue, Update following Major Trauma Peer Review (minute reference STH/72/20)**

The Interim Director of Strategy and Planning explained that the peer review process remained paused due to COVID-19. The Assistant Chief Executive added that this matter would remain recorded on the parked issues log and an update brought forward to a future Board meeting as appropriate.

In response to a question from the Chair the Assistant Chief Executive assured the Board that parked issues were recorded by the Chief Executive's Office secretariat and confirmed that these issues were reviewed regularly by the Trust Executive Group.

#### **STH/05/21 Clinical Update – Improving Access to Psychological Therapies (IAPT) Long Term Conditions (LTC) Interface**

The Medical Director (Development) introduced the item and welcomed Dr Mike Hunter, Executive Medical Director, Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Dr Johann Labuschagne, Consultant Clinical Psychologist and Head of Department of Psychological Services at the Trust to the meeting.

Dr Johann Labuschagne gave a presentation which described progress made in relation to the joint development of ten condition specific IAPT LTC pathways by the Trust and SHSC. He went on to note the impact of COVID-19 on this.

In spite of the challenges of COVID-19 he highlighted the positive impact that the pandemic had in relation to system working within Sheffield; as demonstrated by the establishment of the Sheffield post-COVID Rehabilitation Hub and the positive work of the Sheffield Psychology Board including the provision of support to staff.

Building on this and in response to a question from Shiella Wright around whether funding was aligned to this system thinking approach, Dr Mike Hunter added that this partnership working had highlighted the value of providers collaborating to set the strategic direction to shape the commissioning of services.

The Chief Executive commented that this provided a timely example to highlight the benefits and opportunities from vertical integration at Place level to feed into the consultation around Integrating Care legislative reform. She added that that it would be important for the Integrating Care legislation to support Places to provide care to their population encompassing support for both their physical and mental health needs and that the collaboration between the Trust and SHSC during COVID-19 demonstrated a good example of this working well in Sheffield.

Noting the disproportionate impact of Covid-19 on some communities Shiella Wright asked how flexible and accessible IAPT LTC services were to different patient groups. Dr Mike Hunter confirmed that the demographic details of service users were captured and that SHSC could evidence via outcomes that the service was flexible and responsive to BAME communities.

The Chair thanked Dr Johann Labuschagne and Dr Mike Hunter for their interesting presentation.

#### **STH/06/21 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 on the current position in relation to COVID-19 including the Trust's current inpatient numbers including those in critical care, deaths, admissions and discharges as compared to the numbers reported at the previous meeting.

Key points highlighted were:

- COVID activity at the Trust had been rising since mid-December and was placing considerable pressure on services.
- Testing was available to all symptomatic staff and their household members at the drive through service and twice weekly asymptomatic lateral flow testing kits had been rolled out to all patient facing staff.
- The COVID related staff absence level had increased in line with the increase in community prevalence and once again included shielding staff due to the national lockdown.
- Two approved vaccines were now available:

Pfizer/BioNtech and the Oxford/Astra-Zeneca. Vaccines had been rolled out to Primary Care Networks and a Large Scale Vaccination Centre had opened the previous day at the Sheffield Arena. She explained that the Hospital Hubs were now focussing on vaccinating patient / client facing health and social care staff. Nationally the aim was to vaccinate the first 4 priority groups outlined in the Joint Committee on Vaccination and Immunisation (JCVI) guidance by mid-February.

The Chief Executive explained that supply of the vaccine was nationally controlled and that the Trust had been assured that supply would be adequate to deliver the vaccine to the first 4 priority groups by mid-February.

The Chair asked how the increase in COVID activity was impacting on the Trust's non-COVID services and Tony Buckham asked specifically about critical care capacity at the Trust. The Chief Executive explained that additional ITU capacity was available should a further surge in demand occur and that the impact on other services would be closely assessed and managed by Gold Command. This situation on non COVID-19 services was also being kept under constant review through the command structure

In response to a question from Martin Temple the Chief Executive explained that it was too early to see an impact of vaccinations on the death rate but noted that evidence from other countries was encouraging in respect of this. She noted that treatment advances were also having a positive impact on outcomes from COVID-19 infections.

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

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

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

##### Deliver the Best Clinical Outcomes

The Medical Director (Operations) reported that one serious incident investigation submitted in November 2020 was not approved within timescales and confirmed there were no new never events reported in November.

##### Providing Patient Centred Services

The Chief Nurse referred to the graph on page 11 of the report and noted that 85% of complaints were responded to within the agreed timescale against the target of 90%, this reduction in response time was due to the impact of the second wave of COVID-19.

The Chief Operating Officer highlighted the following points:

- In relation to planned care:
  - 18 week referral to treatment (RTT) performance had continued to recover during November 2020. The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of November was 81.19%. The national performance for November was 68.2%.
  - There were 303, 52 week breaches in November. He assured the Board that patients within the Trust's caseload were being regularly clinically reviewed and their care prioritised appropriately.
  - The percentage of patients receiving diagnostic tests within 6 weeks in November was 78.16%, the national performance for November was 72.5%.
- In November, 80.85% of patients attending A&E were seen within 4 hours. This was comparable to the performance for the same period the previous year with similar numbers of attendances. He noted that this was in the context of the challenges of managing both COVID and non-COVID pathways.
- The average number of patients who had a delayed transfer of care in November was 57, compared to 47 in October.

#### Employ caring and cared for staff

The Director of Human Resources and Staff Development highlighted a good performance in respect of compliance levels for appraisals and mandatory training (84% and 87% respectively).

He added that the annual turnover rate at November was 7% and the retention figure for the Trust remained at 91%.

#### Spend Public Money Wisely

The Director of Finance highlighted the following points for November 2020 (Month 8):

- Month 8 was the second month of the new funding arrangements which had been introduced for the second half of the year.
- The reported position was a satisfactory £4,079.7k (0.5%) surplus against plan at Month 8.
- He gave an update in relation to the following issues that may impact on the year end position:
  - Receipt of the Month 6 'True up' funding payment from NHSE/I.
  - The application of the Elective Incentive Scheme, however the Director of Finance noted that following the issue of new guidance this was unlikely to have an impact on this year.
  - The potential impact of absorbing the annual

- leave accrual increase.
  - A potential gain from the recovery of income losses.
- Internal financial and business planning was underway for 2021/22.
- It was expected that that the current financial arrangements would roll over for at least the first quarter of 2021/22

### Deliver Excellent Research, Education and Innovation

The Medical Director (Development) explained that national reporting of trials remained suspended but highlighted the Trust's involvement in COVID-19 studies. He summarised that the Trust had participated in 21 COVID-19 research studies, 5 of which had now closed and 16 which were still recruiting. In 13 studies the Trust had either achieved or exceeded the recruitment target. Four of these studies, including the Oxford/Astra-Zeneca vaccine trial, had led to new interventions that were now in use.

#### **c) Gold Chief Nursing Officer Award**

In December, Christine Bryer who worked for the Trust for many years before retiring in 2019, was awarded a Chief Nursing Officer Gold Award by Ruth May, Chief Nursing Officer for England as recognition of the nursing leadership that she had provided throughout her career and particularly her work on the Safer Nursing Care Tool.

#### **d) Medical Director (Operations)**

Dr Jennifer Hill had been appointed to the permanent position of Executive Medical Director (Operations) on 1 December 2020.

Dr David Hughes would continue to be Executive Medical Director (Development) and would work closely with Jennifer to continue to develop the model of medical leadership and ensure their portfolios were appropriately connected.

#### **e) Hospital Standardised Mortality Ratio**

The Medical Director (Operations) presented an update on the actions taken over the last three months to systematically review the Hospital Standardised Mortality Ratio (HSMR) data and information from the Dr Foster information system.

She highlighted that four areas of focus had been identified which were described in the report and explained that during the next three months the aim would be to continue engagement with clinical colleges to implement process changes within the Clinical Coding department to improve data accuracy.

Whilst the Board of Directors supported the systematic review of the data as described they asked that the review triangulate this

information against other sources including feedback from staff and service audits to provide assurance to the Board.

A further update on this work would be provided to the Board in April 2021.

Forward  
Plan

#### **f) Longley Lane**

The Trust had acquired the former NHS Blood & Transplant Service (NHSBT) site on Longley Lane with the purchase expected to complete in February 2021. The location of the site, on the edge of the NGH site made it an important acquisition for the Trust.

The Trust had been occupying the site since mid-December 2020 and using the facility for the city's Drive Through Phlebotomy service.

There were a range of potential uses for the buildings/site being considered, some short-term COVID related, some medium term and some long-term. Further work would be undertaken on this in the coming months and each business case would need to address the potentially significant running costs.

#### **g) Nursing Associates**

The Trust had welcomed its first ever newly qualified Registered Nursing Associates into the workforce during January 2021 and had recruited two additional cohorts in October 2019 and 2020 which would be an important addition to the workforce and would widen access for unregistered staff to enter the Nursing profession.

#### **h) Key actions: infection prevention and control and testing**

Following the issue of "Key actions: infection prevention and control and testing" guidance by NHS England in November 2020 the Trust had undertaken a gap analysis against the actions set out in the guidance. This had been considered in detail by the Healthcare Governance Committee and was shared with the wider Board for information.

#### **i) Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust**

Following the publication of Donna Ockenden's report: "Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust" in December 2020 all Trusts providing maternity services had received a letter from NHS England and NHS Improvement setting out the immediate safety actions required.

The Trust had subsequently responded to this letter providing

assurance that it is compliant with the immediate safety actions and is ensuring it addresses all the recommendations associated with this report.

Rosamond Roughton had agreed to undertake the role of Non-Executive Director lead and would be working closely with the Chief Nurse and Medical Director (Operations) in ensuring that the Trust's Maternity Service continues to provide high quality care.

#### **j) Clinical Director for Cardiology, Cardiac & Thoracic Surgery**

Nigel Wheeldon had been appointed as the Clinical Director for Cardiology, Cardiac & Thoracic Surgery and would take up the post from 1 April 2021.

The Board recorded their thanks to Peter Braidley who had been the Clinical Director for Cardiology, Cardiac & Thoracic Surgery for the last nine years noting that for the last two and a half-years he had also acted as the Clinical Director in Vascular Services.

The Chair asked that the Chief Executive ensured that the Board of Directors thanks were conveyed to Peter.

**KM**

**STH/07/21**

#### **Update on 5 Year Capital Plan and Capital Programme**

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

He highlighted the following points:

- The Capital Programme for 202/21 and 2021/22 remained manageable, however for subsequent years the position was challenging, with a number of significant potential schemes identified
- Given the COVID-19 impact and a range of additional national funding allocations, a significant underspend against available resources was likely in 2020/21. However, current plans still assume a major investment of £46.5m.
- He noted that System Operational Capital Envelopes were adding a new level of complexity to capital planning and meant that there was no guarantee of being able to invest previous surpluses.

Prompted by a question from the Chair around the governance of system capital allocations the Director of Finance explained that discussions within the ICS were underway to consider this. The Chair offered Non-Executive support to these discussions as required.

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.
- **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, and would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the report, and the need to continue to generate additional resources for future years, ensure approval to utilise such resources and identify any opportunities to secure additional capital funding.
- **NOTED** the 2020/21 capital expenditure position and the close attention required to minimise the year end outturn underspend.
- **NOTED** the importance of capital planning/prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding.

#### **STH/08/21 Learning from Deaths Report**

The Medical Director (Operations) presented the Learning From Deaths Report (Attachment E) which covered quarter 1 of 2020/21 (1 April 2020 – 30 June 2020) and had previously considered by the Healthcare Governance Committee.

She highlighted that the report covered the period prior to the increase in Medical Examiner staffing and included the first wave of the COVID-19 pandemic.

The Board of Directors **NOTED** the content of the report in the context of the COVID-19 pandemic.

#### **STH/09/21 Update on Non-Executive Director Responsibilities**

The Assistant Chief Executive presented Attachment F to update and seek approval from the Board of Directors in regards to the proposed changes to the membership of Committees of the Board and to Non-Executive areas of focus following the appointment of Annette Laban as new Chair of the Trust.

The Assistant Chief Executive highlighted that the publication of the Ockenden Review and the People Plan had also identified two new requirements for NED oversight and had resulted in two new NED leadership roles; Board Safety Champion (Maternity) and People Plan –Wellbeing Guardian. Ros Roughton and Tony Buckham had been identified for these roles respectively.

In addition to the changes described in the paper the Assistant

Chief Executive confirmed that she would add the following NED roles to the document:

- John O’Kane’s role as Sheffield Hospitals Charity Trustee
- Shiella Wright’s roles as Chair of the Organ Donation Committee and membership of the Mental Health Committee

She added that NED membership of the Infection Control Committee was to be determined but confirmed that this would be updated once a NED had been identified for this role.

Consideration of the paper prompted a discussion around the increasing number of requests for the identification of NED leads from NHS England and Improvement. The Board discussed the importance as a unitary board to ensure that the distinction between the roles of Executive and independent Non-Executive Directors was maintained and agreed to carefully consider future requests and challenge where appropriate.

Subject to the described additions the Board of Directors **APPROVED** the proposed changes of the membership of Board Committees and NED areas of focus and the nomination to two additional NED lead roles. The Board **APPROVED** the updating of the Terms of Reference for each Committee to reflect these changes.

**STH/10/21 For Approval**

**STH/10/21(a) Use of the Corporate Seal – Contract Documents Relating to: A Floor Theatre Refurbishment, Phase 4 at the Royal Hallamshire Hospital**

The Board of Directors **APPROVED** the application of the Trust seal to the contract documents relating to the A Floor theatre refurbishment at the Royal Hallamshire Hospital.

**STH/11/21 Chair and Non-Executive Director Matters**

The Chair informed the Board that her induction process was underway.

**STH/12/21 Any Other Business**

There were no additional items of business raised.

**STH/13/21 Date and Time of Next Meeting**

The next public Board of Directors meeting will be held on 23 February 2021 at a time to be confirmed.

Signed ..... Chair Date .....