



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors held on 23
February 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:

Ms P Bailey	Operations Director, LEGION(STH/20/21)
Ms F Kew	Clinical Director, Obstetrics, Gynaecology & Neonatology (STH/20/21)
Professor D Kiely	Consultant Respiratory Physician and Director of Sheffield Pulmonary Vascular Disease Unit (STH/18/21)
Ms Marie Reid	Interim Head of Midwifery and Nurse Director LEGION (STH/20/21)
Ms R Winterbottom	Business Manager (Minutes)

Apologies:

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

Observers:

Nine Governors
One member of staff

Minute	Item	Action
STH/14/21	Welcome and Introductions	
	The Chair welcomed Board members and those in attendance to the meeting.	

STH/15/21 Declarations of Interests

There were no additional declarations or relevant declarations highlighted.

STH/16/21 Minutes of the Previous Meetings Held in Public on 26 January 2021

The Minutes of the meeting held in public on 26 January 2021 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/17/21 Matters Arising and Action Log

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

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

The Board noted that, as agreed at the previous meeting, a further update in relation to the work to review the Hospital Standardised Mortality Ratio (HSMR) would be provided to the Board in April 2021.

b) Chief Executive's Report, Clinical Director for Cardiology, Cardiac & Thoracic Surgery (Action log number 25, minute number STH/06/21(j))

The Board **AGREED** the recommendation to close action number 25 noting that the Chief Executive had conveyed the Board's thanks to Peter Braidley.

c) Parked Issue, Update following Major Trauma Peer Review

The Assistant Chief Executive confirmed that she had reviewed this matter which remained on the parked issues log confirming that the peer review process remained paused. An update would be brought forward to a future meeting as appropriate.

STH/18/21 Clinical Update – Pulmonary Hypertension: Past Present and Future

The Medical Director (Operations) introduced the item and welcomed Professor David Kiely, Consultant Respiratory Physician and Director of Sheffield Pulmonary Vascular Disease Unit to the meeting.

Professor Kiely gave a presentation on the transformational changes made in Sheffield in relation to Pulmonary Hypertension over the last 20 years. It is one of the largest specialist units in Europe and has a catchment population of ~20 million in England. He described developments to Pulmonary Hypertension services

in the city as well as advances in diagnostics and treatments developed as a result of the significant innovation and research activities undertaken at the Trust and in collaboration with others. These developments were improving the quality of life for patients with pulmonary hypertension.

Professor Kiely then shared his team's aspirations for the future which included:

- The use of technology to aid patient care by automating and facilitating remote clinical assessment and monitoring
- Establishing emerging therapies including balloon pulmonary angioplasty for patients with Chronic Thromboembolic Pulmonary Hypertension (CTEPH).
- Improving the wellbeing of those living with Pulmonary Hypertension

He highlighted how COVID-19 had facilitated and accelerated a number of positive changes in the service, with patient pathways now including an increased number of non-face to face consultations and greater use of home monitoring technologies.

In response to a question from the Chair, Professor Kiely reflected that establishing an ECMO pathway at the Trust would have the greatest impact on the development of the service for the future.

This prompted a question from the Chief Executive about whether an ECMO service at the Trust was required to provide balloon pulmonary angioplasty therapy. Professor Kiely explained that an ECMO service at the Trust was not necessarily required as long as an ECMO pathway was in place. He noted that the service was actively considering options for how this could be provided. The Chief Executive noted that it would also be important to consider the implications of the recently published White Paper on specialised commissioning.

Ros Roughton asked what else the Board and wider health community could do to help the team realise their aspirations for the future. Professor Kiely responded that Trust support for the development of a data set would allow the service to develop an algorithm to identify patients at risk of pulmonary hypertension. He also explained that the learning from the pandemic including the experience of operationalising the use of technology at speed was important to consider going forward.

In response to a question from Shiella Wright Professor Kiely explained that Pulmonary Hypertension was more prevalent in women and those who were socially and economically disadvantaged and explained that future development of the Sheffield service would continue to make the service more accessible to all populations.

The Chair thanked Professor Kiely for a fascinating presentation and the Board **NOTED** the update.

STH/19/21 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 which provided an update on the current position in relation to COVID-19. This included an update on the Trust's current number of COVID inpatients including those in critical care, those who have died from COVID and total numbers admissions.

Key points highlighted were:

- COVID activity at the Trust had steadily decreased over the last month.
- Both the overall and COVID related staff absence levels had decreased in line with the decrease in community prevalence.
- Twice weekly Lateral Flow testing was about to be extended to all staff that were required to be on site.
- The target to vaccinate all of the first 4 priority groups by mid-February had been achieved. 65-70 year olds and those who are at additional risk were now being invited. There was a national commitment to vaccinate all adults by end July. She noted an impressive response to vaccine availability, however explained that there was some emerging evidence about hesitancy in different groups.
- The Government had announced the proposed roadmap out of lockdown the previous day.

Martin Temple asked whether there was any evidence from the studies that the Trust was involved in that indicated that the decrease in COVID related staff absence was due to the decrease in community prevalence or whether the vaccine was having an impact on transmission.

The Chief Executive explained that there was evidence in the UK from the EAVE II study that there was a significant reduction in those requiring hospitalisation who had received the vaccine. She also noted encouraging early signs on the vaccines impact on transmission from Israel.

The Board of Directors **NOTED** the update in relation to COVID-19.

b) Integrated Performance Report

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

Deliver the Best Clinical Outcomes

The Medical Director (Operations) confirmed there were no new never events reported in December 2020 and that 86.65% of incidents were approved within 35 days against the internal target of 95%.

The Chief Nurse highlighted the following Infection, Prevention and Control metrics for quarter 3.

- There were no cases of Trust assigned MRSA bacteraemia recorded for December.
- The Trust recorded 34 Trust attributable C.Difficile cases, 7 cases above the threshold of 27 set for the quarter and 13 Trust associated cases, 1 above the threshold of 12 set for the quarter. For the year to date however, overall the Trust is 1 case below the year to date threshold of 117.
- The Trust recorded 17 Trust attributable cases of MSSA, 1 above the threshold of 16 set for the quarter. For the year to date the Trust is 2 cases below the threshold for this metric.

Providing Patient Centred Services

The Chief Operating Officer highlighted the following points:

- In relation to A&E performance;
 - In December 79.17% of patients attending A&E were seen within 4 hours. The National performance in December was 80.3%.
 - There was one 12 hour trolley wait in December; the Chief Operating Officer explained that this patient required admission to a specialist mental health bed. A full review of the circumstances which led to this wait was being undertaken with city and regional colleagues.
- In relation to planned care:
 - The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of December was 81.46% better than the national performance for December which was 67.8%.
 - There were 386 52 week breaches in December.
 - All patients within the Trust's caseload were being reviewed clinically on a regular basis as part of the Trust's caseload management approach, with care prioritised appropriately.

In response to a question from Ros Roughton the Chief Operating Officer reassured that clinical and operational teams continued to focus on improving patient experience and outcomes in the A&E department. He explained that high attendances coupled with the complexity of managing both COVID and non-COVID pathways in the department was impacting on performance.

In relation to the 12 hour trolley wait, John O’Kane requested that the outcome of discussions taking place at a citywide and regional level be reported back. The Chief Operating Officer confirmed that the outcome would be reported via the Finance and Performance Committee.

The Chief Operating Officer confirmed that the Trust’s response to NHS England / Improvements consultation ‘Transformation of Urgent and Emergency Care: Models of Care and Measurement’ would be presented to the Finance and Performance Committee in March 2021 adding that it was expected that the 4 hour standard would be replaced with a new suite of measures. He noted that it was unclear when these new standards would be implemented and thresholds for the new standards were unknown.

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 December was 6.96% and the retention figure for the Trust remained at 91%.

Spend Public Money Wisely

The Director of Finance highlighted that for December 2020 (Month 9) the reported position was a £6,502.1k (0.7%) surplus against plan at Month 9. This underspend was driven by savings from lower levels of activity and well-funded COVID-19 costs and income losses. This was a common position across the ICS and nationally.

Deliver Excellent Research, Education and Innovation

The Medical Director (Development) reminded the Board that national reporting of trials remained suspended adding that this was likely to remain the position for the remainder of the year as focus remained on COVID-19 studies.

He highlighted that a new set of research metrics were currently being developed, which would be reported to the Board in subsequent months’ IPR along with a supporting narrative to provide the Board with details of the Trust’s involvement in COVID-19 trials. These new metrics would be reported whilst general research activity was reduced.

c) Deputy Medical Director Appointments

Mr Simon Buckley and Dr Robin Ghosh had been appointed following interview at the beginning of February to the two Deputy Medical Director posts. These posts were to replace Dr Jennifer Hill following her substantive appointment as Medical Director (Operations) and to succession plan for Dr Andrew

Gibson.

d) NHS Genomic Medicine Service Alliance

The Trust had been informed of the successful outcome following a submission to establish the NHS North East and Yorkshire Genomic Medicine Service Alliance (GMSA). This was a collaborative proposal with colleagues from Newcastle, Leeds and Sheffield Children's Hospital.

This Alliance was one of seven NHS GMSAs across the country that would support the implementation of genomic medicine into the NHS and the delivery of the NHS Long Term Plan ambitions.

A GMSA Partnership Board was being established to oversee the development and delivery of the NHS GMSA business plan. The Trust had representation from the Medical Director (Development), Chief Nurse, Chief Pharmacist and Interim Director of Strategy and Planning on the Partnership Board

e) Integration and Innovation: Working Together to Improve Health and Social Care for All

The Chief Executive highlighted that on 11 February 2021 the Department of Health & Social Care had published the white paper 'Integration and Innovation: working together to improve health and social care for all'.

She explained that the Trust would be considering the implications of the proposals in preparation for their anticipated implementation in April 2022. She confirmed that time would be scheduled onto the Board agendas to go consider this in detail in due course.

f) Maternity Support Workers

The Jessop Wing has become one of the first maternity units in the country to successfully implement an apprenticeship scheme for Maternity Support Workers (MSWs) a new role within the workforce. A cohort of 11 MSWs had completed the 18 month course.

g) Axe the Fax

The Chief Executive highlighted the achievement of this project to successfully reduce the number of fax machines in use in response to the stipulation by the Secretary of State for Health in 2018 for the removal of all fax machines in NHS organisations by 31 March 2020. The switch to NHS.net in October 2019 was a key enabler for this project. Benefits of delivery of this project included improved information security, liberation of phone lines and a considerable reduction in the use of paper.

Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust

The Chief Nurse introduced the item and welcomed Paula Bailey, Operations Director Legion, Fiona Kew, Clinical Director OGN and Marie Reid, Interim Nurse Director and Head of Midwifery to the meeting.

Fiona and Marie gave a presentation which summarised the key findings of the Ockenden Review of maternity services at the Shrewsbury and Telford Hospitals NHS Trust published in December 2020 and outlined the Trust's response to the NHS England and Improvement letter dated 14 December 2021 which:

- Sought assurance from Trusts that 12 urgent clinical priorities related to the seven immediate and essential (IEAs) actions had been implemented by 21 December 2020 and;
- Asked Trusts to complete and submit an assurance assessment tool to the local maternity system (LMS) and regional team by 15 February 2021
- Asked Trust Boards to confirm that they have a plan in place to implement the Birthrate Plus (BR+) standard, including confirming timescales for implementation to Regional Chief Midwife by 15th February 2021

Marie confirmed that the Trust had submitted its responses to the above requests in line with the deadlines; she then went on to describe the Trust's response to each of the seven IEAs.

The Chief Nurse explained that the next step would be to submit the assurance assessment tool to the Healthcare Governance Committee (HCGC) for review in March 2021 and confirmed that plans were being developed to address any gaps in assurance. He also noted that in line with the Perinatal Clinical Quality Surveillance Model, a monthly report detailing intelligence to monitor maternity and neonatal safety would also be presented to HCGC from March 2021.

In response to a question from the Chair in relation to gaps in assurance, Marie explained that the report was clear that multi-disciplinary training was important and noted that this had been challenging due to the impact of COVID-19 on the ability to hold face to face training and staff absence.

Ros Roughton commented that a key theme highlighted by Ockenden Review was around the cultural issues at Shrewsbury and Telford Hospitals NHS Trust, including poor relationships between staff and between women/ families and staff. The Board also noted that having a culture where staff felt confident to speak up was very important.

She asked how the Trust could ensure that the views of staff, women and families were captured and reported to the Board to

enable the Board to be assured around the culture and relationships at the Trust. The Chief Executive highlighted that the Staff Survey Results and the regular complaints report would be important sources of information against which the data could be triangulated.

Prompted by a question from Tony Buckham there was a discussion around how actions arising from the Ockenden Review aligned with the on-going implementation of the continuity of carer model in maternity services, Marie explained that the implementation of actions from the review would aid continuity of carer model which would continue to improve outcomes for women including those from Black, Asian and Minority Ethnic (BAME) and deprived communities.

The Board of Directors was **ASSURED** by the presentation on the Trust's response to date, recognising that this is still being developed locally, regionally and nationally, and **AGREED** to consider how to develop the role of the Non-Executive lead for this work.

Further updates will be brought back to the Board at regular intervals to keep the Board apprised of progress with this work.

STH/21/21 For Ratification/ Approval

a) Amendment to Trust Constitution – Board Composition

The Assistant Chief Executive presented Attachment D which set out a proposed amendment to section 23.2 of the Trust Constitution to reflect changes to the composition of the Board of Directors. The proposed amendment was set out in Appendix A.

She explained that the change in Board composition was required following the appointment of Jennifer Hill as substantive Medical Director (Operations) which had increased the total number of Executive Directors from seven to eight. To ensure that the balance of independence is retained on the Board approval had been given by the Board of Directors' Nomination and Remuneration Committee (NRC) to increase the number of Non-Executive Directors (NEDs) on the Board through recruitment to an additional NED position.

The Assistant Chief Executive noted that changes to the constitution require approval by the Board of Directors and the Council of Governors, as such following approval by the Board of Directors, these changes to the Trust Constitution will be presented to the 30 March 2021 Council of Governors' meeting for approval.

The Assistant Chief Executive also asked the Board to note the need to make a Code of Governance disclosure statement in respect of the balance of independence of the Board of Directors within the Trust's 2020/21 Annual Report.

The Board of Directors:

- **APPROVED** the proposed changes to the Trust Constitution to reflect changes to the composition of the Board of Directors.
- **NOTED** the requirement for these changes to jointly be approved by the Council of Governors and the scheduling of this recommendation to the Council meeting to be held on 30 March 2021.
- **NOTED** the need to make a Code of Governance disclosure statement in respect of the balance of independence of the Board of Directors within the Trust's 2020/21 Annual Report.

b) Board of Director Standing Orders and Terms of Reference

The Assistant Chief Executive presented the Standing Orders for the Practice and Procedure of the Board of Directors; and Board of Directors' Terms of Reference for ratification following the amendment of both documents to reflect the recent changes to the composition of the Board of Directors and other minor changes as described within Table A within the paper.

The Chief Executive proposed the following additional amendments to the Standing Orders:

- Paragraph 5.3.1 remove wording 'or sent by post as requested'
- Paragraph 8.8 to be amended to read: If Directors have any doubt about the appropriateness of an interest, where at all possible this should be discussed in advance with the Chair, Chief Executive or with the Assistant Chief Executive. Influence rather than the immediacy of the relationship is more important in assessing the relevance of an interest. The interests of partners in professional partnerships including general practitioners should also be considered.

Subject to the two additional amendments to the Standing Orders described above the Board of Directors **AGREED** the proposed amendments and **RATIFIED** the following governing documents:

- Standing Orders for the Practice and Procedure of the Board of Directors; and
- Board of Directors' Terms of Reference.

STH/22/21 Chair and Non-Executive Director Matters

Shiella Wright highlighted that the Neuro Intensive Care Unit at the Royal Hallamshire Hospital had been awarded a Stakeholder Recognition certificate from NHS Blood and Transplant to formally recognise them for excellent partnership working. The Unit had been acknowledged for their commitment and dedication to organ donation despite the difficult circumstances in which they were working.

Shiella Wright extended her thanks to Dr Jim Hoyle and the whole Neuro Intensive Care Unit for their work.

STH/23/21 Any Other Business

There were no additional items of business raised.

STH/24/21 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on Tuesday 30 March 2021 at a time to be confirmed.

Signed Date

Chair

DRAFT