



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors
 held on 30 March 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
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
Ms J Phelan	Communications and Marketing Director

In Attendance:

Mr A Ali	Clinical Director, Musculo-Skeletal Care Group
Ms C Bailey	Nurse Director, Musculo-Skeletal Care Group
Mr B Brewis	Operations Director, Musculo-Skeletal Care Group
Ms R Dawson	Business Manager (Minutes)
Mr A Gordon	Consultant, Musculo-Skeletal Care Group

Apologies:

Ms A Gibbs	Director of Strategy and Planning
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Observers:

7 Governors	
2 members of staff	
1 External visitor	Shadowing the Medical Director (Development)

Minute	Item	Action
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STH/25/21 Welcome and Introductions

The Chair welcomed Board members, those in attendance and observers to the meeting.

STH/26/21 Declarations of Interests

The Chief Executive reported that she had recently become a Trustee of Sheffield Theatres and would update the Register of Interests accordingly.

STH/27/21 Minutes of the Previous Meeting Held in Public on 23 February 2021

The Minutes of the meeting held in public on 23 February 2021 were **AGREED** and **APPROVED** as a correct record of the meeting with no amendments.

STH/28/21 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 no. 20, minute STH/74/20(b))

It was **NOTED** that this issue was on the agenda for the Board of Directors' meeting in April 2021.

c) Parked Issue, Update following Major Trauma Peer Review

It was **NOTED** that this item remained parked.

STH/29/21 Chair's Matters

The Chair presented the first Chair Board Briefing Report since her appointment, to provide colleagues with an overview of her activities as Chair with internal and external partners and stakeholders.

The Board of Directors received and **NOTED** the Chair's report.

STH/29/21 Clinical Update – Pilot for Same Day Arthroplasty

The Chief Nurse introduced this item and welcomed Mr Amjid Ali (Clinical Director), Ms Catherine Bailey (Nurse Director), Mr Andrew Gordon (Consultant) and Mr Ben Brewis (Operations Director) from the Musculo-Skeletal (MSK) Care Group.

The presentation was led by Mr Gordon who provided a summary of a pilot project to enable patients to have an Arthroplasty as a day case procedure as opposed to a 3-4 day hospital stay. This would have a positive impact on capacity and waiting lists as well as providing an enhanced patient experience for many individuals.

Mr Gordon confirmed that the principles adhered to by the team during this pathway improvement work were:

- Right people, right place, right time.
- Best practice for each point along the pathway.
- Reviewing how sections of the pathway slotted together.
- Removal of unnecessary steps while always staying safe.

Patient feedback had been positive, with five of six patients going home on the day and the final patient leaving hospital the next day at 10:00am.

The key lesson learned was:

- If...
 - Day-case patients are correctly identified.
 - Communications are clear and expectations set.
 - There is rapid and efficient communication across teams.
 - The correct professional is in the correct place and allowed to operate with independence.
- Then...
 - Day-case was very much possible.

In response to questions from Shiella Wright, Mr Gordon confirmed valuable learning from the trial in relation to:

- Theatre efficiencies.
- Impact on waiting lists.
- The importance of sharing the results with other directorates.
- Patient satisfaction.

In response to a point raised by Mr O’Kane, Mr Gordon reported on the debriefs used as part of the developmental process.

Mr Gordon also acknowledged the extensive support received from the senior team in the MSK Care Group and from TEG Directors which had enabled this pilot to take place.

Mr Brewis discussed plans to share this learning with other directorates and pointed out that MSK was already sharing the learning from the pilot with another surgical service. In addition, Mr Buckley offered his support to the MSK team in sharing the outcomes from the pilot with other directorates across the Trust.

The Chair thanked the MSK team for their extremely interesting and comprehensive presentation and the Board of Directors **NOTED** the outcomes from the pilot and planned next steps.

STH/30/21

Chief Executive’s Matters

The Chief Executive’s report had been shared with the agenda papers and the Chief Executive highlighted the following points:

a) COVID-19 Update

The Chief Executive 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 had died from COVID and total numbers of admissions.

In summary, the key points were as follows:

- A significant decline in hospital activity and cases.
- Shielders were returning to work during the current week. but COVID sickness still remained relatively high. This reflected the working age population incidence and highlighted the need for caution.
- Further relaxation of visiting was taking place.
- Recovery, reset and restoration was underway.
- Progress on vaccines had been excellent, but there remained some challenging months ahead.

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

b) Integrated Performance Report

The following matters were highlighted from the Integrated Performance Report (IPR) for January 2021:

Deep Dive – Ambulance Turnaround Times

The Chief Operating Officer presented a deep dive report on ambulance turnaround times. In January 2019 NHS England and NHS Improvement published an update to its 2017 guidance *Addressing hospital handover delays: Actions for Local A&E delivery boards*.

The January 2019 update reiterated the following key principles for Accident and Emergency (A&E) Delivery Boards:

- Acute Trusts must always accept handover of patients within 15 minutes of an ambulance arriving at the A&E Department or other urgent admission facility.
- Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel was inappropriate.
- The patient was the responsibility of A&E from the moment that the ambulance arrived outside the A&E Department, regardless of the exact location of the patient.

As the Board was aware, STH monitored Ambulance Handover as an IPR standard.

In December 2020 NHSE/I published a consultation document entitled *Transformation of Urgent and Emergency Care: Models of Care and Measurement* seeking views on a proposed bundle of 10 measures as a replacement for the single 4-hour standard. The bundle sought to measure *'what was clinically relevant, offering an holistic view of (Urgent and Emergency Care) performance'*. One of the 10 proposed standards was 'Percentage of Ambulance Handovers within 15 minutes'.

The Yorkshire Ambulance Service (YAS) was the primary Ambulance Trust to convey patients by ambulance to STH, with a small number of patients being conveyed by East Midlands Ambulance Service (EMAS) and by Helimed Air Ambulance.

For all Acute Trusts, the start time of the handover was defined as the ambulance's time of arrival at A&E. The end time was defined as the time of handover of the patient to the care of A&E staff, releasing the ambulance crew to respond to another call.

Prior to the Covid-19 Pandemic, ambulances would arrive at the A&E main entrance and patients taken to one of two areas: Resuscitation and Ambulance Reception and Triage. The COVID-19 Pandemic had required the introduction of a third pathway and entrance to A&E for those patients with either confirmed, or symptoms of, Covid-19.

Work continued in collaboration with YAS to improve the handover process, smooth demand where possible and continue to promote self-handover and appropriate triage to non-A&E pathways.

Internally, work continued on A&E flow and processes, supported by the A&E Delivery Group, ensured patients received a timely first assessment and safe transit through the department. Overseen by the Excellent Emergency Care Making it Better Workstream, organisational flow and system discharge continued to ensure earlier bed availability reducing the risks of A&E department crowding impacting on ambulance handover delays.

Ambulance turnaround times at STH had averaged 16 minutes since the 2019/20 financial year and had been maintained at that level during the COVID-19 pandemic. This compared positively with other Acute Trusts, both regionally and nationally. However, the NHS England expectation was that all patients were handed-over within 15 minutes and, as such, further improvement was required. The expected introduction of new Urgent and Emergency Care standards in 2021/22, replacing the 4-hour standard, would include Ambulance Handovers as one of the 10 standards.

Led by the A&E Delivery Group, A&E continued to improve the operational pathways which underpinned performance against the standard and develop longer term workforce and estates plans for the A&E department and emergency pathway flow, in order to further reduce ambulance handover delays.

Deliver the Best Clinical Outcomes

The Medical Director (Operations) reported that no new Never Events had been reported in January 2021; 85.5% of incidents were approved within 35 days (internal target – 95%) and all Serious Incidents had been approved within timescales. In addition, the prevention of falls had been selected as a quality objective for additional work during 2021/22.

The Chief Nurse drew the attention of the Board to the Pressure Ulcer metric, whereby 92 cases of Trust attributable pressure ulcers had been reported for the month of January 2021, nine above the Trust threshold of 83. He confirmed that the weekly Pressure Ulcer review meetings had not identified any category 4

pressure ulcers associated with a lapse in care.

The Board was reminded that this was the first time during the current year when the threshold had not been met, although it was acknowledged to be ambitious. It was also necessary to factor in the widespread deconditioning of older COVID shielding patients and this result in muscle loss and reduced levels of lower mobility, both of which increase the likelihood of pressure ulcers and falls.

It was **NOTED** that the Tissue Viability team were moving back into their substantive roles and would focus on this issue.

Providing Patient Centred Services

The Chief Operating Officer highlighted the following points:

- The percentage of patients waiting less than 18 weeks for their treatment at the end of the month remained stable, at 79.96% for January. This was below the national target 92% but the national performance for January was 66.2%.
- The 52 week breach position was 674 breaches in January, 192 of these patients had been a reportable 52 week breach at the end of December.

The re-opening of more theatre capacity in May was expected to help to reduce the level of breaches.

Ros Roughton asked whether any change in clinical urgency was picked up for those patients waiting more than 52 weeks. The Chief Operating Officer responded to say that caseload management frameworks had been set for directorates, who had been asked to establish their own processes to monitor patients, including ensuring that the patient knew who to contact if anything changed.

The Chair mentioned the 14% increase in demand for GP services out of hours. In response the Chief Operating Officer described the work underway across the system to ensure there were alternative routes made available to patients.

Employ caring and cared for staff

The Director of Human Resources and Staff Development drew the attention of the Board of Directors to the following metrics:

- The Trust appraisal rate was 82% in January, which was below the Trust Target of 90%. The ongoing impact of COVID-19 pressures was a contributory factor but work was underway to improve the position once the pressures subsided.
- Compliance levels for mandatory training were at 87%, which was below the Trust Target of 90%.

- The Trust annual turnover rate for January was 7.14%. The lowest turnover rates for January were 5.3% for Estates and Ancillary staff and the highest leaver rates were 8.2% for Additional Clinical Service roles.
- Retention figures for the Trust were at 92% which had been consistently above the target of 85% for over 12 months.

Spend Public Money Wisely

The Director of Finance highlighted the following matters:

- Following the introduction of the revised funding arrangements for the second half of the year, the reported position was a £6,826.8k (0.7%) surplus against plan at Month 10. This related to the October to January period, given the arrangements for April to September where, effectively, costs were reimbursed.
- £4.1m of efficiency savings had been delivered in 2020/21 to January.
- First cut 2021/22 Financial, P&E, Activity and Business plans submitted in late January had been reviewed and displayed the expected financial challenges of delivering efficiency savings and containing costs. Developing robust plans for the new year would be a very challenging process given the environment and the many operational / planning uncertainties.
- Information on national financial / contracting arrangements was not expected until March with some form of roll-over of 2020/21 M7-12 arrangements expected for at least Q1.

Deliver Excellent Research, Education and Innovation

The Medical Director (Development) reported that as a result of COVID-19, the National Institute of Health Research (NIHR) metrics that were usually reported had been suspended, due to most portfolio studies being closed down to allow support for COVID-19 research, particularly the Urgent Public Health studies. As a result, there would be no research metrics to report until such time that the NIHR resurrected them.

c) Care Quality Commission Review

Earlier in March there had been an unannounced visit to Jessop Wing by a team from the Care Quality Commission. The review involved a visit, data collection and a review of internal processes and systems.

A full report was awaited from the CQC but the initial feedback had required action in specific areas. For example, some governance processes needed to be reviewed, including learning from incidents and responding to data collected nationally and locally. Elements

of the assessment process needed further review and more regular testing of security processes was required.

The CQC required an action plan to address the issues raised by 12 April 2021, but a number of the changes recommended had already been actioned. These included changes to the assessment process and the security systems had been fully checked and robustly tested.

Until all the actions were completed the CQC would formally record that the Trust had conditions on its licence for maternity services. This did not change any of the services the Trust could provide and could be lifted once the CQC was satisfied the required actions had been completed.

d) Infection Prevention and Control Covid-19 Board Assurance Framework

Trust compliance with the Infection Prevention and Control (IPC) Board Assurance Framework (BAF) issued by NHS England/Improvement was shared as part of the Chief Executive's report to the Board of Directors in June 2020. The BAF was developed to support healthcare providers to effectively self-assess their compliance with Public Health England and other COVID-19-related infection prevention and control guidance and to identify risks.

An updated framework was published in October 2020 and consisted of 10 standards and 107 key lines of enquiry (KLOE), an increase from 60 in the original publication. The Trust has updated the gap analysis to incorporate the additional 47 KLOEs which reflected both the changes nationally to disease prevention and control and the resumption of elements of routine healthcare by Trusts.

This gap analysis was debated at Gold Command on 8 March 2021 and areas where there was either a need for mitigation of risks or further assurance were considered.

As this framework had changed significantly since it was last shared with the Board, it was agreed that this update should be shared with the Board for information and was included at Appendix A of the supporting document.

e) Head of Chaplaincy

The Chief Executive Officer reported that Lindsay van Dijk had been appointed to the role of Head of Chaplaincy and would take up the post at the beginning of May. Lindsay was currently the Lead Chaplain at Buckinghamshire Healthcare NHS Trust, an acute and community care provider, where she managed a multi-faith and belief team across four hospital sites and a hospice.

f) Weston Park Cancer Centre

The Chief Executive reported continued positive liaison with external stakeholders. A letter to The Secretary of State for Health and Care, the Rt Hon Matt Hancock, MP had been sent by the Sheffield City Region Mayoral Combined Authority and could be found at Appendix B to the report. The purpose of this was to articulate Combined Authority support for improved provision of NHS oncology services across the Sheffield City Region and in particular for the proposals at Weston Park Cancer Centre.

g) South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)

A report from the Chief Executive of SY&B ICS could be found at Appendix C to the report. This provided a summary update on the work of the SY&B ICS for the month of February 2021.

h) Sheffield Accountable Care Partnership

An overview of the programme activities for the Sheffield Accountable Care Partnership had been provided by the Programme Director and was included at Appendix D to the report.

STH/31/21

Benchmark Staff Survey Results

The Director of Human Resources and Staff Development presented Attachment E to update the Board of Directors on the findings of the benchmarked 2020 Staff Survey Results

The full census NHS staff survey had been undertaken in the Autumn of 2020. A total of 7,294 staff responded, which represented a response rate of 42% (below the 45% average for the benchmarking group of Acute and Acute & Community Trusts). However, it should be noted that whilst the survey was live STH was experiencing a second COVID-19 wave which many other Trusts in the benchmarking group were not.

STH was above average for combined Acute & Community Trusts for five of the themes: Equality, diversity & inclusion, Immediate managers, Morale, Safe environment – bullying & harassment and Safety culture. The Trust was average for four themes: Health and wellbeing, Quality of care, Safe environment – violence and Staff engagement. Only one theme was below average which was Team working.

These theme scores had been produced for Care Groups, as well as Corporate Departments by and these indicate some considerable variation across the organisation. The directorates would use their own data to update their action plans and to continue to implement the priorities from the previous year of valuing staff, raising awareness of wellbeing support and improving team effectiveness, as these remained important for post-COVID recovery.

Further Trust level actions would be identified in due course in

conjunction with Dean Royles, HR Strategic Advisor, the HR Strategy group and the People Strategy board.

The Director of Human Resources and Staff Development discussed his disappointment at the response rate, which he felt was due to the length of the survey and the level of detail in the questions. A further issue was the delay between the survey and receipt of the results.

In addition, he reported on the introduction of a new, national “pulse survey” which would focus on staff engagement and experience once per quarter that would be launched in the coming month.

The Board of Directors **NOTED** the contents of the report.

STH/32/21

Deliver excellent research, education and innovation

a) Research and Development Presentation

The Medical Director (Development) gave a presentation which provided updates on Research activity, Covid-19 research for the coming year and development of the Research Strategy. He discussed the need to encourage a wide variety of people to participate and advised that many staff who were doing higher degrees would undertake Research as part of this process.

Prof Newman confirmed that there were expansive plans in place to raise the profile of research and to develop clinical academic careers for non-medics.

b) Universities Update

Prof Newman gave a presentation which provided the Board of Directors with information on research projects underway such as Echoes, a project where a “digital twin” was used to predict and help prevent future disease in the individual. The PRIEST study, a NIHR-funded Urgent Public Health priority study and the Gene Therapy Innovation & Manufacturing Centre, a collaboration between the University of Sheffield, Kings College London and NHS Blood & Transplant, Bristol.

He also mentioned the Big Beat Challenge, a single research award of up to £30m for *“the world’s greatest minds to tackle the world’s biggest killers”* which had been launched by the British Heart Foundation.

Sheffield Hallam University Teaching:

- Work was underway on placement plans with Trust colleagues to ensure that final year students were prioritised for placement.
- Recruitment was going well for all the health courses.
- Plans were being developed for September 2021 teaching, with the blended offer for students in semester 1 to address the possibility of continued social distancing and plans for some scaled back but physical presence for open days on

campus.

Sheffield Hallam University Research:

- Increased activity of research across the university and, particularly, in health.
- Plans in place to recruit three Professors across Nursing, Midwifery and AHPs linked with NHS trusts. There were also plans to recruit three Sport Professors.
- A very positive meeting had taken place between Sheffield Hallam University, the University of Sheffield and the Trust regarding the Healthcare Partnership group. Plans were in place to meet again in the next quarter to determine the focus of this relationship and to outline potential plans.

STH/33/21 Guardian of Safe Working Annual Report

The Annual Report on Safe Working Hours for doctors in training (2020) was presented to the Board with the aim of providing context and assurance around safe working hours for STH Doctors in Training, to provide an annual update on the work of the Guardian of safe working and to note areas of concern in terms of exception reporting and work schedules.

The report provided the Board of Directors with quantitative data around safe working hours for STH Doctors in Training for 2020 and detailed the numbers and types of Exception Reports made by Junior Doctors in 2020, along with details of the specialties in which they worked.

As requested, the Board of Directors **NOTED** the contents of the report.

STH/34/21 For Approval

a) Changes to the Acute Federation's Joint Working Agreement

The Assistant Chief Executive presented Attachment G to notify the Board of Directors of a change to the membership of the Acute Federation and an adjustment to the period of rotation of the meeting lead (Chair) and to seek approval for amendments to the Joint Working Agreement (JWA) to reflect these changes.

The two changes to the JWA were as follows:

- The removal of reference to Chesterfield Royal Hospital NHS Foundation Trust who had effectively withdrawn from the Acute Federation to allow them to foster greater alignment with the Derbyshire Integrated Care System and prevent any duplication arising from involvement in two healthcare systems.
- An adjustment to the period of rotation of the meeting lead (Chair) from six to 12 months, as agreed at the Acute Federation Committee in Common on 1 February 2021.

The changes had been reflected in the Joint Working Agreement and amendments to the Sheffield Teaching Hospitals Committee in Common terms of reference would be undertaken during the next annual review in May 2021 to reflect these changes.

b) Application of the Corporate Seal

The Assistant Chief Executive presented Enclosure H to seek approval from the Board of Directors for the application of relevant signatures and common seal of the Trust to the following:

1. Contract documents relating to the Firth Theatre refurbishment, phases 2 and 3 at the Northern General Hospital.
2. A further licence to occupy Sheffield Arena for the Covid-19 Vaccination Programme
3. Contract documents relating to the New Link Bridge, Weston Park Hospital to Jessop Wing at the Central Campus.

The Board of Directors **APPROVED** the application of the Trust seal to the above documents.

STH/35/21 Non-Executive Director Matters

No Non-Executive Director matters were raised.

STH/36/21 Any Other Business

The following additional items of business were raised.

STH/36/21(a) Sheffield Teaching Hospitals – 20th Anniversary

The Chief Executive reminded the Board of Directors that 2021 marked the 20th Anniversary of the founding of the Trust in its current form.

STH/36/21(b) Staff Thank You Messages

The Chief Executive reported that there had been an extremely positive response from a high number of staff to the recent staff “thank you” which had been approved by the Nomination and Remuneration Committee of the Board.

STH/37/21 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