



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors  
held on 27 April 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 (From STH/46/21)

**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 S Edwards	Head of Equality, Diversity and Inclusion (STH/46/21)
Dr J Kapur	Clinical Director, Integrated Geriatric Stroke Medicine (IGSM) (STH/43/20)
Ms P Ward	Organisational Development Director (STH/46/21 and STH/47/21)
Ms R Winterbottom	Business Manager (Minutes)

**Apologies:**

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

**Observers:**

Three Governors  
Two members of staff

<b>Minute</b>	<b>Item</b>	<b>Action</b>
<b>STH/38/21</b>	<b>Welcome and Introductions</b>  The Chair welcomed Board members and those in attendance to the meeting.	
<b>STH/39/21</b>	<b>Declarations of Interests</b>  The Board of Directors noted that the Chief Nurse had been appointed as a Trustee of Sheffield Hospitals Charity with effect from 28 April	

2021; this would be recorded on the Trusts Register of Interests.

**STH/40/21 Minutes of the Previous Meetings Held in Public on 30 March 2021**

The Minutes of the meeting held in public on 30 March 2021 were **AGREED** and **APPROVED** as a correct record of the meeting subject to a correction of the date and time of the next meeting.

**STH/41/21 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))**

As discussion of this matter would take place under the specific agenda item later in the meeting the Board of Directors agreed to close action 20. Any new actions arising from the later discussion would be added to the log.

**b) Parked Issue, Update following Major Trauma Peer Review**

The Board of Directors agreed to close this parked issue noting that there had been no indication of when this external Major Trauma Peer Review would be rescheduled. As and when appropriate an update would be brought to the Board.

**STH/42/21 Chair's Matters**

The Chair presented her Chair Board Briefing Report for April 2021, highlighting some of her key engagements and developments since her last report.

Key developments to note were:

- The appointment of Tony Buckham, Non-Executive Director to the role of Senior Independent Director / Vice Chair.
- Elections to the Council of Governors for 2021 were open and the timetable for this process was shared. All were encouraged to promote this.

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

**STH/43/21 Clinical Update – Update on Frailty Unit and Improvement Work in Integrated Geriatric Stroke Medicine (IGSM)**

The Medical Director (Operations) introduced this item and welcomed Dr Jamie Kapur, Clinical Director of Integrated Geriatric and Stroke Medicine (IGSM) to the meeting.

Dr Kapur gave a presentation which provided an update on Geriatric Medicine at the Trust including the use of Comprehensive Geriatric Assessments and Frailty Unit services. He drew the Board's attention to the strong culture of service improvement within the team highlighting

specific examples of improvements including the use of Board Rounds and the Red2Green methodology. He noted the positive impacts of the services and improvements for patient experience, length of stay and bed occupancy levels.

He noted that this was in the context of a significant increase in the over 65 and over 85 age groups and increasing Geriatric Medicine admissions. An upward trend which was expected to continue in coming years.

Dr Kapur highlighted that the Trust's Geriatric Medicine services were exemplary and benchmarked extremely well against other trusts including Shelford trusts. He explained that all patients presenting at the front door were triaged to identify frailty needs and then managed via the Frailty Unit as appropriate.

Dr Kapur subsequently outlined Geriatric Medicine's priorities for the next three years building on the success to date. Priorities included; maximising ambulatory care and providing care closer to home by integrating care pathways with community services and system / city partners.

Prompted by a question from Martin Temple about deferred admissions to the Frailty Unit, Dr Kapur described some of the circumstances where this would be clinically appropriate and clarified that preferences of the patient and view of their GP would also be taken into account.

Ros Roughton asked Dr Kapur whether the Trust was taking full advantage of being both an acute and community service provider. Dr Kapur reflected the Combined Community and Acute Care Group were maximising these opportunities for example within the Active Recovery Service. He also said there was more work being done that could unlock the potential for community services to provide wrap around and same day emergency care.

The Chief Executive asked about the impact of pandemic on frail older people. Dr Kapur confirmed that deconditioning was an issue, with many experiencing worse mobility and mental health as a result of social isolation.

In response to questions from Tony Buckham and Neil Priestley in relation to the predicted growth in Geriatric Medicine admissions Dr Kapur emphasised the need to develop viable and safe alternatives to admission including developing services to better support people in their own homes and a robust same day emergency care service.

The Medical Director (Operations) added that championing good geriatric care, and promoting across all medical specialities to apply a person centred approach to care for the frail older person was important.

Prompted by a question from the Chair there was also a discussion about how the Trust could further explore the opportunities for integration to enhance the care of frail elderly in the wider system, including the Integrated Care System, Accountable Care Partnership and Primary Care Networks.

The Chair extended the Board's thanks to Dr Kapur for an extremely interesting presentation and recognised the significant service improvements to date in Geriatric Medicine and also the dignity and care which the team provided to frail older people.

## **STH/44/21 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 provided an update on the current position in relation to Covid-19. This included an update on the Trust's current number of Covid-19 inpatients; including those in critical care; those who had died from Covid and total numbers of admissions.

Key points highlighted were:

- There had been a significant decline in Covid hospital activity and cases.
- The Yorkshire and Humber region remained an outlier in terms of the number of community infections. Therefore caution and vigilance in releasing lockdown was required.
- The vaccine programme in South Yorkshire and Bassetlaw continued to be successful. Vaccine uptake in Sheffield was higher in all age groups than in other core cities nationally with the exception of the over 80s where Newcastle had a marginally higher uptake.
- The organisation was focusing on efforts to plan and deliver paused healthcare whilst also ensuring recovery and recuperation for staff.

The Board of Directors **NOTED** the update in respect of Covid-19.

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

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

#### Deep Dive – Delayed Transfers of Care

The Chief Operating Officer presented a deep dive on Delayed Transfers of Care (DToC). The report described the changes in national guidance around the discharge of patients from acute care in 2020/21 and the reporting and governance structures established in Sheffield to manage DToC over the last year.

He highlighted the following points to the Board:

- The Trust was submitting information to the national daily Covid Discharge SitRep return which had been developed to support the implementation of this guidance.

- In Sheffield, partners including the Trust had commissioned the formation of the Sheffield System Discharge Improvement Group (SSDIG) to develop the Sheffield system plans to deliver the national guidance and support the city to respond to the anticipated demands of Winter 2020/21 alongside the ongoing Covid-19 pandemic. He also highlighted the role of the Sheffield Discharge Hub in embedding the structures to support delivery of the ambitions set out in the new guidance.
- Whereas in previous years the Sheffield system had utilised route 2 beds to support patients to leave acute care more promptly, due to the risks posed by the Covid-19 pandemic linked to care homes this was not possible in 2020/21. Therefore over the last year there had been an increased focus on supporting patients to be discharged home, including for assessment. As a result the Trust's input of £331k to the £1.2m additional winter resilience funding identified across the system was used to increase Community Intermediate Care Service (CICS) capacity to support the Sheffield City Council Short Term Intervention Team (STIT).
- DToC performance over the last year had held steady which he concluded was a positive achievement in the context of Covid-19 and, in particular the reduction in utilisation of route 2 beds.

Ros Roughton asked about the significance of and reasons for therapy delays, the Chief Operating Officer confirmed that therapy delays continued to be the most common non reportable reason for delay and that these delays were generally the result of process rather than capacity issues. This prompted a discussion around a need to consider the provision of therapy in the acute setting vs. provision in the community setting.

In response to a request from the Chair the Chief Operating Officer confirmed that work was underway with city partners to review the measures that had been successful in winter 2020/21, the output of which would inform the planning for winter 2021/22. He added that data from the new national reporting would be used to monitor the impact of various initiatives on DToC performance going forward.

The Board of Directors **NOTED** the narrative update on the management of DToC over the last year. The Chief Operating Officer agreed to bring a further update on DToC to the Board of Directors in September 2021.

**MH**

#### Deliver the Best Clinical Outcomes

The Medical Director (Operations) informed the Board of Directors of one new never event reported in February 2021. As previously reported to the Healthcare Governance Committee the learning from this incident had been shared within the organisation.

The Chief Nurse highlighted the following points:

- There had been one case of Trust assigned MRSA bacteraemia recorded for February 2021.
- 99 cases of Trust attributable pressure ulcers were reported for the month of February 2021. 16 above the Trust threshold of 83. He noted that nationally an increase in pressure ulcers had been seen.

The Chief Nurse welcomed the return of the Tissue Viability team back into their substantive roles and noted that the Pressure Ulcer Steering Group would be recommencing from May 2021 and noted the opportunities for increasing use of digital photography to identify pressure ulcers.

#### Providing Patient Centred Services

The Chief Operating Officer highlighted the following points:

- In relation to A&E performance;
  - In February 2021 83.4% of patients attending A&E were seen within 4 hours. National performance for February was 83.9%.
  - Patient flow out of A&E and managing both Covid and Non-Covid pathways continued to impact on ambulance handover times.
- In relation to planned care;
  - The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of February was 79.87%, better than the national performance for February which was 64.5%.
  - There were 958 52 week breaches in February 2021. These patients were being reviewed clinically on a regular basis as part of the Trust's caseload management approach.

#### 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:

- Compliance levels for appraisals and mandatory training were 81% and 87% respectively, below the Trust targets of 90%.
- The annual turnover rate was 6.97% and the retention rate remained high at 92%.

#### Spend Public Money Wisely

The Director of Finance reported that the position at Month 11 was a £8,573k (0.8%) surplus against plan. This position was driven by non-recurrent savings from lower levels of activity and funded Covid-19 costs and income losses.

#### Deliver Excellent Research, Education and Innovation

The Medical Director (Development) informed the Board of Directors that that the National Institute for Health Research (NIHR) had announced that they were seeking to resume normal research activity. National reporting of NIHR metrics would therefore be going live, with data available from Quarter 2.

He explained that the Trust continued to be involved in a number of Covid-19 studies.

In response to a query raised by the Chair about remote participation in trials the Medical Director (Development) confirmed that continuation of some of the changes borne out of necessity during Covid-19 for example non-face to face recruitment to trials would be considered going forward.

#### **c) Sheffield Hospitals Charity**

The Chief Nurse had been appointed as a Trustee of Sheffield Hospitals Charity with effect from 28 April 2021. This appointment would be recorded on the Trusts Register of Interests.

#### **d) Clinical Director – Integrated Geriatric and Stroke Medicine**

Dr Jamie Kapur had been appointed substantively as Clinical Director for Integrated Geriatric and Stroke Medicine, with effect from 1 April 2021.

#### **e) Appointment of Karen Vella – Education, Learning and Staff Development Director**

Karen Vella had been appointed to the new post of Education, Learning and Staff Development Director. Karen would take up post on 1 June 2021. Karen's initial responsibility will be to establish the Education, Learning and Staff Development department by leading and overseeing the merger of the Learning and Development Department and Medical and Dental Education Departments.

#### **f) Nurse Directors**

The Board extended its thanks to Ms Catherine Bailey, Nurse Director for the Musculo-skeletal (MSK) Care Group who would be retiring at the end of May 2021 having worked for 43 years for the Trust and its predecessor organisations, and wished her a long, happy and fulfilling retirement. Replacing Catherine was Ms Esme Blyth, who was expected to start later in the Summer.

In addition substantive recruitment for the Nurse Director posts for the Specialised Cancer, Medicine and Rehabilitation (SCMR) Care Group and Laboratories, Engineering, Gynaecology, Imaging, Obstetrics and Neonatology (LEGION) Care Group had been completed, with Ms Alison Mortimer and Ms Marie Reid appointed respectively.

#### **g) Cabinet Office Field Team Study**

The Chief Executive, Director of Human Resources and Staff Development, the Medical Director (Operations), Medical Director (Development) and the Organisational Development Director had participated in a session with a team from the Cabinet Office with the purpose of gathering a qualitative appreciation of some of the general issues associated with learning from the pandemic. Approximately 20 Trusts had been involved nationally. The focus of the session was described in the Chief Executive's report.

#### **h) South Yorkshire and Bassetlaw Integrated Care System**

A report from the Chief Executive of South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS) which provided a summary update on the work of the SY&B ICS for the month of March 2021 was appended to the Chief Executive's Report at Appendix A.,

#### **i) Sheffield Accountable Care Partnership**

The regular monthly report for the Accountable Care Partnership would resume for May 2021.

#### **STH/45/21 Hospital Standardised Mortality Ratio Update**

The Medical Director (Operations) gave a presentation to update the Board of Directors on the progress and findings of the Task and Finish Group established in October 2020 to undertake a deep dive to investigate the reasons for the higher than expected Hospital Standardised Mortality Ratio (HSMR) at the Trust to provide assurance to the Board of Directors.

The Medical Director (Operations) started by describing how the HSMR model calculated the expected numbers of deaths based on casemix using spell recording and clinical coding. She noted that the model does not make adjustment for the acuity of the patient.

She then went on to describe how the Task and Finish Group had used the Dr Foster approach to investigate the reasons for the 'higher than expected' rate of deaths at the Trust according to the HSMR.

She highlighted to the Board a number of data issues which had been identified and described how the quality of clinical coding data sources were not refined enough to reliably support the HSMR model and were the reason for the 'higher than expected' rate, this was also being compounded by the complexities of clinical coding rules. She noted particular challenges around data recording for non-elective admissions. The Medical Director (Development) confirmed to the Board that a model for improved data collection was being developed.

To further assure the Board, the Medical Director (Operations) described that other mortality metrics including the Summary Hospital-level Mortality Indicator remained stable and in the expected range. She added that the Task and Finish Group had also reviewed the outcomes of Structured Judgement Reviews, National Audits and reviews by the Clinical Effectiveness Committee none of which indicated any cause for concern in relation to the mortality rate at the Trust.



The Medical Director (Operations) explained how Covid-19 deaths impacted on the HSMR model and calculation. She shared a graph which demonstrated that the HSMR trend excluding Covid-19 in the patient pathway at the Trust since December 2020 was within the 'as expected' range, she noted that this was the impact of the data quality improvement measures put in place in recent months.

The Medical Director went on to confirm no fundamental systemic clinical issues had been identified and therefore it was anticipated that in coming months due to the data improvements the HSMR excluding Covid-19 in the patient pathway would remain in the 'as expected' range. The Board agreed to monitor this in coming months.

There was a discussion about the importance of clinical coding teams developing strong links with clinical teams following a question from Martin Temple. The Chief Operating Officer confirmed that there were specific coding leads for each area of the Trust. He noted how remote working due to the Covid-19 pandemic had made developing these relationships more challenging. He confirmed plans were in place to continue to develop links between the coding teams and clinical teams.

The Board was **ASSURED** by the update on the work of the Task and Finish Group to investigate the reasons for the HSMR being reported as in the 'higher than expected range' and **NOTED** that data issues appeared to be the reason for this. The Board **AGREED** to monitor the HSMR trend in coming months to gain further assurance that data quality improvement measures were having the desired impact and that the HSMR returned to the 'as expected' rate.

**Shiella Wright joined the meeting.**

#### **STH/46/21 Equality, Diversity and Inclusion Strategy**

The Chief Executive introduced the item, which Paula Ward, Organisational Development Director and Sally Edwards, Head of Equality, Diversity and Inclusion were in attendance for. Paula and Sally presented Attachment E, the Equality, Diversity and Inclusion (EDI) Strategy for 2021 – 2025 to the Board of Directors for discussion and approval.

Key points highlighted were:

- The strategy reflected the Trust's commitment to the EDI agenda both in terms of the communities it serves and its workforce.
- The PROUD values were central to the strategy.
- Events during 2020 had shone a spotlight globally on racism and inequalities particularly within the context of the disproportionate impact of the Covid-19 pandemic.
- The draft strategy had been circulated to a wide range of stakeholders at the Trust and also shared with external partners as part of the consultation process; there had been good level of response and overwhelming support for it and general

- agreement with its structure, main themes and areas of priority.
- The EDI Board would oversee the delivery of this strategy against agreed metrics and timeframes. Balbir Bhogal had been appointed as chair of this Board.
  - Once approved by the Board of Directors the new strategy would be published on the Trust's website.

The Board of Directors **APPROVED** the Sheffield Teaching Hospitals Equality, Diversity and Inclusion Strategy for 2021 – 2025 and welcomed the Balbir Bhogal as Chair of the EDI Board.

#### **STH/47/21 Organisational Development Annual Report**

With Paula Ward, Organisational Development Director in attendance the Chief Executive introduced the item.

Paula Ward presented the Organisational Development Annual Review for 2020 (Attachment F) which showcased examples of development, service redesign, and innovation that departments across the Trust have undertaken in 2020, Paula emphasised that the review was framed around the Trust's PROUD values.

As requested the Board of **RECEIVED** and fully **ENDORSED** the Organisational Development Annual Review.

The Board **SUPPORTED** the circulation of this document internally and externally as recognition of the remarkable difference that Trust staff have made during a very challenging year.

#### **STH/48/21 Learning From Deaths Report**

The Medical Director (Operations) presented Attachment G the Learning from Deaths Report covering Quarter 2 of 2020/21 (1 July to 30 September 2020).

The Medical Director (Operations) noted the following points:

- 100% of deaths at the Trust had received Medical Examiner Review during this period.
- Due to the impact of the pandemic fewer Structured Judgement Reviews (SJR) were undertaken during this period. 22 of the 458 adult deaths were subject to SJR. Of the deaths subjected to SJR, none were judged more likely than not to be due to a problem in care.
- Two deaths were reported as Serious Incidents during this quarter as a result of structured judgement review.

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

#### **STH/49/21 Modern Slavery Act Statement**

The Assistant Chief Executive presented an updated Modern Slavery Act Statement to the Board of Directors for approval (Appendix A) along

with an Assurance and Evidence Log (Appendix B) for internal use with actions identified to support a consistent and continuous improvement approach to identifying and tackling modern slavery.

The Assistant Chief Executive highlighted the following points:

- In order to demonstrate compliance with the Act the Trust must:
  - Review and update the Modern Slavery Act Statement annually, and;
  - Publish a Board approved signed statement in a prominent page on the Trust's website homepage.
- In developing this statement a benchmarking exercise has been undertaken, this statement had been aligned with best practice guidance
- In development of this statement input from key internal stakeholder had been sought and the Assurance and Evidence Log (Appendix B) had been developed to identify gaps in assurance and actions identified to support a consistent and continuous improvement approach to identifying and tackling modern slavery.

In response to a query from Martin Temple, the Assistant Chief Executive confirmed that the safeguarding approach was integral to the statement and was the source of guidance and advice to staff in identifying and reporting concerns around modern slavery. She noted that there would be further work planned to continue to raise staff awareness on this issue.

The Board of Directors:

- **APPROVED** the Modern Slavery Act Statement for signature by the Trust Chair and publication on the Trust website and;
- **NOTED** the continuous improvement plan as approved by the Trust Executive Group and the arrangements in place for monitoring delivery of actions to support a consistent and continued improvement approach to tackling modern slavery.

## **STH/50/21 For Approval**

### **a) Application of the Corporate Seal**

The Assistant Chief Executive presented Attachment I to seek the Board of Directors' approval for the application of relevant signatures and the common seal of the Trust to the following:

1. Contract documents relating to the construction of Vickers Modular Wards at the Northern General Hospital
2. Contract documents relating to the Hyper Acute Stroke Unit on ward L1 at the Royal Hallamshire Hospital.

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

**STH/51/20 Non-Executive Director Matters**

No matters were raised by any of the Non-Executive Directors.

**STH/52/20 Any Other Business**

There were no additional items of business raised.

**STH/53/20 Date and Time of Next Meeting**

The next public Board of Directors meeting will be held on 25 May 2021 at a time to be confirmed.

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

Chair

DRAFT