



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors held on
Tuesday 29 June 2021 by Video Conference**

Present:

Members:

Annette Laban	Chair
Tony Buckham	Non-Executive Director
Mark Gwilliam	Director of Human Resources and Staff Development
Michael Harper	Chief Operating Officer
Jennifer Hill	Medical Director (Operations)
David Hughes	Medical Director (Development)
Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
John O'Kane	Non-Executive Director
Maggie Porteous	Non-Executive Director
Neil Priestley	Director of Finance
Rosamond Roughton	Non-Executive Director
Toni Schwarz	Non-Executive Director
Martin Temple	Non-Executive Director
Shiella Wright	Non-Executive Director

Participating Directors:

Paul Buckley	Interim Director of Strategy and Planning
Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Andy Temple	Clinical Director for Critical Care (STH/74/21)
Rachael Winterbottom	Business Manager (Minutes)

Apologies:

Anne Gibbs	Director of Strategy and Planning
Chris Newman	Non-Executive Director

Observers:

11 Governors
One members of staff

Minute	Item	Action
STH/69/21	Welcome and Introductions The Chair welcomed Board members and those in attendance to the meeting.	
STH/70/21	Declarations of Interests There were no additional or relevant declarations highlighted.	
STH/71/21	Minutes of the Previous Meetings Held in Public on 25 May 2021	

The Minutes of the meeting held in public on 25 May 2021 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/72/21 Matters Arising and Action Log

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

a) Matters Arising

The Chair asked whether there was any update in relation to the EU Settlement Scheme; the Chief Executive noted that the application deadline was the following day. A further update would be provided in the Chief Executive's Report in July 2021.

b) Integrated Performance Report – Deep Dive – Delayed Transfers of Care (Action log number 26, minute number STH/44/21(b))

The Board noted that an update on the management of Delayed Transfers of Care was scheduled for the September 2021.

STH/73/21 Chair's Report

The Chair presented her Chair Board Briefing Report for June 2021. She updated from the NHS Confederation virtual round table event regarding health inequalities, which she had joined with the Rt Hon Alan Milburn. She planned to discuss the insights and data shared at the meeting with the Chief Executive.

STH/74/21 Clinical Update – What Did Critical Care Learn During the Covid-19 Pandemic?

The Medical Director (Operations) introduced the item and welcomed, Dr Andy Temple, Clinical Director for Critical Care to the meeting.

Dr Temple gave a presentation titled; *What did Critical Care learn during the Covid-19 Pandemic?* in which he shared his reflections on the directorate's experience of, and response to, Covid-19, with a particular focus on sharing learning to inform the Trust's planning for incidents in the future.

Key points to note were:

- As one of the national High Consequence Infectious Disease (HCID) centres the Trust had been in a relatively good position to respond to Covid-19; Major Incident training and collaborative multidisciplinary team (MDT) working were also well established.
- Throughout the pandemic the directorate had maintained a set of decision making principles with patient centred care, kindness, dignity and respect for staff and relatives, equity and high standards of care at the core.
- Early in the pandemic the Directorate's clinical processes and management structure were redesigned to facilitate

accountable decision making within the command and control structure with a focus on minimising isolated decision making.

- Expanding Critical Care to provide the increased number of beds required had to reflect the physical environments available, the acuity of patients and infection control requirements. This was a challenging process.
- Dr Temple noted the significant contribution of the Estates directorate in the success of this expansion.
- Equipment and drugs had been managed extremely well. Dr Temple highlighted the remarkable contributions of the procurement and pharmacy team at the Trust.
- Staff health and wellbeing remained an area of focus. Peer support was valued by staff and the directorate was offering Mental Health First Aid Training to peer supporters and a Staff Wellbeing Nurse had been appointed. It would be very important to consider building staff resilience for future waves.

In response to a question from Martin Temple, Dr Temple explained that clinical decisions around the use of new treatments and therapies were supported by minimising isolated decision making through use of MDTs including colleagues from Respiratory and Infectious Diseases.

Prompted by a question from John O’Kane around visiting restrictions during the pandemic, Dr Temple described how teams had kept in touch with relatives by phone and video calls and facilitated visiting in exceptional circumstances wherever possible.

Noting Dr Temple’s reflections around staff wellbeing, Maggie Porteous asked about supporting staff and building resilience in the context of restoring services. Maggie asked Dr Temple whether he felt there was learning / training from the Army which the Trust could apply in respect of building staff resilience. Dr Temple agreed and also emphasised the importance of peer support for staff. Building on this discussion the Chief Executive noted that individual staff resilience levels were often variable which would be interesting to understand and consider further.

Recognising the exceptional amount of care, planning and transformation undertaken in extremely challenging circumstances on behalf of the Board of Directors the Chair extended her thanks to the Critical Care team and to the Trust colleagues in non-patient facing roles that had also made an enormous contribution. The Chief Executive added her thanks to Dr Temple, highlighting his extraordinary personal contribution as Critical Care, Clinical Director during the pandemic.

STH/75/21 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 sadly died from Covid-19 and total numbers of admissions.

Since the last Board of Directors meeting:

- Rates of community infections were rapidly increasing associated with the more transmissible Delta variant. Cases were largely associated with unvaccinated younger cohorts.
- The increase in community infections was not translating to the same levels of hospital activity as previously seen and compared to December 2020 younger people now made up a greater percentage of Covid-19 hospital admissions.
- As a result of this increase in community infections the English vaccination programme was being accelerated with the commitment to offer all adults a first dose of the vaccine brought forward to 19 July 2021.
- A second large scale NHS vaccination centre had been opened by the Trust on 9 June 2021 at the Octagon centre.
- The NHS mass vaccination centre operated by the Trust would move from the Sheffield Arena to the Longley Lane site on the Northern General campus on 26 July 2021.
- The Trust continued to make good progress on restoring services to deliver care to patients.

In response to a question from Ros Roughton, the Chief Executive confirmed that average length of stay for Covid-19 patients was declining. She added that younger patients with Covid-19 requiring admission were likely to have comorbidities and/or be immunosuppressed.

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

b) Focussed Inspection of Maternity Services – Report Outcomes

The Care Quality Commission (CQC) had published their report following a two day inspection of maternity services at the Trust. The overall rating for maternity services had been lowered from Outstanding to Inadequate. The majority of the recommendations made by the CQC had been completed or were well underway. The Trust would continue to work closely with the CQC to complete the remaining actions. The Trust had shared the CQC findings and its actions since the inspection internally with staff and also with the public, patients and partners. Information was also provided on the Trust website. Once the actions had been completed and embedded the Trust would seek a re-inspection of the service.

The Chair said that she was supportive of the approach described in relation to requesting re-inspection of the service and was keen that actions were fully embedded in advance of seeking re-inspection.

c) Maternity Safety Support Programme

Following the CQC inspection, the Trust has accepted an offer of

improvement support from the national maternity team. This programme was in the diagnostic stage of the process, the next stage would be for the national maternity team to highlight to the directorate leadership team the priority areas that they had identified for improvement and work with them to deliver those.

d) Healthcare Safety Investigation Branch – Quarterly Review Meeting

The Healthcare Safety Investigation Branch (HSIB) undertakes a maternity investigation programme as part of the national action plan to make maternity care safer. They investigate cases referred by maternity units that fulfil certain criteria. The Trust meets with HSIB formally each quarter. Following the last meeting, HSIB wrote to the Trust to confirm the concerns that they raised during the meeting.

On receipt of the letter the Trust had responded to the HSIB to confirm a number of actions taken in response. It was agreed with HSIB that there would be a detailed discussion at the next scheduled review meeting to expand on the points raised and to share the significant work that we are doing in this area.

e) Maternity Dashboard

The new Maternity Dashboard Report which had been presented to the Healthcare Governance Committee on Monday 21 June 2021 was attached to the Chief Executive's report at Appendix A. This report would be included monthly in the Chief Executive's Report and would provide an overview of the Trust's Maternity Services' performance benchmarked against other trusts for assurance.

Noting that all of the maternity services related items had been covered in detail at the Healthcare Governance Committee there were no further questions raised by the Board of Directors.

f) Integrated Performance Report

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

Deep Dive Trust Performance Overview 2020/21

The Chief Operating Officer presented this month's deep dive which provided the annual summary of performance for 2020/21. It contained the traditional dashboard which provided a year end performance for each indicator within the IPR as well as a Statistical Process Control (SPC) methodology which had been applied to 35 of the metrics within the IPR and reviewed. Seven of the metrics reviewed in this way has been identified as a key area of focus where further assurance was required. For each of these seven indicators a narrative describing the SPC interpretation was provided.

The Chief Operating Officer confirmed that the Trust would continue to use SPC within the IPR to highlight variation and provide assurance; this would be included in IPR reports from September 2021.

Ros Roughton asked whether a similar methodology would be applied to metrics at a directorate level to identify areas for enhanced support. The Chief Operating Officer explained that directorate performance data was monitored and managed through the Performance Management Framework, he noted that the Trust did use SPC in some directorate deep dives and planned to expand use of this methodology in future.

Following discussion, it was **AGREED** that a Board Development Session on the Performance Management Framework would be scheduled the following month.

SC/MH

Deliver the Best Clinical Outcomes

Referring to the detailed updates on the Hospital Standardised Mortality Ratio (HSMR) provided at the previous two Board meetings the Medical Director (Operations) confirmed that work with Dr Foster to improve the quality of data in the model was ongoing.

The Medical Director (Operations) highlighted that one never event was reported in April 2021, learning from this incident had been immediately shared with all appropriate staff and relevant policy changes had been implemented.

The Medical Director (Operations) also informed the Board that in response to recent feedback from the CQC inspection of maternity services changes have been made to the Trust's processes for reporting Serious Incidents to ensure rapid reporting of new Serious Incidents.

The Chief Nurse highlighted that the number of Trust attributable Pressure Ulcers was above the monthly agreed threshold. This was currently a key area of focus for the Nurse Executive Group and had been agreed as one of the Trust's three nursing quality objectives for 2021/22.

Providing Patient Centred Services

The Chief Operating Officer highlighted the following points:

In relation to A&E performance:

- During April the Trust continued to see an increase in A&E attendances. Attendances were a mix of complex presentations and minor illnesses / injuries.
- In April 2021 77.72% of patients attending A&E were seen within 4 hours. National performance for April was 85.4%.
- In April 50.48% of ambulance handovers occurred within 15 minutes, compared to 54.96% in March.

In relation to planned care;

- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of April was 80.95%, which was better than the national performance which was 64.6%.
- The percentage of patients waiting 6 weeks or less for their

diagnostic test was 87.81% at the end of April. The national performance was 75%.

- There were 1010 52 week breaches in April 2021. The Trust continued to review these patients clinically on a regular basis as part of the Trust's caseload management approach.
- Cancer waiting times performance continued to be a challenge. An overarching cancer recovery plan is being developed as well as site specific plans for individual cancer pathways.

The Chair noted that the Trust was an outlier with regards to some aspects of Cancer performance and felt that further assurance was required. The Chief Executive noted that the Trust Executive Group (TEG) would be reviewing an updated recovery plan on 7 July 2021 and agreed to bring a further update to the Board following this.

Employ caring and cared for staff

The Director of Human Resources and Staff Development highlighted performance for the following metrics:

- In April there had been an improvement in the appraisal rate which was 86% compared to 84% in March.
- The compliance level for mandatory training was 90% which achieved the Trust target of 90%.
- The annual turnover rate was 6.99% and the retention rate remained high at 92%.

Spend Public Money Wisely

The Director of Finance highlighted the following points from the IPR which reported the position at Month 1:

- The position at Month 1 was a £325.4k (0.3%) surplus against plan, which was reasonable.
- Given the limited time from receipt of funding information at the end of March it had not been possible to allocate all cost pressure funding to directorate budgets for Month 1.
- Assessed non-pay savings from April activity being below the funded level were £861k.
- Key risks for 2021/22 were noted as:
 - Funding arrangements for the second half of the year were unconfirmed.
 - Directorate positions and;
 - Identification and delivery of the required level of efficiency savings.
- It appeared likely that significant non-recurrent allocations including from the Elective Recovery Fund would be received in the first half of the year. It would be important for the Trust to promptly identify non recurrent investments which could be made in 2021/22.

Deliver Excellent Research, Education and Innovation

The Medical Director (Development) confirmed that national reporting

of research metrics would resume at the end of Quarter 1. The report detailing the Trust's involvement in ongoing Covid-19 research would be presented to the Board in the July 2021 IPR.

g) Patient Initiated Outpatient Follow-Ups

From 4 May 2021 nine outpatient teams across the Trust had launched a Patient Initiated Outpatient Follow-Up (PIFU) pathway in their area. Feedback would be provided in coming months from the results of patient surveys.

h) Accreditation from the Royal College of Anaesthetics

Following an Anaesthesia Clinical Services Accreditation (ACSA) visit in March 2020, the Trust had received ACSA accreditation from the Royal College of Anaesthetists (RCOA).

i) National Catering Expert Panel

Following a competitive process, our Head of Catering, Emma Wilson, has been selected to be one of eight members to participate in the National Catering Expert Panel.

j) Shelford Group Vice Chair

The Chief Executive announced that she would be stepping into the role of Shelford Group Vice Chair from mid-October 2021. This would be for a period of one year.

k) CQC Ionising Radiation (Medical Exposure) Regulations Inspection – Improvement Notice

As part of a planned programme of inspections, the CQC visited the Royal Hallamshire Hospital and Weston Park Cancer Centre on 19 and 20 May 2021 to assess compliance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

The inspection reports from the CQC identified a number of areas of good practice and some areas for improvement. An Improvement Notice relating to areas in need of improvement was issued and an

action plan to address this would be provided to the CQC by 7 July 2021.

l) Care Quality Commission (CQC) New Strategy from 2021

On 27 May 2021 the CQC launched their new strategy. A summary of the CQC's ambitions and the main changes which would impact on the Trust were detailed in the Chief Executive's Report.

m) Children and Young People's Mental Health CQC Provider Collaborative Review

South Yorkshire and Bassetlaw (SY&B) had been selected to participate in a CQC Provider Collaboration Review for Children and

Young People's (CYP) Mental Health. The Trust was participating in this voluntary review which would take place over two to three days within a two week period from week commencing 5 July 2021. Sandi Carman, Assistant Chief Executive will be the lead contact point for Sheffield Teaching Hospitals.

n) Accelerator Programme

The South Yorkshire and Bassetlaw (SY&B) ICS had signed up to the national Accelerator programme, a £160 million initiative to tackle waiting lists and develop a blueprint for elective recovery in response to the impact of Covid-19 on planned care. The Chief Executive was acting as lead Chief Executive for the SY&B programme, which was in the early stages of development. Further detail on the SY&B approach was provided in the Chief Executive's Report.

o) Hadfield Update

Reoccupation of the clinical areas in the Hadfield Block was well underway. The final wards were scheduled to be reoccupied on the weekend of 3 and 4 July 2021.

p) NHS 73rd Birthday

The NHS would celebrate its 73rd birthday on 5 July 2021 and the Trust Executive Group were currently planning ways to mark this celebration.

q) Move More Strategy

A refreshed Move More strategy was launched on Wednesday 9 June 2021 as a key anchor institution the Trust was supporting the strategy.

r) South Yorkshire and Bassetlaw Integrated Care System

The report from the Chief Executive of the South Yorkshire and Bassetlaw Integrated Care System for month of May 2021 was attached as Appendix D.

s) Sheffield Accountable Care Partnership

The Board received the most up to date overview of programme activities of the Sheffield Accountable Care Partnership at its previous meeting.

STH/76/21 Yorkshire and Humber Clinical Research Network Annual Report and Business Plan

The Assistant Chief Executive presented the Yorkshire and Humber Clinical Research Network Annual Report for 2020/21 (Attachment Ei) and Business Plan for 2021/22 (Attachment Eii) for ratification following approval from the Trust Executive Group on 23 June 2021.

Referring to the Annual Report document, the Assistant Chief Executive highlighted the successes of the CRN Y&H during 2020/21, drawing the Board's attention to the key performance achievements

summarised on the cover sheet and detailed in Appendix 1.

The Assistant Chief Executive went on to present the Business Plan for 2021/22, highlighting the following points:

- The Business Plan detailed the commitment of the CRN Y&H to work collaboratively with a range of partners and deliver studies in a broader range of settings including schools, care homes, hospices and prisons, to support delivery of the Strategy to Enhance Research Value for Everyone (SERVE) Programme designed to meet the health and care needs of the population served.
- As well as articulating an ambitious plan for 2021/22 the Business Plan was required to report compliance against the Performance and Operating Framework. Work to assess and address compliance issues in relation to General Management was ongoing and in terms of Financial Management the extent of partial compliance was currently under review.

The Board of Directors welcomed the commitment to extend research into a broader range of settings including care homes and the potential benefits of this in terms of reducing health inequalities.

Tony Buckham asked about the current proportion of General Practices recruiting into studies, noting the ambition of 45% described in the paper. The Assistant Chief Executive would confirm the current percentage following the meeting. This question prompted a discussion about some of the practical challenges for General Practices participating in studies. The Board also noted that there was an opportunity for Primary Care Networks to help overcome some of these challenges.

The Board of Directors **RATIFIED** the Yorkshire and Humber Clinical Research Network Annual Report for 2020/21 and Business Plan for 2021/22.

STH/77/21 For Approval – Application of the Corporate Seal

The Assistant Chief Executive presented Attachment F, which reported retrospectively approval granted through Chair's action for application of the common seal of the Trust to the lease for the drive through Phlebotomy Service, First Floor, City 4, City Parkway, Parkway Avenue Sheffield, S9 4WA.

As requested the Board of Directors **RATIFIED** the approval granted through Chair's action.

STH/78/21 Non-Executive Director Matters

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

STH/79/21 Any Other Business

There were no additional items of business raised.

STH/80/21 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on 27 July 2021 at a time to be confirmed.

Signed Date

Chair

Unadopted