



**Unadopted Draft Minutes of the Public Meeting of the Board of Directors held on
Tuesday 27 July 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
Maggie Porteous	Non-Executive Director
Neil Priestley	Director of Finance
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:

Paul Collini	Senior Lecturer and Honorary Consultant in Infectious Diseases (STH/88/21)
Una Cunningham	Nurse Director, Head and Neck Care Group (STH/86/21)
Zanna Currie	Clinical Director for Ophthalmology (STH/86/21)
Carolyn Wilkie	Operations Director, Head and Neck Care Group (STH/86/21)
Rachael Winterbottom	Business Manager (Minutes)

Apologies:

Anne Gibbs	Director of Strategy and Planning
Chris Newman	Non-Executive Director
John O'Kane	Non-Executive Director
Rosamond Roughton	Non-Executive Director

Observers:

Six Governors
Three members of staff

Minute	Item	Action
STH/81/21	Welcome and Introductions	
	The Chair welcomed Board members and those in attendance to the meeting.	

STH/82/21 Declarations of Interests

There were no additional declarations or relevant declarations highlighted.

STH/83/21 Minutes of the Previous Meetings Held in Public on 29 June 2021

The Minutes of the meeting held in public on 29 June 2021 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/84/21 Matters Arising and Action Log

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

a) 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 meeting.

b) Integrated Performance Report – Deep Dive – Trust Performance Overview 2020/21 (Action log number 27, minute number STH/75/21(f))

The Board Development Session on the Performance Management Framework was due to take place later that day, the Board of Directors **AGREED** to close action number 27.

STH/85/21 Chair's Report

The Chair presented her Chair Board Briefing for July 2021.

In her report she updated from the NHS Providers Chief Executive and Chair Network event which she attended with national colleagues.

Individually, the Chair met with Mike More, the current Chair of Cambridge University Hospitals.

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

STH/86/21 Clinical Update – Ophthalmology a View of the Service and an Eye to the Future

The Medical Director (Operations) introduced the item and welcomed Zanna Currie, (Clinical Director for Ophthalmology), Carolyn Wilkie (Operations Director – Head & Neck Care Group) and Una Cunningham (Nurse Director – Head & neck Care Group) to the meeting.

Zanna Currie gave a presentation titled: *Ophthalmology a View of the Service and an Eye to the Future*, in which she highlighted the range of Ophthalmology services provided at the Trust by a range of specialist consultants and team of allied health professionals. Zanna described the impact of Covid-19 on the service, other key challenges and

aspirations for the future.

Key points to note were:

- The purpose built Northern General Eye Centre (NGEC) had provided the opportunity to redesign pathways and consequently achieve high- volumes of ophthalmology activity.
- The Trust was one of the largest training hospitals in the region.
- During the pandemic, the service continued to provide oncological treatment, sight saving surgery and maintain emergency care.
- Covid-19 had necessitated a number of changes to the service which included, use of triage phone calls and virtual reviews and, the establishment of an Ophthalmic Imaging Suite at the Sheffield Arena.
- The biggest challenges for the service were recruitment of Glaucoma consultants, which was a national issue and the recovery of outpatients activity in the Glaucoma and Vitreoretinal specialties.
- The Ophthalmology Department was working with partners across the Integrated Care System (ICS) in order to achieve solutions to current pressures and share experiences.
- Future developments and initiatives were described which included; the expansion of Allied Health Professional roles, collaborative working between trusts and a new patient referral management team.

In response to a question from Martin Temple, Zanna explained that to access the NGEC facility, patients were referred from either their optician or GP. Zanna confirmed that patients could choose to be treated at the NGEC.

Noting the ongoing work with the ICS, Michael Harper asked if there were any further opportunities which could be explored. Zanna confirmed that there was a positive appetite to consider solutions to the service challenges.

Prompted by a question from Maggie Porteous, Zanna explained the reasons for the national shortage of Glaucoma consultants. Zanna highlighted the importance of encouraging trainees into this speciality, noting that demand on the Glaucoma service was likely to increase given the ageing population.

In response to a question from Tony Buckham, Zanna confirmed that the Ophthalmic Imaging Suite service would continue to be provided at the Longley Lane site at Northern General Hospital. Zanna noted that this model may be beneficial for other ophthalmology services such as the Diabetic Eye screening service.

The Chair thanked Zanna for an interesting and informative update on the Ophthalmology Service at the Trust.

STH/87/21 Chief Executive's Matters

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

STH/86/21 a) Covid-19 Gold Commander 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 sadly died from Covid-19 and total number of admissions.

Since the last Board of Directors meeting:

- Rates of community infections had increased significantly. Covid-19 hospital activity had also increased.
- The Trust had moved the NHS mass vaccination centre from the Sheffield Arena to the Longley Lane site at the Northern General Hospital. The Octagon Centre was due to close later that week; pop up clinics would remain available in the City Centre.
- In terms of the reset and restoration of services the Trust was over performing against plan.
- Covid-19 related staff absence was a significant challenge. Therefore the Trust was taking a risk based approach to the Covid-19 App isolation requirements to enable a safe return to work based on the national guidance that had been issued.
- In response to the operational pressures associated with Covid-19, pressures on emergency pathways and levels of absence the Trust had re-established the command and control structure.
- The Tramlines festival took place across three days (23 to 25 July), with 40,000 people in attendance, it was unclear what the impact of this would be in terms of transmissions; and this was being closely monitored.

Questions and comments following the presentation included:

Prompted by the Chair there was a discussion around the recent increase of respiratory admissions associated with the high levels of RSV in the community. The Board noted that this was a particular challenge for the Trust with current levels of activity more typically seen in the winter months.

Acknowledging the variable uptake of the Covid-19 vaccination across different local communities, Sheila Wright asked if this was due to hesitancy in certain demographics. The Chief Executive confirmed that hesitancy surrounding the vaccine remained a challenge. Data indicated gaps between affluent and deprived areas as well as between white and ethnic minority groups but continued efforts were being made to encourage people to come forward, including further education on inaccurate information.

Prompted by a question from Maggie Porteous around options to

further accelerate the vaccination programme, the Chief Executive highlighted that research indicated that 8 weeks was the optimal gap between vaccinations. Therefore it was unlikely that the Joint Committee on Vaccination and Immunisation (JCVI) would seek to reduce the gap between administration of the first and second dose.

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

STH/87/21 b) Integrated Performance Report

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

Deep Dive Maternity Services Patient Experience

The Chief Nurse presented this month's deep dive on maternity services patient experience. The Chief Nurse noted that following the recent CQC inspection the Trust had reviewed all of the available information to assess patients' views on their maternity care. Information sources reviewed were; the Friends and Family Test (FFT), formal complaints and informal concerns, the NHS Maternity Survey and feedback from social media.

Analysis of all of the above data showed that:

- In common with comparable organisations, the Trust had seen a significant reduction in FFT responses since national reporting re-started in December 2020. It was also noted that on restarting FFT data collection the Trust had switched to electronic methods of collection.
- Because of the reduction in response rate it was difficult to draw conclusions from the FFT data. The Chief Nurse also highlighted other specific challenges in collecting FFT responses for maternity services including the frequency and timing of requests for response.
- A review of comments received via the FFT responses had demonstrated that overall maternity services received significantly more positive comments than negative.
- Themes from negative comments received via FFT responses were similar to those raised as formal complaints and informal concerns. Actions had been put in place for improvements to be made in the areas identified.
- The Chief Nurse noted that it was likely that some experiences were impacted on by the changes that the Trust had implemented in response to national Covid-19 guidance such as social distancing, partner support and visiting arrangements.
- The 2020 National Maternity Survey was cancelled due to Covid-19. The Trust had participated in a project with the CQC to pilot a mixed methodology approach to carrying out the National Maternity Survey. The results of this survey were summarised within the report.
- Fieldwork for the 2021 Maternity Survey had commenced, national results would be published in January 2022, and the service would have access to the Trust's results in September

2021.

- Feedback provided on social media was also closely monitored and was a good early indicator of themes. Social media also provided a good opportunity to respond promptly to women.
- Planned actions to gain a better understanding of both episodic experience and overall experience of maternity services were noted including work via the Sheffield Maternity Voices partnership.

Prompted by a question from Toni Schwartz, the Chief Nurse confirmed that FFT collection points were pre-determined nationally.

The Chief Nurse also highlighted other reasons that FFT was limited in relation to maternity services. The Board noted that for many women reflecting on and responding to their experience of maternity services in the days and weeks post-partum would be a low priority.

Sheila Wright highlighted the importance of seeking the views of all groups within the community. She noted that some groups such as those with language or literacy barriers may be less likely to have positive experiences of services and more likely to experience challenges in responding to requests to seek their views. The Chief Nurse agreed with this and confirmed that this was being carefully considered.

The Board of Directors **NOTED** the findings of the deep dive and supported the work to collect more detailed and granular data in respect of patients' experiences of maternity services. The Board requested a further update on this at the appropriate point.

Deliver the Best Clinical Outcomes

The Medical Director informed the Board that Hospital Standardised Mortality Ratio (HSMR) data for this month had not yet been published. It was expected that the Trust would remain in the higher than 'as expected' range. As previously described to the Board, the work with Dr Foster to improve the quality of data in the model was ongoing.

The Medical Director (Operations) highlighted that two never events were reported in May 2021, learning from these incidents had been shared with all appropriate staff and relevant policy changes had been implemented.

The Medical Director (Operations) noted that the average length of stay for both elective and non-elective pathways was above target. Work was underway in both the Seamless Surgery and Excellent and Emergency Care programmes to improve this position.

In relation to length of stay the Chair queried whether the Trust was a length of stay outlier and whether any further benchmarking information was available. The Medical Director (Operations) agreed to review available information and confirm the Trust's position.

Providing Patient Centred Services

The Chief Nurse highlighted the following points from the IPR:

- The FFT positive score for inpatients was below the Trust target. A detailed analysis of this was presented to the Patient Experience Committee in May 2021. A number of actions were agreed to better understand the reduction in positive response. One of the actions was to explore the potential barriers in using electronic methods of data collection prior to discharge.
- The FFT A&E score for May 2021 was 77.8% against the target of 86%. It was noted that there was a strong correlation between achievement of the four hour standard and a positive FFT score.

The Chief Operating Officer Highlighted the following points:

In relation to A&E performance:

- During May the Trust continued to see an increase in A&E attendances. Attendances were a mix of complex presentations and minor illnesses / injuries.
- 76.74% of patients attending A&E were seen within 4 hours. National performance for May was 84%.
- In May 47.36% of ambulance handovers occurred within 15 minutes, compared to 50.48% in April.

In relation to planned care:

- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of May was 82.29%, which was better than the national performance which was 67.4%.
- The percentage of patients waiting six weeks or less for their diagnostic test was 86.93% at the end of May. The national performance was 75%.
- There were 867 52-week breaches in May 2021, a reduction of 143 on the April position. The Trust continued to review these patients clinically on a regular basis as part of the Trust's caseload management approach.
- There was one 12-hour trolley wait in May this was a patient who required a specialist mental health bed. A full investigation was carried out and improved escalation processes as well as clarified pathways were now in place.

Maggie Porteous asked about the reasons for the increase in attendances at the A&E department. The Chief Operating Officer highlighted the work that was being undertaken in the city to establish the reasons for the increased demand.

Employ caring and cared for staff

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

- In May 2021 the appraisal rate remained unchanged from April at 86%.

- The compliance level for mandatory training was 92% which achieved an increase of 2% above the Trust target of 90%.
- The annual turnover rate was 7.3% 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 2:

- The position at Month 2 was a £982.9k deficit against plan.
- Only 13/37 Directorates were in a balanced position at Month 2.
- It remained likely that significant non-recurrent allocations would be received in the first half of the year (H1) and delivery of elective activity was significantly above the Elective Recovery Fund (ERF) threshold in Quarter 1. The Trust expected that a significant ERF allocation would be received.
- The ERF threshold had been increased from the start of Quarter 2, which would mean that the Trust would be unlikely to receive further allocations.
- The funding arrangements for the second half of 2021/22 (H2) were expected to be confirmed in September 2021
- Subject to H2 funding arrangements it was expected that the financial position for 2021/22 would be satisfactory, with recurrent financial plan gaps offset by non-recurrent funding solutions.
- It was anticipated that 2022/23 would be challenging and it would be important to start business planning work in good time.

In response to a question from the Chair, the Director of Finance said that the commissioning arrangements for next year were unconfirmed. The Comprehensive Spending Review outcome was anticipated in December 2021.

Deliver Excellent Research, Education and Innovation

The Medical Director (Development) highlighted the following key points:

- The national reporting of research metrics remained suspended. Reporting would commence in September 2021.
- The Trust benchmarked well in terms of time taken to set up Covid-19 studies. Recruitment to Covid-19 trials had also been above target

c) Maternity Dashboard

A rolling three-month overview of Maternity Services' performance was presented in Appendix A of the Chief Executive's monthly report. Noting that this was also considered by the Healthcare Governance Committee there were no additional questions raised by the Board on this occasion.

d) Healthcare Safety Investigation Branch – July Quarterly Review

Meeting (QRM)

An update on the Trust's most recent quarterly meeting with the Healthcare Safety Investigation Branch (HSIB) was provided within the Chief Executive's Report. At this meeting in July the HSIB noted that they had received minimal referrals from the Trust since the previous quarterly review, it was agreed the Trust had taken positive steps since the last quarterly meeting.

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

The Infection Prevention and Control (IPC) Covid-19 Board Assurance Framework was presented in Appendix B of the Chief Executive's report following detailed review by the Healthcare Governance Committee.

f) EU Settlement Scheme Update

The Board noted the update on the EU Settlement Scheme which was provided within the report. It was not currently possible to determine how many of the 360 EU, EEA or Swiss nationals employed by the Trust had applied to this scheme to date. It was therefore not possible to provide the Board of Directors with an indication of how many affected staff had been successful in applying to the scheme.

The Human Resources Team would continue to provide support and guidance to employees with regards to the EU Settlement Scheme.

g) Communications and Awards Update

A number of the Trust's staff and teams were recognised for their excellence within their roles and field over the past month. Awards received were detailed within the Chief Executive's Report.

h) South Yorkshire and Bassetlaw Integrated Care System

A summary update on work done in South Yorkshire and Bassetlaw Integrated Care System during the last month was included at Appendix C of the report.

The Chief Executive noted that the NHS England review of ICS boundary alignment had concluded. She confirmed to the Board that the Secretary of State had taken the decision that Bassetlaw should move from South Yorkshire and Bassetlaw ICS into the Nottingham and Nottinghamshire ICS.

i) Sheffield Accountable Care Partnership

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

STH/88/21 Research and Development Presentation – Covid-19 Healthcare Worker Exposure Response and Outcomes (HERO) Study

The Medical Director (Development) introduced Paul Collini, Senior Lecturer and Honorary Consultant in Infectious Diseases. Paul gave a presentation on the Trust's Covid-19 Healthcare Worker Exposure Response and Outcomes (HERO) Study, which used antibody blood tests to detect past infection with Covid-19 in health care workers at the Trust between 15 May 2020 and 10 July 2020.

Key conclusions from this study were highlighted which were as follows:

- Health Care Workers (HCW) were more at risk of Covid-19 infection than the general public.
- There were varying levels of risk across clinical areas of the Trust.
- Intensive Care Units and Infectious Diseases wards had significant numbers of Covid-19 patients yet lower HCW seroprevalence rates.
- Infection, prevention and control (IPC) interventions successfully reduced the risk of individual occupational exposure both between staff and patients and between staff.

In response to a question from the Chair, Paul reflected that knowledge around the level of asymptomatic transmission at the start of the pandemic would have had the biggest impact in reducing infection in HCWs. The Chair highlighted that the findings of this study demonstrated the importance of continuing to implement IPC interventions and social distancing.

The Chief Executive proposed that research teams at the Trust ensure that the positive outcomes of this study were fed back to trial participants and that they were encouraged to share their experiences with other staff and patients. She noted that this was an opportunity to invigorate participation in research trials at the Trust.

The Board of Directors thanked Paul for an interesting presentation and **NOTED** the significant contributions made by research teams at the University and the Trust.

STH/89/21 Sheffield Hallam University Update

Toni Schwarz, Non-Executive Director and Dean of Sheffield Hallam University (SHU) gave a presentation to the Board of Directors which provided an update on teaching, and research activities at SHU.

Key points to note were:

- Nationally the application rate for nursing courses had increased by 22%. The limiting factor for recruitment was high quality placements, Toni noted that that the Health and Care Professions Council and the Nursing and Midwifery Council had stringent rules for nursing placements.

- 400 adult nursing undergraduates would start in September 2021. There would also be a second entry point in January 2022.
- The post graduate portfolio continued to be a strong, with significant numbers being recruited for the newly approved apprenticeship on Advancing Clinical Practice.
- Apprenticeship programmes for a range of Allied Health Professional roles were under development in collaboration with employers.
- Research activities included collaboration with the Combined Community and Acute Care Group at the Trust.

In a discussion around placements being the limiting factor in the recruitment for nursing courses the Chief Nurse confirmed that providers across the SYB ICS were working together to maximise placements for aspirant nurses and emphasised the importance of high-quality placements for students.

There was a discussion around how the Trust could help to facilitate and promote vaccine uptake amongst nursing students. Toni Schwarz confirmed that generally nursing student uptake of the vaccine was high and would be promoted by the University at pre-entry screening. The Chief Executive noted the Trust's commitment to work with both Universities to consider opportunities to promote and offer vaccinations during Freshers' Week.

The Board of Directors **NOTED** the update from Sheffield Hallam University.

STH/90/21 Update on 5 Year Capital Plan and Capital Programme

The Director of Finance presented Attachment E, an update on the 2021/22 Capital Programme and five year Capital Plan.

Key points highlighted were:

- The current Capital Programme/Plan showed a small over-commitment against the 2021/22 Operational Capital Allocation (OCA).
- There were major slippage risks which would need to be managed to avoid an under commitment against the OCA and loss of investment opportunity.
- The OCA position for the following 2/3 years appears very challenging, on the basis of current expectations of expenditure on the proposed new Electronic Patient Record, and would necessitate a combination of restricted new scheme approvals, reduced ring-fenced budgets and attraction of additional funding.
- In addition, major schemes related to the Weston Park Cancer Centre Upgrade, Maternity EPR and SYB Pathology Network will require specific funding solutions and external support.

The Chair asked if there were any previously agreed schemes that

could be altered in light of Covid-19. The Director of Finance confirmed that schemes agreed prior to the pandemic were largely infrastructural improvements and were therefore crucial.

The Board of Directors:

- **APPROVED** the latest 2021/22 Capital Programme.
- **NOTED** the significant 2021/22 slippage risk and the consequences of under-delivering against the OCA.
- **NOTED** the potentially significant over-commitment on the 2022/23 to 2023/24 position, which would need to be addressed via an appropriate combination of restrictions to new scheme approvals, ring-fenced budget cuts and additional funding.
- **NOTED** the list of 'probable' and 'possible' schemes at Appendix A which, along with other schemes which will emerge over the five year period, will require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the report, and the need to continue to identify any opportunities to secure additional capital funding, and;
- **NOTED** the importance of capital planning/prioritisation and "value engineering" in securing maximum benefits from limited capital and revenue funding.

STH/89/21 Learning From Deaths Report

The Medical Director (Operations) presented attachment F - the Learning From Deaths report covering Quarter 3 of 2020/21.

The Medical Director (Operations) noted the following points:

- 85.4% of deaths at the Trust had received a Medical Examiner Review during this period.
- Due to the impact of the pandemic, fewer Structured Judgement Reviews (SJR) had taken place during this period.
- Six new reviewers were appointed in December 2020 and would assist in addressing the current backlog of cases during Quarter 4.
- None of the deaths that were subject to SJR were judged as more likely than not to be due to a problem in care.

Martin Temple asked whether other Trusts were experiencing similar challenges with Medical Examiner recruitment and backlog of SJRs. Jennifer Hill agreed to confirm the position in other Trusts.

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

STH/90/21 For Approval

a) Application of the Corporate Seal

The Assistant Chief Executive presented Attachment G to seek the Board of Directors' approval for the application of relevant signatures

and the common seal of the Trust to the following documents:

1. Contract documents relating to the Vickers' corridor north end refurbishment at the Northern General Hospital.
2. Contract documents relating to the Block 4 refurbishment at the Royal Hallamshire Hospital.
3. Lease renewal for the Northern Perk café at the Northern General Hospital.

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

STH/91/21 Fit and Proper Persons Policy and Procedure

The Assistant Chief Executive presented Attachment H, the updated Fit and Proper Persons Policy and Procedure for Board of Directors' ratification, following approval by the Trust Executive Group earlier in July.

The Assistant Chief Executive noted that the policy had been extended to apply to Governors to ensure the Trust was compliant with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 5: Fit and Proper Persons Requirement and meets the conditions of the Trust's Provider Licence.

The Board of Directors **RATIFIED** the Fit and Proper Persons Policy and Procedure.

STH/92/21 Non-Executive Director Matters

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

STH/93/21 Any Other Business

There were no additional items of business raised.

STH/93/21 Date and Time of Next Meeting

The next Public Board of Directors meeting will be held on 28 September 2021

Signed Date

Chair