



Minutes of the BOARD OF DIRECTORS held on Wednesday 15th April, 2015, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT:

Mr. T. Pedder (Chair)

Sir Andrew Cash (part)	Mr. J. O'Kane
Professor H. A. Chapman	Mr. V. Powell
Mr. M. Gwilliam	Mr. M. Temple
Mrs. S. Harrison	Mr. N. Priestley
Mrs. A. Laban	Dr. D. Throssell
Ms. K. Major	Professor A. P. Weetman
Ms. D. Moore	

IN ATTENDANCE:

Mr. A. Challands	Mrs. J. Phelan
Miss S. Coulson (Minutes)	

Dr. C. Bates - item STH/82/15
Ms. L. Evans – item STH/83/15
Dr. C. Pickstone – item STH/85/15(b)
Dr. S. Howell - item STH/85/15(b)

APOLOGY:

Mr. N. Riley

OBSERVERS:

3 Governors
1 member of staff
2 members of the public

The Chairman welcomed everyone to the meeting and explained that the Chief Executive would need to leave during the meeting to attend to an urgent matter of business.

STH/79/15

Declarations of Interests

No declarations of interest were made.

STH/80/15

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 18th March 2015, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record subject to a following minor changes:

Page 4 - Penultimate paragraph - amend the patient's name to read Steven Storey
Page 8 - First bulletpoint - The first sentence was not strictly accurate as the Trust was not bottom but was in the bottom 20% and the Director of Human resources agreed to provide an alternative sentence.

STH/81/15

Relevant Matter(s) Arising

(a) **Prime Minister's Challenge Fund**

In the absence of the Chief Executive, the Director of Strategy and Operations reported that Sheffield's bid which was about improving access to NHS services and moving towards a 7-day service 24 hours a day had been successful. The funding was for one year and it was noted that a change of Government would not affect the funding.

STH/82/15

Deliver the best Clinical Outcomes

(a) **Infection Prevention Control Programme 2015/16**

Dr. C. Bates, Consultant Microbiologist/Lead Infection Control Doctor/DIPC, was in attendance and presented the Progress Report on the 2014/15 Infection Prevention and Control Programme (IPC) and also sought ratification of the 2015/16 IPC Programme.

The key points to note were:

- Ebola - The 2015/16 Programme included a new section on Viral Haemorrhagic Fever including Ebola and other Category 4 Pathogens.

In answer to a question Dr. Bates gave an update on Ebola and reported that there were signs of improvement in halting the spread of Ebola in certain areas but there was still a large number of healthcare workers working in those countries and they were the NHS's main concern. The arrangements put in place within the Trust to manage with Ebola would remain. She pointed out that a significant amount of additional training was required initially but only core staff (A&E and Infectious Disease staff) would be required to keep that training up to date.

An outstanding issue was to consider whether the ITU facilities at the NGH required upgrading to treat Ebola patients.

- The 2015/16 Programme had been discussed and scrutinised by both the Healthcare Governance Committee and the Trust Executive Group following recommendation by the IPC Committee. It was also noted that Dr. Bates attended the Healthcare Governance Committee on a quarterly basis to give progress reports.
- C.Diff - The Trust had a threshold of 94 cases. The Trust had recorded 80 cases of C.Diff up to mid March. However the Trust had recorded 12 cases in the last few weeks of March which took the end of year number to 93 cases. No further cases had been recorded since those 12 cases. It had not been possible to identify a reason or explain why the spike of 12 cases had occurred. The Trust would continue to implement its C.Diff Plan.

The Trust's national threshold for 2015/16 was 87 although it would continue to strive to achieve its internal threshold of 78.

- MRSA - The Trust has had 4 cases of MRSA which was the same as in 2013/14. The threshold for 2015/16 was zero cases.

- MSSA - The Trust had 43 cases against an internal threshold of 42.

The Board of Directors **APPROVED** the 2015/16 Infection Prevention Control Programme.

STH/83/15

Providing Patient Centred Services

(a) **Clinical Update: Occupational Therapy (OT) – A profession with potential for STH**

Ms. Laura Evans, Head of Occupational Therapy, was in attendance and gave a presentation on the profession of Occupational Therapy and its future potential to for further development within the Trust.

During discussion the following points were made:

- Investment needed to be at the early part of the patient pathway and there needed to be a big push to do that. It was crucial to see patients early in order to get them back into the work place or back to normal daily life as quickly as possible. It was felt that more OT activity was required in the community in order to show people ways of how to get back to work and normal daily life.
- It was felt that there was significant potential for OT to generate income working in partnership with private companies. However it would be necessary to get the right balance ensuring any private work had no adverse impact on public commitment but opportunities should be explored.
- Level of Staff Resources - Laura Evans reported that the OT Department had no problem in recruiting and retaining staff but it had an historical level of funding which only funded a certain level of staffing. As a consequence there were gaps in cover across the Trust although she pointed out that some opportunities may arise from the new structure that was due to be implemented.

STH/84/15

Chief Executive's Matters

(a) **Integrated Performance Report**

The Director of Strategy and Operations referred to the new Integrated Performance Report (Enclosure C) circulated with the agenda papers. She explained that it replaced a number of routine Board reports presented by Executive Directors on performance matters. The intention was to provide a single report which staff could refer to for performance issues. It was structured around the Trust's five strategic aims and comprised the following sections:

- Executive Summary
- Trust Performance Overview including Exception Reports
- Directorate Dashboard
- Deep Dive Topics
- Directorate Dashboard RAG Ratings

Each Executive Director would report on their section of the report.

The report was work in progress and would continue to be developed over the coming months. The report would also be presented to the Board Committees who would scrutinise the data that related to their area of responsibility.

The Chairman welcomed the Report and felt that it was shaping up really well. The important thing was to identify the 'Red' areas and to agree how to address them.

In answer to a query about the rating of data quality in the Overview Section of the report, the Director of Strategy and Operations stated that it was still early days in the development of the report but she explained that green equated to national data, amber to locally reported data and open to interpretation and red was poor data.

Executive Directors gave the following updates on their areas of responsibilities:

➤ Deliver the Best Clinical Outcomes - The Medical Director highlighted the following points:

- On behalf of the Board of Directors, the Healthcare Governance Committee had approved the three proposed Quality Report Objectives for 2015/16:
 - Delivering improvements in complaints management - the Trust had commissioned an external company to undertake training in managing formal complaints.
 - Staff engagement - Listening into Action would be used as one of the vehicles to improve staff engagement
 - Patient safety - the national Sign Up to Safety Campaign would be used as one of the key vehicles to improve the safety and quality of patient care within the Trust.

The objectives would be discussed both internally and externally i.e. Healthwatch.

- Mock CQC inspections had been carried out within the Trust to improve staff's preparedness for and exploit the benefits for patients of forthcoming CQC inspection and to ensure staff were able to provide information that Inspectors may request.

The Head of Patient and Healthcare Governance was drawing up a database of feedback from other organisations to see what lessons can be learned. It was agreed that it would be helpful for the Board to have an overview of that feedback and for it to be appropriately cascaded through the Trust.

Action: David Throssell

- The most recent Hospital Standardised Mortality Ratio was 95 (November 2013 to October 2014) and was lower than expected when compared with hospital Trusts nationally. The second measure of mortality, the Summary Hospital-level Mortality Indicator was 0.90 which was in the 'as expected' range (July 2013 – June 2014 data).
- An update on Dementia services provided by the Trust highlighted that STH had robust processes in place to ensure ongoing compliance with the Trust Dementia objectives. Comments received from questionnaires completed by carers were being used to improve services.

- A Resuscitation Trolley audit undertaken in late 2014 highlighted some problems regarding the process for checking trolleys. The findings were discussed at the Healthcare Governance Committee in December 2014. Due to limited compliance in a number of areas, 30 trolleys were re-audited and it was identified that 14 clinical areas were still not adhering to the procedures required. Although back-up arrangements were always in place, those areas would remain under close review. No significant incidents had been reported and no patients had been compromised. The Healthcare Governance Committee would monitor progress via quarterly updates.
- Employ Caring and Cared For Staff - The Director of Human Resources highlighted the following areas:

- Sickness Absence (Rated Red) - Sickness absence figures had increased in recent months and stood at 5.38% in January 2015 compared to the target of 4%. The position for the year to date was 4.45% compared to 4.21% for the same period in 2013/14. The Trust had gone from being exemplary to being above the national average. The Trust had seen unprecedented levels of sickness in December 2015/January 2015 at above 5% which was the highest level recorded since the Director of Human Resources took up post in 2009.

A Working Group was to be set up to review absence management within the organisation.

It was noted that Clinical Support Workers had the highest level of absence across the organisation and discussions were being held with the Chief Nurse and Deputy Chief Nurse on that matter.

Work was also underway on looking at how to improve the time taken to recruit to vacancies.

In answer to a question on whether the Trust had sought advice from other better performing Trusts, the Director of Human Resources reported that he was due to meet his counterpart at Newcastle in the coming week to see if there were any lessons to be learned from their experience.

- Appraisals (Rated Red) - The percentage of appraisals conducted over the preceding 12 months was 77.6% as at February 2015 compared to 82.61% for the previous 12 months. Due to operational pressures experienced by the Trust in recent months the Trust had reviewed the target and had agreed to reset it to 85% to be achieved by the end of Quarter 1 of 2015/16, followed by 90% by the end of Quarter 2 and thereafter on an ongoing basis with a stretch target of 95%. Monthly summits were held and chaired by the Chief Executive.

It was hoped that an improvement would be reported in the next month's report.

- Mandatory Training (Rated Red) - Mandatory training figures have only been reported centrally since October 2014 and since then there had been a steady increase in compliance from 33.1% to 42.6% as at February 2015.

Following a review of mandatory training, the Trust had reduced the number of mandatory training topics from 24 to 10 core topics.

The objective was to achieve 80% compliance by the end of Quarter 1 in 2015/16 and 90% by the end of Quarter 2.

Monthly summits were held chaired by the Chief Executive and the Finance Performance and Workforce Committee would monitor progress.

The Chief Nurse highlighted the following items:

- Safer staffing – overall, the actual fill rate for day shifts for Registered Nurses was 92.7% and for other care staff against the planned levels was 94.0%. At nights those fill rates were 91.8% for registered nurses and 103.7% for other care staff. On a number of individual wards the fill rate had fallen below 85% and the reasons for that had been discussed at the Healthcare Governance Committee. The main reasons for the low levels were the high number of vacant posts, sickness and parenting leave and the additional escalation beds open throughout February.

The Chief Nurse stated that it was important that the Trust close the additional escalation beds as soon as possible in order to release nursing staff back into the system.

She stated that the Trust had an uncomfortable level of nurse vacancies that were creating a challenging position and that it was looking at fast track initiatives including focussing on retaining staff and conducting exit interviews to understand why staff were looking to leave. It was noted that some staff were looking to move into Primary Care working with GPs.

The Chief Nurse also felt that nursing needed to be recognised nationally as a profession of shortage and she was working with the Shelford Group about how to take that forward.

During discussion the Chairman asked whether the Trust had given enough attention to Leadership Management.

The Director of Human Resources acknowledged that the Trust could do better in that area but it was currently reviewing its Leadership Development Programmes. He felt that there was a need for the Trust to develop more bespoke programmes for staff. The Chief Executive stated that the STH had approximately 250 senior members of staff in leadership posts and that it was about to issue a leadership programme for each of those staff. The Trust had at least four programmes available to staff and was also looking to see if it could offer a triumvirate leadership programme. The matter was to be discussed at the Clinical Management Board in April 2015.

The Chairman agreed that the Board should have a strategic discussion on the Leadership Development Programme in the next few months.

Action: Neil Riley

- Spend Public Money Wisely - The Director of Finance highlighted the following points:
 - The financial position improved to a £58.1k (0.01%) deficit at the end of February 2015.

- The operating position deteriorated by £1.1m but the overall position improved due to the on-going release of contingencies and the new recognition of a £1.2m Infrastructure Payment from NHS England.
- Activity over-performance was significant in-month but there were deductions for rebates to commissioners, i.e. corrections and non-payment for emergency admissions
- Directorates reported £5.3m (20.4%) under-delivery on Efficiency Plans and Clinical Directorate positions were £12.95m worse than planned. The under delivery was across many Directorates but the main problems had been around length of stay/bed reductions and surgical productivity. To address that planning and preparation for 2015/16 had been strengthened in a number of areas with a view to securing robust plans and improved delivery.

The Chairman agreed that the Finance Performance and Workforce Committee should have a further look at what additional help could be provided to the Red Star Directorates.

Action: Neil Priestley

- There were no major contractual issues outstanding and a satisfactory year-end position was expected.
 - The Trust was still in negotiations regarding the 2015/16 contracts. The Trust had undertaken more work on the DTR offer and it was possible that the predicted deficit of £18 million reported to the Board last month could be reduced to £12 million.
- Provide Patient Centre Services - The Director of Strategy and Operations highlighted the following matters:
- The Trust achieved the target for non-admitted pathways in February 2015 with a performance of 97.1% against the target of 95%. The target for incomplete pathways was also achieved with a performance of 93.2% against the target of 92%. The target for 18 week admitted pathways was not met, with a performance of 85.3% against a target of 90% which was a small deterioration from 86.6% in January 2015 and was slightly behind the planned trajectory of 87.3%.
 - New outpatient activity was 5.1% above target in February 2015 and was 5.5% above for the year to date.
 - Follow up activity was 1.4% above target in February 2015 and was 0.4% below target for the year to date.
 - The level of elective inpatient activity was 6.2% above target in February 2015 and 1.8% above for the year to date
 - In February 2015 there were 70 operations cancelled on the day for non clinical reasons compared to the target of 75 which was the first time in 8 months that the target had been met. The year to date total was 966 against a target of 825.
 - Non elective activity was 0.2% above target in February 2015. The year to date position was 2.2% above target.

- Accident and Emergency activity was 1.7% above target in February 2015. Performance was 0.6% above for the year to date. In February, 2015, 87.9% of attendances were seen within 4 hours, giving a year to date performance of 92.9%, against a target of 95%.

A detailed review had been carried out on the four 12-hour trolley waits in January 2015. Patient safety had not been compromised and the Trust had not received any clinical complaints although it was acknowledged that it was a poor experience for the patients.

- Hence all activity targets for elective and non-elective in all points of delivery were exceeded during February, whilst the number of cancellations was below target. That represented a considerable level of operational activity and delivery to patients.
- At any one time in February, 2015, there were, on average, 77 patients whose discharge from hospital was delayed for non-clinical reasons compared to 79 during January, 2015.
- The cancer targets for Q4 were on track apart from for the 62 days for GP referral to treatment target which was at 82% compared to the target of 85%, so far this quarter. Considerable efforts were underway to improve this position.

Following discussion, the Board **AGREED** that the Trust should write a firm letter to Commissioners about the late receipt of referrals from GPs and that it should also be raised the contract meeting with Clinical Commissioning Group.

Action: Kirsten Major

- 72% of complaints were responded to within 25 working days.
- The Friends and Family Test response rate for inpatients in February, 2015, was 44%
- The Friends and Family Test response rate for A&E in February, 2015, was 20%.

A query was raised about why information on waiting times in outpatient clinics was not reported. The Director of Strategy and Operations stated that that information was not routinely collected but there was a huge amount of work being carried out through the Outpatient Programme. It was agreed that the matter should be picked up by the Healthcare Governance Committee.

Action: Annette Laban/Kirsten Major

The Director of Strategy and Operations asked how the Board would like the 'deep dive' topics to be chosen. The Chairman suggested that the Board Committees should identify priorities.

Action: Kirsten Major/Neil Riley

In answer to a question about dissemination of the report across the organisation the Director of Strategy and Operations explained that the report would be shared with the wider organisation and the plan was to also produce Directorate versions.

Deliver excellent research, education and innovation

(a) University Matters

Professor Weetman referred to the Universities of Sheffield and Hallam update on activities (Enclosure D) circulated with the agenda papers and highlighted the following items:

- Response to the Tooke Review - As previously mentioned work was taking place to condense the number of departmental structures in the eight areas the University had identified as their main research areas. The University had held initial discussions with Oncology and Human Metabolism to discuss them merging into one department. Discussions were now entering a formal consultation process including Unions. If approval was given to the merger it would take place in the new academic year.

In parallel to the above the University were also having similar discussions with Cardiovascular Sciences and Infection and Immunity as it was thought that the two departments would work better if they were a single department.

The merger of the above departments would put the University in a good position going forwards.

- National Student Survey 2014 Results - The University had implemented many arrangements in response to the valid criticism expressed in the survey responses.
- Insigneo - The successful Polaris capital bid to MRC as previously reported had realised a £7.5 million grant for capital investment in MR imaging using hyperpolarised gas. It was the largest MRC grant received by the University. The project comprised the following three main capital parts and had to be completed by April 2016:

- Replacement of the current 1.5T whole body MR scanner in AU Radiology, C Floor RHH.
- Expansion of our hyperpolarised gas production and handling facility within the SIMFANI Building
- Refurbishment of 18, 18a Claremont Crescent for the Creation of a new image-processing laboratory.

The MRC were due to make a site visit in the coming week.

- Faculty Director of Engagement and Development - Sharon Oliver, ex-HEYH LETB, had been appointed to the new post of Faculty Director of Engagement and Development (FDED) within the Faculty of Medicine, Dentistry and Health. She would play a key role in identifying key strategic NHS priorities and steering cross-Departmental developments to meet the needs of the University's stakeholders. She would be working closely with Trusts to find out how the University could help them and to identify any gaps in training requirements. She would be in contact with the Chief Nurse and Medical Director in due course to discuss those matters.

There was a general discussion about the reduction of in medical posts and it was also noted that the Bursary for Nurse Education was to be stopped which would have a major impact for the Trust.

It was agreed that a discussion on Workforce Planning should be included on the agenda of a future meeting of the Finance, Performance and Workforce Committee.

Action: Mark Gwilliam/Neil Priestley

- Northern Health Science Alliance (NHSA) - The NHSA was functioning well as a platform for promoting research strength in the North and co-ordinating multi-partner bids and as a result as much as £5 million could be allocated to this region. Sir Andrew Cash had been involved in discussions on how the funding would be handled.
- Clinical Research Academy - The Academy was newly launched and five STHFT clinicians would be funded by the Trust to spend a day a week working with ScHARR (Sheffield Centre for Health and Related Research) and related groups in the Faculty over a 3-year period to build up major NIHR and other grant applications.

The update from Sheffield Hallam was received and noted

(b) Clinical Research Network Annual Plan and Financial Plan

Dr. Caroline Pickstone, Chief Operating Officer CRN and Dr. Simon Howell, Joint Clinical Director, were in attendance and presented the Yorkshire and Humber Clinical Research Network (Y&H CRN) 2015/16 Annual Plan and Financial Plan.

The key points to note were:

- Annual Plan:
 - The vision was to attract research to region to benefit patients
 - There had been extensive consultation on the plan with clinical leaders, specialty leads and including face to face meetings with partners
 - The Plan was a balance between recruitment and delivery, in line with national steer whilst building on regional strengths
 - Target 61,500 in plan – national target confirmed as 650,000
 - In 2015-16, funding would be increasingly driven by activity
- Financial Plan
 - 2015/16 National allocation remained at same level as 2014/15 i.e. £284,600,000 but with a redistribution between funding categories.
 - The result was an increasing variable allocation with more emphasis on delivery and performance.
 - The Y&H CRN allocation was set at £28,150,355 – a reduction of £548,685 (1.91%) on 2014/15.
 - Net reduction due to redistribution of fixed per capita funding to variable delivery and a contribution to the 5% cap and collar protection across the 15 Networks.
 - Total allocation equated to 9.9% of National budget

Caroline Pickstone reported that STH, as host, had performed extremely well and thanked the Board of Directors for agreeing to be host.

The Chief Executive congratulated Caroline Pickstone and Simon Howell for what had been a good transition year and he stated that the two key areas to focus on going forwards were mental health and primary care research.

Professor Weetman expressed his concern that the Y&H CRN's direction of travel did not appear to be aligned with that of the Higher Education Institutions. It was agreed that Professor Weetman would arrange to discuss that matter with Caroline Pickstone outside the meeting to ensure that all relevant organisations were working together.

The Board of Directors **APPROVED** both the Yorkshire and Humber Clinical Research Network (Y&H CRN) 2015/16 Annual Plan and Financial Plan.

STH/86/15

Chairman and Non-Executive Director Matters

No matters were raised.

STH/87/15

For Approval

(a) **Access Policy - Managing the 18 Weeks Referral to Treatment Waiting Times**

The Director of Strategy and Operations referred to the revised Access Policy – Managing the 18 Weeks Referral to Treatment Waiting Time (Enclosure G) circulated with the agenda papers.

She explained that the policy had been updated to reflect comments received following its implementation in February 2014. The key changes were:

- Inclusion of specific guidance relating to patients under the age of 18
- Revision of sections relating to patients who failed to attend for a diagnostic test and relating to patient pauses (Sections 7.2.3 and 10.2 respectively)
- Inclusion of additional information on hospital cancellation of admissions (Section 11.2)
- A link to Frequently Asked Questions (Appendix 1)

Implementation of the policy would be monitored on an ongoing basis.

Annette Laban stated that a huge amount of work had been undertaken behind the scenes to deliver the policy and it was crucial that every Directorate adhered to it.

The Board agreed that a mid term review would be presented to the Healthcare Governance Committee.

Action: Kirsten Major

The Board of Directors **RATIFIED** the Access Policy – Managing the 18 Weeks Referral to Treatment Waiting Time, which would be disseminated across the organisation.

STH/88/15

Any Other Business

There were no additional items of business.

STH/89/15

Date and Time of Next Meeting

The next Board of Directors meeting would be held on Wednesday 20th May, 2015, in the Undergraduate Common Room, Medical Education Centre, RHH, at a time to be confirmed.

Signed:
Chairman

Date: