

**Unadopted Minutes of the Meeting of the Board of Directors
held in public on Tuesday 28 January 2020 in the Undergraduate Common Room,
Medical Education Centre, Northern General Hospital**

A

Present:

Members:

Mr T Pedder	Chair
Ms A Gibbs	Director of Strategy and Planning
Mr M Gwilliam	Director of Human Resources and Staff Development
Mr M Harper	Chief Operating Officer
Dr D Hughes	Medical Director
Ms K Jessop	Deputy Chief Nurse (on behalf of the Chief Nurse)
Ms A Laban	Non-Executive Director
Ms K Major	Chief Executive
Mr N Priestley	Director of Finance
Ms R Roughton	Non-Executive Director
Ms S Wright	Non-Executive Director

Participating Directors:

Ms S Carman	Assistant Chief Executive
Ms J Phelan	Communications and Marketing Director

In Attendance:

Professor Simon Heller	Director of Research and Development (for item STH/07/20)
Ms C Henderson	Interim Business Manager (Minutes)
Ms J Mackay	Echo Lead, Diagnostic Cardiology Unit (for item STH/05/20)
Mr C Monk	Operations Director for South Yorkshire Regional Services (for item STH/05/20)
Dr L O'Toole	Consultant Cardiologist (for item STH/05/20)

Apologies:

Apologies from Board members had been received from Mr T Buckham, Non-Executive Director, Professor C Morley, Chief Nurse, Professor C Newman, Non-Executive Director, Mr J O'Kane, Non-Executive Director, and Mr M Temple, Non-Executive Director.

Observers:

Three members of the public
Four Governors
There were no members of staff in attendance

Minute

Item

STH/01/20 Welcome and Introductions

The Chair welcomed members of the Board and those in attendance to the meeting. He particularly welcomed Ms Karen Jessop, Deputy Chief Nurse to the meeting who, he explained, was attending the meeting on behalf of the Chief Nurse.

STH/02/20 Declarations of Interests

The Chief Executive declared that she would be joining the Board of York Health Economics Consortium (YHEC) Ltd as an Acute Sector representative.

There were no further declarations of interests made by Board members.

STH/03/20 Minutes of the Previous Meeting held on 17 December 2019

The Minutes of the previous meeting held on Tuesday 17 December 2019 were **AGREED**, **APPROVED** and **SIGNED** by the Chair as a correct record of the meeting.

STH/04/20 Matters Arising

a) Chief Executive's Matters: Give it a Go Week (Action 5: minutes STH/122/19 and STH/157/19 refer)

The Assistant Chief Executive advised that it was anticipated that the outcomes from the evaluation of the ideas trialled during Give it a Go Week would be shared with the Board of Directors in March following presentation to the Finance and Performance Committee.

Action: Assistant Chief Executive

b) Chief Executive's Matters: Integrated Performance Report – Deep Dive: Cancer Performance (minute STH/159/19 refers)

In response to a question from the Chair in relation to addressing capacity constraints in Endoscopy given increased demand, the Director of Strategy and Planning explained that capital plans for the Royal Hallamshire Hospital (RHH) and Northern General Hospital (NGH) sites were being drafted. In the meantime, the team was still performing extremely well given the increased demand.

The Board of Directors **NOTED** that there were no actions recommended for closure.

STH/05/20 Clinical Update: Building a Resilient Echo Department: The Work of the STH Echo Group

The Deputy Chief Nurse welcomed Ms Jane MacKay, Echo Lead Diagnostic Cardiology Unit, Mr Chris Monk, Operations Director for South Yorkshire Regional Services, and Dr Laurence O'Toole, Consultant Cardiologist, to the meeting. They gave a presentation that described the work of the Echo Group over the last two years.

Noting that the presentation also highlighted that Sonographers were key to the delivery of a modern Echo, Dr O'Toole explained the training journey of sonographers at STH between 2010 and 2018. He explained that eight Band 6 Sonographers had been trained and assessed to a national accreditation standard during this time, with training traditionally taking up to three years.

Following the presentation, questions raised by individual members of the Board of Directors prompted further points to be discussed. These included alignment of the training programme to the apprenticeship levy and the potential extension of the training package to other Trusts over time.

The Chair thanked Ms MacKay, Mr Monk, and Dr O'Toole for their interesting presentation and their hard work in the services they and the team continued to provide.

STH/06/20 Chief Executive's Matters

The Chief Executive presented her report (Enclosure C) which highlighted the following matters:

(a) Integrated Performance Report

Each Executive Director gave a brief report on their areas of responsibility:

i) Deep Dive – Mortality

The Medical Director introduced this item which commenced with an overview of the current programme of mortality review in STH and outline of the Trust's progress with implementation of changes needed to ensure compliance with the national guidance on learning from deaths and the requirements of the national Medical Examiner System (MES) implementation from 2019.

Mrs Laban, Non-Executive Director and Chair of the Healthcare Governance Committee, reported that the Committee was looking nationally at those Trusts that were exemplars in terms of their learning from deaths reporting.

ii) Deliver the Best Clinical Outcomes

The Medical Director highlighted that, in line with performance reported for the previous couple of months, the overall Hospital Standardised Mortality Ratio (HSMR) remained within the expected range.

Work was ongoing to improve the performance of incidents approved within 35 days.

iii) Provide Patient-Centred Services

The Deputy Chief Nurse highlighted the following points:

- There was one case of Trust assigned MRSA bacteraemia recorded for November, which meant one case reported for the year to date.
- At 55 recorded cases, the number of Trust attributable pressure ulcers reported in November was below the Trust threshold of 98, with no category 4 cases associated with a lapse of care.
- With the exception of A&E, which was showing some signs of improvement, Friends and Family Test (FFT) scores had met or exceeded target thresholds in the month of November.
- The number of complaints responded to within 25 working days was

85%, below the threshold target of 90% but a slight improvement on the previous month. Latest figures showed that the December position was above target.

- In relation to Safer Staffing, overall, the percentage of care hours per patient day (CHPPD) for registered nurses was 90.86% and for all care staff was 101.10%. Any areas below 85% were monitored by the Human Resources and Organisational Development Committee.

The Director of Strategy and Planning highlighted the following points:

- The Trust continued to show compliance on two week cancer waits, breast symptomatic two week waits and 31 day first treatment and 31 subsequent treatments for surgery and anti-cancer drugs. However, performance for 31 subsequent treatment for radiotherapy was slightly below target at 91.7% and work was taking place with the radiotherapy team to try and improve the position. In December there was a dip in performance in the breast symptomatic two week wait but it was expected that performance would recover in January.
- Performance against the 62 day GP referral to treatment cancer shared pathways target of 85% remained a key area of challenge with performance at 73.0% and performance for the cancer alliance as a whole at 77.9%. Trust performance for non-shared pathways was at 81.4%. The shared pathways area was complex and remained an area that was extremely difficult and challenging. The Director of Strategy and Planning would keep the Board updated on progress as part of her routine monthly reporting.

The Chief Operating Officer highlighted the following points:

- Referrals received and accepted during November were above plan.
- The number of attendances in A&E in November remained above plan at 1.8% above the contract target.
- Performance against the maximum four hour wait in A&E in November was at 81.84%.
- The percentage of patients waiting less than 18 weeks for treatment in November was 92.47%, above the national average of 92%.
- At the end of November there were no patients waiting over 52 weeks for treatment, an excellent achievement from the teams.
- The percentage of people waiting less than six weeks for diagnostic tests was 99.92%, above the national target of 99%.
- Performance of ambulance handovers occurring within 15 minutes had deteriorated slightly in November to 58.35% compared to 66.42% in October and work continued with Yorkshire Ambulance Service (YAS) to improve the position.
- Ninety-seven operations had been cancelled on the day for non-clinical reasons, compared to 99 the previous month.
- Three patients had their operation cancelled on the day of admission for non-clinical reasons and had not been rescheduled for treatment within 28 days. All three patients had now received treatment.
- The average number of patients who had a delayed transfer of care in November was 37, compared to 49 in October and this improved position was maintained throughout the rest of the year.

In addition to his report, the Chief Operating Officer highlighted that

December had been a high month for admissions. January had seen increased bed occupancy mainly due to a peak in the number of flu cases between Christmas and New Year, but respiratory bed occupancy had reduced significantly over the last few months. He also highlighted that work undertaken to aid flow through the system from A&E had seen beds being made available earlier in the day which had a positive impact on patient flow. However, improvement work continued and he would keep the Board updated as part of his routine monthly reporting.

iv) Employing Caring and Cared for Staff

The Director of Human Resources and Staff Development highlighted the following points:

- Sickness absence for November was at 4.40%, an increase from the previous month and mainly due to short term absence. Year to date performance was 4.05%, above the target of 4% and was expected to increase as we entered more into the winter months.
- While short term sickness absence had increased to 2.05% from 1.84% reported for October, long term sickness absence had reduced slightly to 2.35% from 2.38% reported for October.
- At 87%, the Trust appraisal rate for November mirrored the rate for October and was below the Trust target of 90%. However, he was confident that the target would be achieved.
- Compliance levels for mandatory training had been maintained at 90%, in line with the Trust target of 90%.
- Staff retention figures were at 91%, which for over 12 months had been consistently above the target of 85%. He was pleased to note that the Trust was the highest performing Trust in the country in terms of staff retention rates.

Mrs Laban, Non-Executive Director, reported that the Waiting Times Group had noted that the specialisation within clinical services had sometimes led to capacity issues when individual clinical staff were on leave.

v) Spending Public Money Wisely

The Director of Finance highlighted the following points:

- Following a deterioration in Month 7, Month 8 showed a deficit against the Financial Plan of £2,541,7k (0.3%) an improvement of around
- £0.4 million. This position assumed we would receive the £13 million Provider Sustainability Funding (PSF) that was included in the plan and ignored any one-off contingencies. However, to receive this we would need to deliver our financial Control total and the ICS Control Total would also have to be met.
- There was an activity underperformance of £1.8 million to November mainly on elective outpatients and critical care activity.
- There was a pay overspend of £1.1 million (0.2%) after eight months, a slight deterioration from the previous month.
- There was a £0.7 million over delivery against efficiency plans at the end of November, a small improvement on the October position.
- The position on non-pay had improved slightly by £0.1 million to a £1.6 million overspend in November following the significant

deterioration reported in October.

- Key risks for 2019/20 remained similar to those of previous months and include receipt of the PSF funding (as noted above), and managing activity throughout the winter. Revaluation of the Trust's estate would also be undertaken within this financial year and a court case around how overtime was reflected in holiday pay could also be significant.
- As always, maintained focus was required on delivery of activity plans.

vi) Delivering Excellent Research, Education and Innovation

The Medical Director noted that the number of patient accruals to portfolio adopted grant and commercial studies for Quarter 2 2019/20 was 2,671, below our Yorkshire and Humber Clinical Research Network year to date target of 4,583.

In addition to the report, Ms Roughton, Non-Executive Director, questioned when the target for reducing the number of patient falls in both the hospital and the community would be confirmed. The Deputy Chief Nurse explained that there a number of workstreams looking to put similar systems in place to those for pressure ulcers, with a couple of directorates also having extremely good plans already in place that they were looking to roll out across the organisation. The Chief Operating Officer confirmed that the IPR was being reviewed ahead of 2020/21 to confirm targets for metrics such as falls and which local indicators managed by the directorates through the Performance Management Framework (PMF) process, should be pulled up into the IPR.

b) Chief Executive's Matters

The Chief Executive gave the following updates:

- i) The Trust was making preparations in line with NHS guidance relating to the management of Coronavirus.
- ii) Chief Nursing Silver Awards had been presented by the Deputy Chief Nursing Officer for England to Maria Vincent, Limb Reconstruction Clinical Nurse Specialist, and Andrew Horwood, Cardiac Arrhythmia Clinical Nurse Specialist.
- iii) 2020 had been designated the first ever International Year of the Nurse and Midwife by the World Health Organisation (WHO) and also coincided with the 200th anniversary of the birth of Florence Nightingale, a founder of modern nursing. A number of events had been planned to celebrate nursing and midwifery as a career.
- iv) Sally Edwards had been appointed as the Trust's Equality, Diversity and Inclusion (EDI) Manager. The Chief Executive suggested that Sally be invited to give an update on her EDI priorities to the Board when she had settled into her role.

Action: Chief Executive

- v) Mick Ashman, STH Governor for North Sheffield and Nursing Lecturer with the School of Nursing and Midwifery, had been awarded the University of Sheffield Senate Award for Sustained Excellence.

- vi) A new approach had been taken to the operational management of flow and winter pressures, which included the establishment of a new Winter Support Room. Attached at Appendix B was a copy of the staff health and wellbeing leaflet that had also been circulated to all staff. A new website to support and signpost the public to alternatives other than A&E had been launched and two new wards had been opened, both of which were working well.
- vii) Rectification work continued on the Hadfield Wing. Whilst all the work had been agreed, progress with completing the work would depend on the weather over the next couple of months but at the moment, this was going reasonably well, with the contractors onsite and monitoring all the work.
- viii) Changes to senior leadership roles at NHS Sheffield Clinical Commissioning Group (CCG) included Lesley Smith, Accountable Officer for both Sheffield and Barnsley CCGs, taking on the role of South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) Deputy Lead, and Brian Hughes, Deputy Accountable Officer, leading for joint commissioning at Place. Mandy Philbin, Chief Nurse, had moved to the ICS to lead on the quality agenda for SYB, with Alun Windle taking on the role of Acting Chief Nurse.
- ix) The Trust had become one of 11 major trauma centres across the country to recruit patients to a national trial researching the best way to stop bleeding in patients with severe injuries.
- x) Work to remove fax machines at the Trust had commenced and was on target to meet the national deadline to remove them all.
- xi) Three pieces of artwork created by patients with hearing impairment had been unveiled at the Royal Hallamshire Hospital in the Audiology and Ear, Nose and Throat Departments.
- xii) Sheffield Accountable Care Partnership (ACP) had hosted visitors from the Nuffield Trust and the King's Fund. They had taken away some of the ACP's best practice and where they thought improvements could be made. An update on their feedback would be given to the Board in due course.

Action: Chief Executive

- xiii) The Board noted the content of the report from the Chief Executive of SY&B ICS appended to the Chief Executive's report. The ICS's collective response to the NHS Long Term Plan (LTP) was also attached at Appendix E.

STH/07/20 Research Strategy Update

The Medical Director welcomed Professor Simon Heller, Director of Research and Development, to the meeting.

Professor Heller gave a presentation that described the development of the Trust's Research and Innovation Strategy for 2021/2024, explained how we

measured success in terms of research and innovation, outlined the achievements and successes, and showed that recruitment to research studies year-on-year had achieved or exceeded targets, with the Trust ranking fourth in the country for the time from study set up to recruitment of the first patient, an impressive achievement.

Following the presentation, questions raised by individual members of the Board of Directors prompted further points to be discussed which included:

- Increased partnerships with the two Universities.
- The need to embed a culture of research and innovation throughout the organisation.

The Chair thanked Professor Heller for his interesting presentation and his continued support to the Trust.

STH/08/20 Quarter 3 Update on 5 Year Capital Plan and Capital Programme

The Director of Finance presented an update on the 2019/20 Capital Programme and Five Year Plan. He drew the Board's attention to the key highlights.

The current programme stood at £48.2 million with the programme well advanced. The current position against our NHS England / Improvement (NHSE / I) plan of £45.6 million for capital expenditure was slightly below by £0.5 million due to a number of issues.

The Director of Finance anticipated that he would be able to present the 2020/21 Capital Programme to the Board in March. He drew the Board's attention to Appendix A that outlined 'probable' and 'possible' medium sized schemes which would potentially need to be progressed in the coming years and which would require considered prioritisation. He also drew the Board's attention to section 5 that outlined the major risks to the capital position and that additional funding sources would need to be found for future years.

Finally, he highlighted the three major projects that would need different funding solutions in order to progress them due to the significant costs involved: a new Electronic Patient Record (EPR) system, the development of Weston Park Cancer Centre, and the development of South Yorkshire and Bassetlaw pathology network.

Ms Roughton, Non-Executive Director, reported from the Finance and Performance Committee which had received an update on the impact and differences that some of the capital programmes had made.

The Board of Directors:

- **APPROVED** the latest 2019/20 Capital Programme and **NOTED** the over-commitment on the 5 Year Plan which would need to be addressed via an appropriate combination of the funding solutions proposed
- **NOTED** the extensive list of "probable" and "possible" schemes on the 5 Year Plan at Appendix A which, along with other schemes which would emerge over the five year period, would require further

- consideration and careful prioritisation
- **NOTED** the risks outlined in Section 5, in particular the need to identify additional resources for future years
- **NOTED** the close attention which would need to be maintained throughout the remainder of the financial year to ensure an acceptable year end position was delivered, consistent with national plan expectations
- **NOTED** the importance of capital planning / prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding

STH/09/20 Learning from Deaths Quarter 1 2019/20 Report

The Medical Director presented this report which covered the period 1 April 2019 to 30 June 2019.

The Board of Directors **APPROVED** the Quarter 1 2019/20 Learning from Deaths report.

STH/10/20 Chair and Non-Executive Director Matters

Shiella Wright reported back from the Organ Donation and Tissue Committee where they had received an update that the Tissue Retrieval Service was now operational. She expressed her thanks to all those involved.

For Approval

STH/11/20 Review of the Trust Constitution

The Assistant Chief Executive presented recommendations for proposed amendments to the Trust’s Constitution following a phased programme of review that had been undertaken using a collaborative approach with a panel of Trust Governors and Officers.

A further proposed change relating to non-binary gender identity was noted and would be reflected in the Constitution.

The Board of Directors **APPROVED** the amended version of the Trust Constitution (version 7.0), including the additional change noted above.

STH/12/20 Any Other Business

There were no additional items to discuss.

STH/13/20 Date and Time of Next Meeting

The next Board of Directors meeting will be held on Tuesday 25 February 2020, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.