



Minutes of the BOARD OF DIRECTORS held on Wednesday 20th May 2015 in the Undergraduate Common Room, Northern General Hospital

PRESENT:

Mr. T. Pedder (Chair)	
Sir Andrew Cash (part)	Mr. V. Powell
Mr. M. Gwilliam	Mr. M. Temple
Mrs. A. Laban	Mr. N. Priestley
Ms. K. Major	Dr. D. Throssell
Ms. D. Moore	Professor A. P. Weetman
Mr. J. O'Kane	

IN ATTENDANCE:

Miss S. Coulson (Minutes)	Mr. N. Riley
Mr. C. Morley	Mrs. J. Phelan
Mr. D. Child (item STH/108/15(b))	

APOLOGIES: Professor H. A. Chapman Mrs. S. Harrison

The Chairman reported that, on behalf of the Trust, Martin Temple had recently accepted the CHKS Award for STH being recognised as one of the Top 40 Hospitals.

STH/106/15

Declarations of Interests

Annette Laban declared two further interests which were reported in the 'To Note' section on the agenda (Enclosure H). However she pointed out that there was a slight error in the wording of the second declaration on the report and it should have read "Governance Review My Dentist/Integrated Dental Holdings".

STH/107/15

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 15th April 2015, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/108/15

Matters Arising

(a) **Resuscitation Trolleys**

(STH/84/15(a)) The Chairman reported that Governors had expressed concern as they felt that the quarterly monitoring of the process of checking resuscitation trolleys as reported to by the Healthcare Governance Committee was not frequent enough.

The Medical Director reported that he understood their concerns. However he assured the Board and Governors that the process of checking resuscitation trolleys to ensure that they were properly equipped took place daily on the wards. The

quarterly reporting to the Healthcare Governance Committee on the checking regime was a formal reporting arrangement put in place to monitor that process.

Annette Laban explained that the Healthcare Governance Committee's role was to monitor the position to ensure that the process of checking trolleys was being undertaken and that any concerns identified were escalated.

The Medical Director and Deputy Chief Nurse assured the Board that effectively equipped resuscitation trolleys were always available.

STH/109/15

Providing Patient Centred Services

(a) Clinical Update: Homecare Medicine

Mr. Damian Child, Chief Pharmacist, was in attendance and gave a detailed presentation on the work of the Homecare Medicines Team.

The key points to note were:

- In 2011, the Department of Health (DH) invited Mark Hackett, CEO, Southampton University Hospitals NHS Trust, to lead a rapid review of homecare medicine supply to consider the current operational arrangements and its future for the best value for patients, the NHS and the provider market. As a response to the review, it had been agreed that:
 - The management of all homecare supply should transfer from directorates to Pharmacy
 - The Trust Chief Pharmacist should become the 'Responsible Officer' for all homecare medicines and be accountable for the safe and effective administration and supply of medicines in homecare
 - Homecare supply should be transferred into pharmacy to ensure effective operational control of procurement, ordering and invoicing
- In 2012 the Trust undertook an initial review which identified the following findings:
 - The Trust had 4,000 to 4,500 homecare patients across a wide variety of clinical specialties with a wide variety of arrangements
 - Overall expenditure estimated at £21 million per annum.
 - Various problems were identified eg directorates paying higher fees than necessary, stock management system issues, some patients suboptimally supported by the commercial service (operationally, not clinically), invoicing errors.
 - There were a number of patients supplied via homecare who would be more appropriately and cost-effectively served by an outsourced OPD dispensing service
 - Multiple different recording and reporting systems
 - Pharmacy resource to manage homecare was restricted to a single part time band 5 technician to support pulmonary hypertension
 - The issues identified were in common with the majority of NHS Acute Trusts.
- In early 2013, and as a result of the above findings, the Trust initiated the Homecare Medicines Project and a team of 5.6 WTE staff was appointed. The objectives of the project were to:

- implement, as appropriate, the recommendations of the Hackett Report
 - transfer homecare supply into Pharmacy from directorates to ensure effective operational control of procurement, ordering and invoicing
 - improve the financial and clinical governance arrangements around homecare medicine provision
 - deliver financial savings through better invoice control, contract management and medicine supply provision
 - get all homecare medicines processed via the JAC computer system
 - improve patient experience and choice
 - reduce financial administration time within directorates.
- In September 2013, the new Royal Pharmaceutical Society Standards for home care were published. The standards imposed much more robust governance arrangements and were aimed at ensuring that all patients receive safe, effective care from homecare services.
- The Homecare Medicines Project, supported by project management input from the Trust's PMO, has made significant progress towards achieving the full recommendations of the DoH Hackett report. As patients transferred over to pharmacy management, the Team has taken the opportunity to review whether or not home care was the most appropriate supply route in terms of both service quality and cost effectiveness perspectives.
- In March 2014, the Pharmacy JAC computer system was upgraded to implement new homecare medicines module.
- In April 2014, NHS England issued a Patient Safety Alert following a huge increase in homecare company service failures although by then the Trust had already tackled many of the issues.
- By managing homecare medicines better huge savings had been made over the last two years:
- 2013/14 - £2,585,092
2014/15 - £2,158,536
- The Pharmacy Homecare Medicine Team was now working to capacity and a bid for additional staff may need to be submitted to the Business Planning Team.

During discussion the following points were raised:

- In answer to a question on how patients get on Homecare, Damian explained that clinics now send homecare medicines prescriptions to Pharmacy who check them for clinical validity and send an official order to the homecare company. The patient then confirms receipt on delivery which provided an audit trail.
- Pharmacy had issued an instruction to homecare companies that it would not pay for any medicines supplied without an official order.
- The Board asked if there was a feedback loop for patients about clinical issues such as the patient had stopped taking the medicine and had a surplus supply of a particular medicine. Damian reported that processes had now been established and Pharmacy now received performance reports from homecare companies of patients who had refused deliveries.

- In answer to a question of whether further savings could be found, Damian reported that Pharmacy were always horizon scanning and looking for further opportunities such as drugs becoming generic.
- In terms of staffing, Damian stated that he would be looking at increasing the Homecare Team to approximately 8 WTE.
- The Board also discussed whether Homecare Medicine was something which could be included in the Working Together footprint and whether there could be one central hub to deal with homecare medicine prescriptions. The Chief Executive agreed to look into that.

Action: Andrew Cash/Damian Child

The Chairman thanked Damian for an extremely interesting and detailed presentation.

STH/110/15

Chief Executive Matters including the Integrated Performance Report

The Chief Executive introduced the Integrated Performance Report and explained that it was still work in progress and was continually being developed. He invited each Executive Director to provide updates on their areas of responsibility:

- Deliver the Best Clinical Outcomes/Research and Innovation

The Medical Director highlighted the following points:

- Research and Innovation - There had been a further round of applications for Academic Directorate status which had concluded in Academic Directorate status being awarded to five Directorates i.e Obstetrics, Gynaecology and Neonatology, Renal Services, Urology, Accident and Emergency and Professional Services. The Trust now had a total of 13 Academic Directorates in place.

It was agreed that a copy of the application submitted by Professional Services should be attached to the minutes of this meeting as an example of the criteria involved to become an Academic Directorate.

Action: David Throssell

The Trust was supporting 5 fellows on the Clinical Research Academy set up with ScHARR.

The Trust had discussed for some time how to formalise its approach to innovation and it had now been agreed that it would come under the auspices of the Joint Research and Innovation Office and would be led by Wendy Tindale, Scientific Clinical Director, Medical Imaging and Medical Physics

- NCEPOD Review 2014/15 - Two new NCEPOD reports had been published covering the care of patients who had undergone a tracheostomy and the care received by patients who had undergone major lower limb amputation due to vascular disease or diabetes.
- Information Governance Overview Report 2014/15 - The Trust had reviewed its information governance arrangements over the last month and it was compliant with all the 45 indicators within the Information Governance Toolkit 2014/15.

- Medicines Safety - The Trust had declared compliance with all NHS England Patient Safety Alerts.
- Mental Health - The Trust was a major provider of services to patients with co-existing physical and mental health problems. Three out of ten inpatients were coded with a mental health disorder.

The Mental Health Committee was proving a very useful forum. The Trust was partner to a new city-wide concordat (led by the Police) to improve crisis care for people experiencing acute mental health issues. In the last few days the Chief Constable had written to providers notifying them that with effect from 1st October 2015 the Police would not accept any child into their cells for mental health problems.

The Director of Strategy and Operations reported that the Chief Operating Officer was looking at the mental health waits for patients in Accident and Emergency.

- Serious Untoward Incidents (SUIs) - The parameters for reporting SUIs in the report had changed in line with national guidance. The report would show the number of cases and the Medical Director would provide details of the cases.

In March 2015, the Trust had 4 SUI's:

- A patient was admitted as an emergency admission with abdominal pain. The patient was taken to theatre overnight but the surgical procedure performed was not that which had been intended. The patient was given a full apology.
- One patient was incorrectly identified leading to an incorrect procedure being undertaken in endoscopy. The error was realised as the procedure was being carried out and the correct treatment was provided. The patient was unharmed and full apologies were given.
- In January 2015, four patients requiring admission waited for more than 12 hours in the Emergency Department before being transferred to an inpatient bed. On that basis they all met the definition of a 12-hour trolley wait and were reported as a SUI although none of the patients came to harm as a result of their wait.
- As a result of the Review of Waiting Lists within the Cardiothoracic Directorate two patients had been identified where there was a possibility that the length of their wait had contributed to that their death. On that basis, those two cases would be reported as SUI's and investigated accordingly..

The Deputy Chief Nurse highlighted the following points:

- There had been 1 case of MRSA bacteraemia recorded for the month of March 2015 which brought the total for 2014/15 to 4.
- The Trust had seen an increase in cases of *C.diff* in March 2015 with 15 being recorded for which it had not been possible to identify any particular reason. Since then there had only been 2 cases in April and 4 in May so March did not appear to be a trend. The full year performance was 93 cases of *C.diff* against an internal threshold of 78 and a Monitor threshold of 94.
- There were 4 Trust attributable cases of MSSA bacteraemia recorded which was slightly worse than the monthly trajectory that the Trust had set itself. However, the

Trust achieved a 19% improvement on the number of cases recorded in 2014/15 compared to 2013/14.

- Safer staffing – overall, the actual fill rate for day shifts for Registered Nurses was 91.5% and for other care staff against the planned levels was 98.3%. At night those fill rates were 92.4% for registered nurses and 106.9% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for that included vacant posts, sickness and parenting leave above the planned level. In addition, the Trust had additional escalation beds open throughout March 2015. The fill rates for registered nurses were about 2.5% lower than they were in May 2014, but fill rates for care staff were over 3% higher than they were in May 2014. That reflected both the current difficulty in recruiting registered nurses and the large number of individuals wishing to join the Trust as care staff. It was also proving more challenging to cover night shifts than day shifts.

The Trust had recently held a Recruitment Event for registered nurses.

With reference to the incident in Stepping Hill recently reported in the media the Director of Human Resources assured the Board that the Trust had robust checking processes in place for every employee. Staff with direct patient contact were subject to enhanced Disclosure and Barring checks were required to provide their original certificates of any qualifications they had declared at a face to face meeting. He reported that the Trust was not recruiting nursing staff from overseas.

The Deputy Chief Nurse also reported that nurses recruited by the Trust went through a recruitment assessment centre in order to ensure that they had the necessary skills, values and behaviours expected by the Trust.

There was a general discussion about nurse recruitment and it was felt that the Trust needed to apply more pressure on the LETB to address this issue. Professor Weetman pointed out that the Trust needed to factor in Physician Associates who were people trained within two years and whose skills would develop over the next several years. The Board agreed that Workforce Planning including nurses should be a topic for the strategic Board session in July 2015.

Action: Neil Riley/Hilary Chapman/Mark Gwilliam

- Friends and Family response rates inpatient – the response rate in March 2015 was 56%, which meant the Trust achieved the CQUIN target of 40%.
- Mixed Sex Accommodation - Annette Laban pointed out that mixed sex accommodation was rated red and that position had not been discussed by the Healthcare Governance Committee. She agreed to pick it up at the next meeting.

The Deputy Chief Nurse reported that the two breaches occurred in December 2014 during the night and both cases were rapidly resolved once identified the following morning. The cases were not escalated to either First On Call or TEG on Call at the time which was not in accordance with Trust Policy.

➤ Provide Patient Centre Services

The Director of Strategy and Operations highlighted the following points:

- Accident and Emergency activity was 4.2% above target in March 2015 and performance for the year was 0.9% above target. In March 2015, 92.3% of attendances were seen within 4 hours giving a year to date performance of 92.9%,

against a target of 95%. The position remained fragile. The review of the emergency care pathway was in progress.

A "perfect week" concept was to be run in September 2015 but in the run up to that the Trust would run a "give a go week" in week commencing 10th June 2015.

- The target for 18 week admitted pathways was not met, with a performance of 84.7% against a target of 90%. This is a small deterioration from 85.3% in February and is slightly behind the planned trajectory of 87.0%. There were 2 patients who were waiting longer than 52 weeks at the end of March 2015, one in ENT and one in Urology. Both cases were a result of an administrative error and where the stop clock had been inappropriately applied.
- In March, 2015, there were 116 operations cancelled on the day for non clinical reasons compared to the target of 75. For the year, there was a total of 1055 (0.86% of all planned operations) cancellations against a target of 900. There were two patients who had been cancelled on the day that were not readmitted within 28 days. The Director of Strategy and Operations highlighted the sterling work being undertaken by OSCCA to avoid patients being cancelled.
- The Trust achieved the target for non-admitted pathways in March 2015 with a performance of 96.7% against the target of 95%. The target for incomplete pathways was also achieved with a performance of 93.8% against the target of 92%.
- New outpatient activity was 3.4% above target in March and was 5.4% above for the year.
- Follow up activity was 1.6% above target in March and was 0.2% below target for the year.
- The level of elective inpatient activity was 7.7% above target in March and 2.4% above for the year overall.
- Non elective activity was 2.9% above target in March and 2.3% above for the year overall.
- The 62 day cancer target for Quarter 4 had been met with a performance of 85.61% against a target of 85%.

It was noted that 89% of referrals started within the Trust met the target and only 66% of referrals from District General Hospitals met the target. The worst performers were Barnsley and Doncaster.

- In March, 2015, there were, on average, 68 patients whose discharge from hospital was delayed for non clinical reasons compared to 77 during February 2015. The Chief Executive was due to meet with John Mothersole, Chief Executive of Sheffield City Council, in the coming week to discuss the matter.

➤ Employ Caring and Cared for Staff

The Director of Human Resources highlighted the following points:

- Sickness absence in March 2015 fell to 4.45% from 4.9% in February 2015 resulting in a year end position for 2014/15 of 4.48% against a target of 4%. The year end figure was 0.25% worse than the end of year position for 2013/14.

Directorates whose sickness rate was above 4% would be required to produce action plans and the HR department would continue to work closely with them to ensure that they were following the Trust's Managing Attendance Policy, undertaking return to work interviews etc. An audit would be undertaken the results of which would be presented to the Finance, Performance and Workforce Committee.

- There continued to be a steady increase in the number of appraisals which had been carried out in the preceding 12 month period with the rate at the end of March 2015 standing at 82.8%. Following a review of the topics classified as mandatory training (in line with the recent publication of the Core Skills Framework by Skills for Health) there had been an improvement in the level of compliance to 60.7%. Monthly summits chaired by the Chief Executive continued to take place with regard to both appraisals and mandatory training.

Directorates were advised to spread appraisals throughout the year to avoid pressures at the year end.

Annette Laban valued the focussed approach on appraisals as from some appeals she has heard it had transpired that staff had not had an appraisal and were not aware of the Trust Values PROUD.

- The HR Directorate has reviewed the structure which supported directorate operational teams through a series of engagement events with the staff and would be introducing a business partner model following an internal recruitment process and development programme. The aim of that approach was to ensure that Directorates had access to senior HR resource to support them across the workforce agenda. The plan was to have the new model in place by July/August 2015.

➤ Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Trust ended 2014/15 with an I&E surplus of £8.39m which was 0.8% of turnover of just over £1 billion which overall was a good result although the Trust faced underlying challenges going forwards.
- The size of the surplus was largely due to a late allocation of £7.6m in respect of ongoing national discussions on funding for complex patients and 2015/16 tariff payment system arrangements.
- The biggest areas of growth were pay, drugs and clinical supplies and services
- There was an activity over-performance of £4.4m before contract penalties of £2.1m. There was a £6m income loss in respect of the MRET and Emergency Readmission within 30 days rules. Overall, patient services income was 4.9% higher than 2013/14 due to activity and cost/case drugs/devices growth, investments in community services and the late allocation referred to above.
- Staff in post increased by 399 WTE
- There was an under-delivery on Directorate Efficiency Plans of £5.4m but overall the Trust broadly achieved the expected level of savings.

- Significant Directorate deficits were offset by contingencies and other non-recurrent in-year gains.
- The Capital Programme was underspent as a result of scheme slippage due to operational, planning and procurement constraints.
- The cash and working capital positions remained reasonably strong, partly due to the capital slippage and other resources held for future commitments on capital, R&D, etc

During discussion Non Executive Directors sought assurance that the efficiency targets set for Directorates were realistic and achievable and asked what action was taken to address the Directorates who continually failed to achieve the target. The Chairman reported that the performance of Directorates was rigorously addressed by the Finance, Performance and Workforce Committee and it would also continue to be a focus of the Board's attention.

The Director of Finance explained that the Trust had set efficiency targets for the last ten years which equated to a cumulative efficiency target of around 35%. Therefore all the more straight forward ways of making efficiency savings had been exhausted and the Trust was now in the much more difficult position of looking at changes to clinical practice and pathways to make those savings.

The Medical Director also emphasised that most Clinical Directors do not have a management background and therefore needed to be provided with the tools to address the problems. The Trust was holding a major leadership event that evening.

The Chairman stated that it was an extremely good report and the Trust's driver should be to see all areas "green" in the report.

STH/111/15

For Approval

(a) Trust Music Licence(s)

The Assistant Chief Executive reported that the Policy had been approved by TEG and was presented to the Board for ratification in accordance with Trust Policy.

The only change was on Page 5 in Sections 5 and 6 to state that all music licences had to be obtained through the Hotel Services Directorate.

The Board of Directors **RATIFIED** the Trust Music Licence(s) Policy.

STH/112/15

Chairman and Non-Executive Director Matters

There were no matters to report.

STH/113/15

To Receive and Note

(a) Healthcare Governance Committee Annual Report 2014/15 and 2015/16 Workplan

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Committee Annual Report 2014/15 and 2015/16 Workplan

(b) Audit Committee Annual Report 2014/15 and 2015/16 Workplan

The Board of Directors **RECEIVED** and **NOTED** the Audit Committee Annual Report 2014/15 and 2015/16 Workplan

(c) Finance, Performance and Workforce Committee Annual Report 2014/15

The Board of Directors **RECEIVED** and **NOTED** Finance, Performance and Workforce Committee Annual Report 2014/15.

(d) Declaration of Interest

The Board of Directors **RECEIVED** and **NOTED** the declaration of interests submitted by Annette Laban subject to the amendment referred to earlier in the minutes.

(e) 2015/16 Operational Plan to Monitor

The Board of Directors **RECEIVED** and **NOTED** the 2015/16 Operational Plan which had been submitted to Monitor and would be published on their website.

STH/114/15

Any Other Business

There were no additional items of business raised.

STH/115/15

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 17th June, 2015, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.

Signed: Date:
Chairman