



**Minutes of the BOARD OF DIRECTORS held on Wednesday 16<sup>th</sup> December, 2015, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital**

**PRESENT:**

Mr. T. Pedder (Chair)

Mr. T. Buckham	Ms. K. Major
Sir Andrew Cash	Ms. D. Moore
Professor H. A. Chapman	Mr. J. O'Kane
Mr. M. Gwilliam	Mr. M. Temple
Mrs. C. Imison	Mr. N. Priestley
Mrs. A. Laban	Dr. D. Throssell

**APOLOGY:**

Professor A. P. Weetman

**IN ATTENDANCE:**

Miss S. Coulson (Minutes)	Mrs. J. Phelan
Mr. N. Riley	

Mr. R. Johki (STH/266/15)  
Mr. P. Sneddon (STH/269/15)

**OBSERVERS:**

1 Governor  
2 Members of the Public

The Chairman welcomed everyone to the meeting.

**STH/263/15**

**Declarations of Interests**

There were no declarations of interest made.

**STH/264/15**

**Minutes of the Previous Meeting**

The Minutes of the Meeting of the Board of Directors held on Wednesday 18<sup>th</sup> November, 2015, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record subject to the following amendment on the top of Page 12 - first paragraph (minute STH/244/15(a)), - "It was agreed that the Medical Director would take those discussions forward."

**STH/265/15**

**Matters Arising**

(a) **T3 Programme**

(STH/238/15(c)) The Medical Director gave a brief update on each of the elements of the T3 Programme:

- Lorenzo - The system was now starting to be embedded throughout the organisation. Many of the technical issues had now been resolved but a

significant amount of work was continuing regarding the accuracy of data. He reported that at the end of this week the Trust would be reducing the number of staff allocated to provide immediate support although this would be less than originally planned due to the need to provide continuing support for outstanding issues particularly during out of hours periods, where the service logs demonstrate continuing demand.

- IPPMA - Electronic Prescribing - The decision had been taken not to implement this system at the same time as Lorenzo as it was felt that the product was not ready for release. Since then it has been improved and was now considered ready for implementation. Implementation would take place on an incremental roll out basis commencing on 8th February 2016. He emphasised that training for medical and nursing staff on the system was crucial. Dedicated staff would be identified to oversee the project.
- Electronic Document Management System (EDMS) – The key the technical issues had now been resolved and by June 2016 all Consultants would be using EDMS in the outpatient setting with copying on demand. He reported that approximately 3.4 million pages of case notes had been digitised.
- Clinical Portal - The plan remained to implement this by 18th January 2016. However there was one issue relating to Laboratory data which needed to be fixed and which may delay implementation. The Medical Director was hopeful that the matter would be resolved by 18th January 2016.
- Xerox - There may be a slight delay in completion of the programme as the Xerox Team had experienced problems in configuring sufficient printer devices. The message, however, was so far so good.

(b) Raising Concerns at Work Policy

(STH/241/15(a)) The Director of Human Resources referred to the issue raised by Professor Weetman at the previous meeting regarding medical students and the fact that they could raise concerns through a number of different routes and therefore felt that the Raising Concerns at Work Policy should be shared with the two Universities and Postgraduate Deanery. He reported that the matter was on the agenda for discussion at the meeting of the Research, Education and Innovation Committee on 25th January 2016.

(c) Carter Review

(STH/238/15/(c)) The Director of Finance reported that a pack from Lord Carter had been received on 25th November, 2015 which had two parts to it i.e. potential savings opportunities and benchmarking analysis.

There were some concerns about data quality and the Trust had responded identifying those concerns and clearly the debate would continue regarding the need to identify efficiency savings.

(d) Theatre Performance

(STH/240/15) The Medical Director reported that a significant amount of work regarding theatre productivity was going on through the Surgical Board.

The Director of Strategy and Operations reported that it had been agreed to set up a Task and Finish Group to look at cancelled operations and that work had commenced and was being led by the Chief Operating Officer.

(e) Tendering (Community Services)

(STH/244/15(b)) The Director of Strategy and Operations reported discussions were taking place with NHS England about contracting and tendering for community and other services and the disruptive affect that had on services and the additional cost to the organisation in preparing tenders.

The Board had a detailed discussion on the purpose and benefit of such an approach and the distraction and disruption that it caused to the service. It was also pointed out that by the time a service had been set up and had chance to settle down it was time to re-tender again.

The Chief Executive pointed out that this was an emerging theme which needed national discussion and he would raise it through the Shelford Group. In addition to that the Chairman stated that he would write a personal letter to the Minister.

**Action: Tony Pedder/Neil Riley**

It was agreed that locally there was a need for clarity of purpose across all organisations.

**STH/266/15**

**Providing Patient Centred Services**

(a) Clinical Update: Invasive Procedures in Fetal Medicine and Obstetrics: Making a difference

The Medical Director introduced Mr. R. Jokhi, Consultant Obstetrician, Sub-Specialist in Maternal & Fetal Medicine, who gave a presentation on his role as a Fetal Medicine Specialist and the types of invasive procedures he performed. His presentation included the case study of a patient who developed problems with her pregnancy at 20 weeks. It was found that the baby had fluid in its chest and abdomen and such cases carried a high risk of mortality. Following a thorough consultation with the parents they agreed to a thoracic-amniotic shunt procedure as they wanted to give their baby every chance of survival.

Mr. Jokhi undertook the procedure which was successful in draining the fluid and the baby was delivered at 38 weeks and 5 days and was discharged home ten days later.

It was noted that the quality of imaging was critical to the success of these complicated procedures.

The Trust received referrals from the Yorkshire and Humber region.

The Chairman thanked Mr. Jokhi for an extremely interesting presentation and for explaining the complex procedures he carried out.

**STH/267/15**

**Chief Executive's Matters**

The Chief Executive referred to his report (Enclosure B) circulated with the agenda papers and highlighted the following items:

- Appointment - Dr Kumar Basu had been successfully appointed as the new Clinical Director for Gastroenterology with effect from 1st December 2015.

- Integrated Performance Report - The Chief Executive reported there was good performance on Infection Control, Appraisals and Mandatory Training but the theme running through the report was one of low activity and income the reasons for which needed to be diagnosed and addressed as a matter of urgency. It was felt that some of the reasons for the position were theatre scheduling, reduction in junior doctors and contracting issues.

The Chief Executive emphasised that now the Trust was through the major part of the Care Quality Commission (CQC) inspection it was important to refocus its attention on improving activity and income.

The Chief Executive invited each Executive Director to provide updates on their areas of responsibility:

- Clinical Outcomes

The Medical Director highlighted the following matters:

- The most recent Quarterly Trust Mortality Report for both HSMR and SHMI were both as expected
- The Trust had been notified of a concern reported to the CQC regarding The Princess Royal Spinal and Neuro-rehabilitation Centre (Osborn Unit) at the Northern General Hospital. Following receipt of the concern the Trust had undertaken a preliminary investigation and had reported its findings to the CQC. There were no patient safety concerns identified in the review.
- The four Serious Untoward Incident (SUI) reports identified as being overdue at the end of October 2015 (two within Cardiac Services and two within MSK) had now been submitted.
- The numbers of incidents not approved within the 35 day target remained above the required standard.
- There were four new SUIs reported for the period and a thorough investigation had been undertaken into each incident.
- There had been no Never Events

The Chief Nurse highlighted the following matters:

- There have been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of October 2015. The year to date total remained nil.
- There were 6 Trust attributable cases of MSSA bacteraemia recorded in October 2015 which was worse than the monthly trajectory that the Trust had set itself. The year to date performance was 33 cases of MSSA against an internal threshold of 25 cases.
- The Trust recorded 8 cases of *C.diff* for October 2015 which, for the first time this year, was worse than the monthly target of 7.25 cases. The reason for that position was a cluster of *C.Diff* cases had presented on Ward Q1 at the Royal Hallamshire Hospital. That incident was being treated as a SUI. The year to date performance was 35 cases of *C.diff* against an internal threshold of 46 cases and a Monitor threshold of 51.
- Safer staffing – overall, the actual fill rate for day shifts for Registered Nurses was 92.2% and for other care staff against the planned levels was 101.2%. At night those fill rates were 90.8% for registered nurses and 106.3% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for that were outlined in a paper presented to the Healthcare Governance Committee for detailed discussion. The main reasons for that position continued to be vacant posts, sickness and parenting leave above the planned level. The fill rates for Registered Nurses at night in particular continued to be carefully monitored. The Trust, in partnership with NHS Professionals, was

returning to Spain during November and December 2015 to try to recruit more nurses.

- Norovirus - One bay on one ward was currently affected. Nationally the number of cases of Norovirus were beginning to pick up.

- Provide Patient Centred Services

The Chief Nurse highlighted the following points:

- Complaints – 88% of complaints were responded to within 25 working days against a target of 85%
- FFT response rates inpatient – the response rate in October 2015 was 25.2% which was below the internal target of 30%.
- FFT response rates A&E– the response rate in October 2015 was 17.6% which was below the internal target of 20%.

The Director of Strategy and Operations reported the following matters:

- Elective activity was considerably below target (3.6%) in October 2015 and the Trust was under the target for the year by 2.2%. That position was causing considerable pressure on generating income.
- New outpatient activity was 12.5% below target in October 2015 and was 3.2% below target for the year to date.
- Follow up activity was 15.0 % below target in October 2015 and was 5.0 % below for the year to date
- Non elective activity was 0.6% below target in October 2015 and was 0.4% above for the year to date.
- Accident and Emergency activity was 0.8% below target in October 2015 and was 0.2% above for the year to date.
- The number of patients on incomplete pathways rose from 43,807 at the end of September to 47,078 at the end of October 2015. 93.3% of these had a waiting time of less than 18 weeks.
- For the fifteenth consecutive month the 18 week RTT target for incomplete pathways was met in October 2015 which was an impressive achievement. Although the Director of Strategy and Operations reported that, however, there were concerns regarding the length of the queue.
- In November 2015, for the first time the Cardiothoracic Surgery Directorate met all three 18 week waits referral to treatment targets (incomplete, admitted and non-admitted) which was a significant achievement given the pressure the Directorate was under.
- One patient had waited over 52 weeks for treatment at the end of October 2015 due to the patient requesting to defer their treatment. However the patient had now received treatment in November 2015.
- There were still a number of outstanding issues relating to the move over to Lorenzo that were still being worked through and therefore the Trust was still not reporting nationally data around Accident and Emergency. However, changes to the emergency pathway had been implemented and GP admissions were now going straight to one of three Assessment Units and not via Accident and Emergency Department. The changes had had a positive impact.
- The current performance against the cancer wait target for the 62 day referral to treatment (GP referral) was 78.5% (threshold 85%) breaches. The breaches STHFT performance for non-shared pathways in Q3 to date was 85.0%.

The Director of Strategy and Operations reported that this month's Deep Dive had been to look at the performance in elective inpatients and outpatients. She reported that she continued to work with Directorates about what was driving their particular positions and weekly review meetings would be held with each Directorate

to discuss their current level of activity and to project that forward for the following two weeks.

The Chairman commented that the information provided as a result of the Deep Dive was a rich source of data but going forwards focus should be on weekly performance targets.

It was agreed that the lessons learned from the position in Cardiothoracic should be rolled out to other Directorates to help them improve their own performance.

In answer to a question about the how targets were set, the Director of Finance reported that targets were set in consultation with each Directorate.

Annette Laban reported that the RTT Task and Finish Group had made good progress and now understood what the problems were but there was now a need for renewed attention to build on the success to date.

- **Employ Caring and Cared for Staff**

The Director of Human Resources highlighted the following points:

- There were continuing concerns regarding the level of sickness absence particularly long term sickness absence. Sickness absence in October, 2015 was 4.78% against a target of 4%. The year to date figure as at end of October 2015 was 4.38% compared with 4.13% for the same period the preceding year. Those figures could be split into long term 2.78% (YTD) and short term 1.6% (YTD).
  - 2955 members of staff had a period of absence during October 2015 of which 544 had been off for more than 28 days and 63 for 6 months and longer.

The Director of Human Resources stated that in addition to the above position he was also concerned that the Trust was entering into the winter months and he would expect to see a rise in short term absences during those months.

The HR Business Partners were working with directorates to ensure that anyone who had been off sick for more than 3 months had an individual action plan thereby ensuring that all long term sickness cases were closely monitored and managed as appropriate. Action plans were also now being produced for any member of staff who it was considered may be entering into a period of long term sickness.

There was a lengthy discussion regarding the number of staff on long term sickness. It was noted that the vast majority of cases were either as a result of stress or musculoskeletal problems and were spread across the organisation. Each case now had an action plan. The Board agreed that this was an area which needed to be tackled and the Trust Executive Group had their full support in taking these matters forward.

The Director of Human Resources stated that he was working closely with Staff Side regarding the treatment of staff on long term sick as it was not just about the person who was off sick but it was also about the effect that that person's absence had on the remaining staff.

- Nationally, from 23<sup>rd</sup> November 2015, Agency price caps had been introduced which the Trust was expected to comply with. The Trust Executive Group had

agreed that the STH would comply with the price caps wherever possible by April 2016. The level of the price cap was being phased between now and April 2016 at which point the cap would be 55% above the relevant Agenda for Change or Medical and Dental pay scale excluding VAT.

- Flu - the Trust was currently offering flu vaccinations to all front line staff and the uptake so far was 44%. From 18th January 2016, flu vaccination would be available to all staff in the organisation.

Public Health England had recently published national data on the uptake of the vaccination. Locally the uptake ranged between 21.6% at Mid Yorkshire to 60.5% at Barnsley. Across the Shelford Group the uptake ranged from 11.3% at Imperial to 48.2% at Oxford.

- Spend Public Money Wisely

The Director of Finance highlighted the following the matters:

- The national Quarter 2 position had been announced towards the end of the previous week and the half year position across all providers was a deficit of £1.6 billion particularly in the acute sector compared to £0.9 billion at Quarter 1.
- The Month 7 position showed a £5,445.6k (1.0%) deficit against plan which represented a deterioration of £988.2k on the month 6 position, although the percentage deficit was unchanged.
- There was a major year to-date activity under-performance of £9.3m, which was a deterioration of £1.6m in October 2015 after the £2.5m deterioration in September. The under-performance remained largely in respect of elective activity, out-patients, critical care and a larger than expected deduction for emergency readmissions within 30 days. It seemed likely that some income was missing from that position due to data issues following the implementation of the new Lorenzo PAS towards the end of September 2015 but it appeared that the bigger issue was the operational impact of the new system on booking and scheduling processes.
- There was a pay overspend of £2.4m (0.7%) in the first 7 months of the year, largely due to medical staffing pressures (£4.3m overspend). The focus on reducing bank and agency staffing costs continued.
- There was a £2.6m under delivery against efficiency plans at Month 6.
- With regard to Patient Service contracts, the Clinical Commissioning Group and NHS England contracts had been signed. The contract value with Sheffield City Council was now agreed and the Council had agreed not to pursue more savings from the Sexual Health Service in 2015/16 given cuts to Public Health funding but would be looking for significant savings in 2016/17
- The Operating Framework for 2016/17 was expected to be issued later that week.

There was a general discussion on the challenge of how the additional resources of £1.8 billion to address provider deficits would be distributed given the deficits in the provider sector. The Board expressed serious concern that it may not be allocated on a "fair shares" basis and instead may be allocated to the providers with the largest deficits. If that was to happen the Board felt there would be significant concerns.

## **STH/268/15**

### **CQC Inspection**

The Chief Executive reported that the Trust was through the major part of the CQC Inspection which had taken place the previous week. Approximately 100 inspectors visited the Trust during the week. The Trust had now entered the second phase of the inspection during which the CQC carried out unannounced visits to the Trust over a 10 day period. Following that there would be a period of approximately 8-10 weeks during which time the CQC would produce their report.

He reported that the inspection had made a positive impact on the organisation and had allowed staff to demonstrate what they do well. Also some good information had come out of the visit and he was extremely proud of all the staff. He reported that the Inspectors had felt very welcomed by the organisation and the logistic arrangements had been excellent.

The Board extended its thanks to Sandi Carman and Julie Phelan and their respective teams for their hard work in preparing for the inspection and for keeping the organisation up to speed with information during the inspection.

## **STH/269/15**

### **Deliver excellent research, education and innovation**

#### (a) Research and Development Activities

Dr. Peter Sneddon, Clinical Research Office Director, gave a presentation on research activities. The key points to note were:

- Improvements in STH FT research performance metrics at a local, regional and national level
- Aim to increase research grant income to STHFT,
- The number of STHFT Academic Directorates had increased from 8 to 14.
- Introduction of 'peer review' of Directorate performance
- Enable analysis of the 'Return on Investment' of the funding provided by STHFT to each Directorate.
- STHFT continued to improve its research performance as a result of several factors, including shortened R&D set up times and more active recruitment by its researchers.
- Improved Yorkshire and Humber CRN performance metrics
- Funding for NIHR CRN nationally was anticipated to be maintained at around £300 million per annum.

There was a general discussion about the return on investment as from the information presented it was apparent that the level of return on investment was patchy across Directorates with some Directorates doing well and others not covering the level of investment.

Dr. Sneddon reported that a review would be undertaken in January 2016 which would include the return on investment across each Directorate in order to gain an understanding of why some Directorates were outstanding and other less so and what lessons could be learned from the better performing Directorates. Going forwards the aim was to develop a better model for allocating funding.

There was also a general discussion about STH's responsibility as host for the Y&H CLRN and how it should performance manage the other organisations in the network. Dr. Sneddon explained that governance processes were in place and over time it would be important to link performance to funding allocation. He also emphasised that it was

also important to build links with the University of Sheffield to ensure that both organisations were aware of their respective priorities in terms of research activities.

The Chairman thanked Dr. Sneddon for providing an update on Research activities.

**STH/270/25**

**Chairman and Non-Executive Director Matters**

No matters were raised.

**STH/271/15**

**Any Other Business**

There were no matters raised.

**STH/272/15**

**Date and Time of Next Meeting:**

The next meeting of the Board of Directors would be held on Wednesday 20<sup>th</sup> January 2016, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be confirmed