Minutes of the BOARD OF DIRECTORS held on Wednesday 17th February, 2016, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital

PRESENT: Mr. T. Pedder (Chair)

Mr. T. Buckham	Ms. K. Major
Sir Andrew Cash	Ms. D. Moore
Professor H. A. Chapman	Mr. N. Priestley
Mr. M. Gwilliam	Dr. D. Throssell
Mrs. C. Imison	Professor A. P. Weetman
Mrs. A. Laban	

IN ATTENDANCE: Miss S. Coulson (Minutes)
Mr. N. Riley

Mr. I. Armstrong, Mrs. S. Townsley } item STH/34/16

APOLOGIES: Mr. J. O'Kane, Mrs. J. Phelan, Mr. M. Temple

OBSERVERS: Mrs. K. Barnard, Deputy Director of Human Resources
3 Governors
4 members of the public

The Chairman welcomed everyone to the meeting.

STH/31/16

Declarations of Interests

There were no declarations of interest.

STH/32/16

Minutes of the Previous Meeting

Minutes of the Previous Meeting held on Wednesday 21st January 2016 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/33/16

Matters Arising:

(a) Mental Health Services

(STH/04/16(b)) The Director of Strategy and Operations reported that the issue of the non recurrent investment was part of this year's contract negotiations.

The Medical Director reported that he had attended a follow up meeting with the Police to discuss Section 136 arrangements for children and adults who would no

longer be held in police custody from 1st April 2017. It was noted that the Sheffield Health and Social Care Trust was now providing a second bed for children.

(b) CQC Inspection

(STH/06/16) The Medical Director reported that further discussions had taken place with the CQC but no firm date had been confirmed on which the Trust would receive the draft report. His expectation was that it would not be before the end of March 2016 at the earliest as it was still being finalised by the Inspection Team after which it had to go to the National Quality Group who ensured that assessments were standardised across the country.

The Trust had continued to receive requests for information from the CQC and to date had responded to 363 such requests. It was also noted that by the end of the day the Trust would have completed all the action plans in response to the initial issues raised during the inspection.

(c) Well Led Governance Review

(STH/08/16) The Assistant Chief Executive reported that he was working through how best the patient's voice could be heard in the Board Room and would report back at a future meeting.

Action: Neil Riley

(d) Raising Concerns at Work

(STH/08/16) The Assistant Chief Executive reported that further to discussions at the January meeting he would work with the Director of Human Resources to produce a diagram showing how raising concerns at work were dealt with through the Board Committee structure and present it at the next meeting.

Action: Neil Riley/Mark Gwilliam

STH/34/16

Providing Patient Centred Services

(a) Clinical Update: Pulmonary Hypertension (PH): the patient journey

The Chief Nurse introduced the item and Dr. Iain Armstrong, Nurse Consultant, and Mrs. Susan Townsley, patient, were in attendance.

Dr. Armstrong gave a detailed presentation on the journey of a patient suffering from Pulmonary Hypertension (copy attached to the Minutes). Key points to note from the presentation were:

- Dr. Armstrong has been a Nurse Consultant in Pulmonary Hypertension for ten years and prior to that was a Clinical Nurse Specialist. He explained that significant progress had been made in the last twenty years in terms of diagnosis and treatment of PH.

- Dr. Armstrong was also the Chairman of the PH Association which was a patient support organisation.

- PH was high pressure in the lungs and for which there were many causes.

- Patients with PH frequently wait a long time for a diagnosis as they were often referred to other specialities for investigation of their symptoms.

- The cost of the drugs to treat PH was of the order of £60k per annum per patient and was funded through specialised commissioning.

- There were 9 Specialist Centres in the UK/Ireland and Sheffield was the biggest Centre in the UK and Europe and saw 1400 patients per year.

- Finding the form/cause of PH required careful assessment and the patient was required to undergo a number of tests and imaging.

- It was important for PH patients to be treated in a holistic way and for hospital staff to see the full picture and not just to treat the disease which can be seen but also to support patients in dealing with the effect of the disease on their daily lives, an aspect of the disease that non-specialist hospital staff were not always aware of.

Mrs. Townsley gave an account of her experience from being diagnosed with PH and her journey since then relating to her treatment. She explained that she was diagnosed with PH at aged 32 whilst pregnant with her third child and living in Coventry. She explained how devastating it was to be given that diagnosis and to be told it was a terminal illness and that she could only hope for a double lung and heart transplant. After researching the condition she found that Professor Higgenbottom in Sheffield was carrying out research into PH and after some difficulty managed to get a referral to see him. She explained that as soon as she arrived on the Unit in Sheffield she felt safe and supported and that staff understood her condition and needs. She considered herself lucky in that she was diagnosed early and was referred to the Sheffield Centre which was respected all over the world.

During discussion the following points were made:

- In response to the question of what could STH do better in the management of PH, it was noted that the Centre was short of space given the increase in referrals and that it would also benefit from extra support staff. The aim of the Department was also to set up more outreach services in local hospitals so patients had less distance to travel.

- With reference to education about the disease, Dr. Armstrong reported that the PH charity was working hard to educate GP's regarding the disease but there was a now a need for a different ideology as the disease had moved from an acute condition to a chronic condition and therefore services needed to be developed locally to address that.

- Both Dr. Armstrong and Professor Weetman emphasised the importance of the continued collaboration between the 9 specialist centres and the research into the cause(s) and treatment of PH. That collaboration was an example of team science at its best.

The Chairman thanked Dr. Armstrong for an interesting presentation and Mrs. Townsley for giving up her time to attend today to relay her experience and patient journey to the Board and he wished her well for the future.

STH/35/16

Chief Executive's Matters

The Chief Executive presented his report (Enclosure B) and highlighted the following points:

(a) Industrial Action by Junior Medical Staff

The Chief Executive referred to the Secretary of State's decision regarding the contract imposition which was regrettable from a Chief Executive perspective and was something he did not personally support.

Sir Andrew explained that along with a number of other Chief Executives he had been asked to be part of a wider reference group but was not on the Negotiating Team.

He explained that Sir David Dalton was asked by the Secretary of State to lead a piece of work with the BMA to try and reach a resolution. However Sir David Dalton reported to the Secretary of State in a letter last Thursday that talks had not concluded in a resolution although good progress had been made over the last few weeks around safety, pay and education and training.

He felt that one very sensible recommendation made by Sir David Dalton was that there should be a cross party review of why the NHS had got into this position and of the longer-standing concerns with recommendations to all parties for action. He felt that time should be taken out (6-9 months) to undertake that review and to look at the real issues including cultural issues in order to get to an improved position.

Sir Andrew emphasised that he did not support the imposition of a contract and he had made that point clear to the junior doctors who had contacted him.

He explained that the next steps were not clear, other than that the Government proposed to impose the contract with effect from 1st August 2016, and therefore the Trust would wait to receive further guidance.

Although it was noted that NHS Foundation Trusts had the potential freedom to introduce their own terms and conditions of employment, the Director of Human Resources reported that that such a course of action would be extremely difficult and would cause many problems.

The Director of Human Resources emphasised that there was a significant amount of preparation work to be undertaken between now and 1st August, 2016 to prepare for the new intake of doctors who would be employed on the new contract and also to look at the impact on rotas. It was important therefore that work was started as soon as possible. After that the new contract would be rolled out across the Trust by speciality.

During discussion it was felt that the term "junior doctors" was wrong for senior staff who need to be valued and nurtured and consideration should be given to changing it to something more appropriate. Professor Weetman felt that that point should be raised through Yorkshire and Humber LETB and the Postgraduate Deanery.

The Medical Director pointed out, that well before the discussions on the new contract began, junior doctors were being affected by a reduction in numbers and therefore there were now fewer trainees and the Trust had tried to develop other solutions/initiatives to address that position.

(b) Appointments

After many years, Dr. Francis Morris was stepping down for the post of Clinical Director in A&E on 30th June 2016 and Dr. Avril Khurt, currently a Clinical Lead in A&E, hasd been appointed to succeed him.

(c) Perfect Patient Pathway become one of seven national NHS Test Beds for innovation

The Sheffield City region had been announced as one of seven national 'Test Bed' innovation centres to take part in a major drive to modernise how the NHS delivered care. Test Beds were new collaborations between the NHS and innovators which aim to harness technology to address some of the most complex issues facing patients and the health service. Successful innovations would then be available for other parts of the country to adopt and adapt to the particular needs of their local populations.

The Sheffield City region Test Bed would be known as the 'Perfect Patient Pathway', and its aim was to create the 'perfect patient pathway' to bring substantial benefits for patients suffering from three or more long term health conditions, such as diabetes, mental health problems, respiratory disease, hypertension and other chronic conditions. STHFT was the lead organisation for the Perfect Patient Pathway which comprised 29 partners from health and social care, industry and academia

The vision of the programme was to create a model that would support holistic care for people, irrespective of age or condition, and that would be available across the country.

By using new technology, coupled with new ways of delivering care, the intention was to keep patients with those long term conditions well, independent and avoiding crisis points which often result in hospital admission, intensive rehabilitation and a high level of social care support.

A range of home-based monitoring devices and smart phone apps would mean patients could be supported to understand their condition and how to manage it at home. Data received from the devices would be used to assess a patient's wellbeing.

(d) Integrated Performance Report

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

- Deliver the Best Clinical Outcomes

  The Medical Director highlighted the following points:

  - The Trust had a robust system for receiving, acknowledging, implementing and monitoring safety alerts. A recent review showed that during 2015 the Trust had received 134 safety alerts all of which were acknowledged on time and closed by the deadline date.

  - National Maternal Infant and Perinatal Mortality Results - This matter had been considered in detail by the Healthcare Governance Committee at their meeting on 25th January 2016. However an article had been recently published in the Sunday Times regarding the results which included a very brief statement from the Trust which gave out an unnecessarily worrying message to the Trust's catchment population. The Chief Executive explained that the Trust had provided a detailed response to the Sunday Times enquiry but unfortunately only one sentence of it was published. The Chief Executive read out the full quote:

"Although the data from MBRRACE can be ranked, there is no statistically significant difference in the outcomes between all centres including Sheffield. Indeed for babies where all obstetric and neonatal care is provided by Sheffield Teaching Hospitals all outcomes are at least 10% better than predicted by standardised data. The national Neonatal Survey which is the most respected data collection in the UK, also shows that our mortality was as good as or better than other regional Neonatal Intensive Care Units who contribute data to the survey. However more than 50% of the babies we provide care for were transferred to us from other Neonatal Units because they have some of the most extreme clinical circumstances and are deemed to be very high risk. This proportion of high risk babies is exceptional, yet our performance remains very good in comparison, even to some less specialist units. This is because we are never complacent and we continually monitor and review our performance to ensure we provide the best care possible."

The Medical Director reported that the results were extremely complex and a report would be presented to the Healthcare Governance Committee on 22nd February 2016 for full detailed consideration. Following that a report would be presented to the Board in March 2016. The Medical Director reported that the Trust was not complacent and carried out robust reviews of every neonatal death.

It was agreed that Julie Phelan, Communications Director, should follow this up.

Action: Julie Phelan

- The numbers of incidents not approved within the 35 day target remained above the required standard.

- There had been no new Serious Untoward Incidents.

- A new Memorandum of Understanding (MOU) had been signed by The Coroner's Society of England and Wales and the Care Quality Commission which aimed to give clarity on the roles and responsibilities of the Coroner and the CQC in cases of death, including death during detention under the Mental Health Act.

The Chief Nurse highlighted the following points:

- There had been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of December 2015. The year to date total remained nil.

- There were 6 Trust attributable cases of MSSA bacteraemia recorded which was worse than the monthly trajectory set by the Trust. The year to date performance was 47 cases of MSSA against an internal threshold of 32 cases.

- The Trust recorded 11 cases of *C.diff* for December 2015 which was worse than the monthly target of 7.25 cases. The year to date performance was 53 cases against an internal threshold of 59 cases and a Monitor threshold of 65. The Trust continued to focus on the deep clean programme specifically on the Northern General campus.

- Safer staffing – overall the actual fill rate for day shifts for registered nurses was 93.1% and for other care staff against the planned levels was 99.3%. At night those fill rates were 92.0% for registered nurses and 104.7% for other care staff. On a number of individual wards the fill rate fell below 85%. The Trust currently had 200 vacancies and was actively recruiting staff from overseas.

- In addition to nursing vacancies, sick leave for that group of staff was 7.3% (3.3% above the planned level of 4%). In addition to sickness the particular challenge was parenting leave which was 3.3% (1.3% above planned level of 2%).

➢ Patient Centre Services

The Chief Nurse highlighted the following points:

- The Trust was meeting the response time for complaints and 89% of complaints were responded to within 25 working days.

- Friends and Family Test response rates remained good in December 2015:
  - the response rate for inpatients was 30% which was the same as the internal target of 30%.
  - the response rates for A&E was 18.9% which was below the internal target of 20%.

The Director of Strategy and Operations highlighted the following matters:

- Activity continued to be below contract target but was still above the activity levels for the same time the previous year:

  - New outpatient activity was 12.4% below target in December 2015 and was 3.1% below target for the year to date.
  - Follow up activity was 14.6% below target in December 2015 and was 5.7% below for the year to date.
  - The level of elective inpatient activity was 3.7% below target in December 2015 and was 2.3% below for the year to date.
  - Non elective activity was 1.0% below target in December 2015 and was 0.2% below for the year to date.
  - Accident and Emergency activity was 10.8% below target in December 2015 and was 1.1% below for the year to date. That performance accurately reflected the revised flow for GP referred patients.

- The number of patients on incomplete pathways rose from 47,836 at the end of November 2015 to 50,483 at the end of December 2015. 92.8% of those had a waiting time of less than 18 weeks.

- One patient had waited more than 52 weeks for treatment. The reason for the breach was that Doncaster Royal Infirmary had sent in the referral extremely late. By the time the referral was received the patient had already waited 50 weeks and therefore it was not possible to arrange treatment within 2 weeks. The patient pathway was closed in January 2016. The Trust considered that to be an unacceptable position and the matter had been raised directly with Doncaster Royal Infirmary.

- The percentage of patients referred through the e-Referrals service continued to increase and was now at 39.7%.

- The number of elective operations cancelled on the day for non clinical reasons had fallen below target in December 2015.

- The 18 week referral to treatment time target for admitted patients was not met at 87.3% compared to the target of 90% but had increased for the first time since July 2015.

- The cancer target for 62 days from GP referral to treatment was not yet being met for Q3 but data was still being entered and validated. There had been an improved performance by Rotherham and Chesterfield but Barnsley and Doncaster's performance remained poor. STH's performance was 85% but the number of late referrals received by the Trust meant that it was not possible to meet the target.

  The Board had discussed the matter on many occasions over the past few years but it was not clear whether the matter had been discussed by the Boards of the District General Hospitals concerned.

  It was **AGREED** that the matter would be raised at the Chairs and Chief Executives meeting of the Working Together on 11th March 2016.

  Action: Sir Andrew Cash/Tony Pedder

➢ Employ Caring and Cared for Staff

The Director of Human Resources highlighted the following matters:

- Sickness absence in December 2015 was 4.91% against a target of 4%. The year to date figure as at end of December 2015 was 4.5% compared with 4.35% for the same period the preceding year. The figures could be split as follows:

  - Long term sickness 2.86% (YTD)
  - Short term sickness 1.64% (YTD)

- There were 2940 episodes of sickness absence during December 2015 of which 591 were for more than 28 days and 85 for 6 months and longer.

- Directorates with levels of sickness above the Trust target of 4% had developed action plans which were continuously reviewed and any member of staff who had been off sick for more than 3 months had an individual action plan.

- A review of the Managing Attendance Policy would be undertaken shortly and would include a widespread consultation/engagement exercise across the organisation.

- The Trust had seen a slight rise in the number of appraisals carried out in the preceding 12 month period with the rate at the end of December 2015 standing at 89.8%, which was just below the target of 90%.

- There continued to be steady progress in compliance levels for mandatory training with the figure of 88.1% as at the end of December 2015.

- As part of Health and Wellbeing the Trust was part of a national programme "Walk to Rio" initiative commencing in March 2016. It would involve staff

volunteering and being put into teams of 6. Each member of the team would be given a pedometer to see how many steps the team takes during March to August 2016.

- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The month 9 position showed a £3,642.5k (0.5%) deficit against plan. Whilst the position against operating budgets had continued to decline, the release of unplanned savings on capital charges and T3 costs (project and recurrent) had resulted in an overall improvement from month 8 although month 9 had still been a poor month.

- The major activity under-performance had continued to grow and now stood at £11.9m which was a deterioration of £1.4m in December 2015. 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. There were still data issues following the implementation of the new Lorenzo PAS which were creating challenges in reporting complete and accurate income figures. However, it was clear that the bigger issue was the operational impact of the new system on booking and scheduling processes, particularly in out-patient services.

- There was an overall pay overspend of £1.7m (0.4%) in the first 9 months of the year. The level of overspend continued to reduce but within it was the medical staffing pressures which continued to grow (£5.3m overspend). The Trust continued to focus on reducing bank and agency staffing costs (usage and rates).

- There was a £4.4m under delivery against efficiency plans at month 9.

- Overall, Clinical Directorates reported positions £17m worse than their plans.

- The key risks for the year remain delivery of activity/efficiency/financial plans, particularly with the consequences of the Lorenzo implementation, Junior Doctor industrial action and winter; contractual issues relating to challenges, performance penalties and delivery of the Local Quality Incentive Schemes; and service/cost pressures.

- The position at the end of month 9 remained of concern and action was being pursued to improve the delivery of activity, efficiency and financial plans and to mitigate risks and maximise contingencies. Resolving the issues following the Lorenzo implementation and getting activity back to normal levels was critical. Every effort must be made to deliver the Trust's 2015/16 financial plan and to create a more stable platform with which to enter 2016/17.

- Deliver Excellent Research, Education and Innovation

  The following points were noted:

  - Performance for 2015/16 for recruitment to trials was on target

  - The number of patient accruals to portfolio adopted grant and commercial studies for 2015/16 Q3 was 1,948. This was 91% of our Yorkshire and Humber Clinical Research Network Q3 target of 2,150, with the Trust remaining one of the networks top performers. Performance over the three quarters was 105% against our Yorkshire and Humber Clinical Research Network YTD target of 6,450.

  - Performance for clinical trials meeting the NIHR 70 day benchmark (from receipt of a Valid Research Application to Recruitment of First Eligible Patient) for 2015/16 Q1 was 96% which was significantly above the NIHR national target of 80%.

Due to time constraints, it was agreed that discussion on the deep dive topic "Average Length of Stay for Non Elective Spells" would be deferred to the March 2016 meeting in order that the Board could give it sufficient time for detailed consideration. It was agreed that it would also be helpful if the report could show analysis by profile of Length of Stay.

Action: Kirsten Major

STH/36/16

Delivering the Trust's Corporate Strategy

(a) Review of Quality Report Objectives

The Medical Director referred to his paper (Enclosure C) circulated with the agenda papers which set out the timetable for completion of the Quality Report 2015/16 and the proposed Quality Report Objectives for 2016/17 for Board approval.

He explained that the following proposed objectives had been drawn up by the Quality Report Steering Group which included Governors and representatives of Healthwatch:

- To improve the safety and quality of care we provide to our patients by emphasising the importance of staff introducing themselves and checking the patient's identity against documentation.
- To improve End of Life Care
- To improve the environment at Weston Park Hospital

The Board of Directors:

- **APPROVED** the Quality Report Objectives for 2016/17 and felt that they were well balanced
- **NOTED** the timetable for the completion of the Quality Report 2015/16

STH/37/16

For Approval

(a) Common Seal

The Board **APPROVED** the affixing of the Corporate Seal to the lease and licence for alterations for Unit 3, Wakefield Office Village, Silkwood Park, Wakefield relating to the relocation of the East Pennine Cytology Training Centre and as set out in Enclosure D circulated with the agenda papers.

STH/38/16

Chairman and Non-Executive Director Matters

There were no matter raised.

STH/39/16

Any Other Business

Industrial Action by Junior Doctors

The Director of Strategy and Operations reported that the Trust had set up Silver Command during the recent industrial action by junior doctors. The plans had worked well and there were no issues or incidents during the period of strike action. She reported that 89 operations were cancelled in advance of the action.

STH/40/16

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 16th March 2016, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital at a time to be confirmed

Signed …… Date …….
Chairman