



Minutes of the BOARD OF DIRECTORS held on Wednesday 16th March , 2016, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital

PRESENT:

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

IN ATTENDANCE:

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

Dr. P. Sneddon (item STH/60/16(b))

APOLOGY:

Professor H. A. Chapman

OBSERVERS:

2 Governors
1 member of the public
1 member of staff

The Chairman welcomed everyone to the meeting.

STH/54/16

Declarations of Interests

There were no declarations of interest.

STH/55/16

Minutes of the Previous Meeting

Minutes of the Previous Meeting held on Wednesday 17th February 2016 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/56/16

Matters Arising:

(a) 7-day Working

(STH/05/16) The Medical Director gave a short presentation on 7-day services in which he referred to the following ten Keogh standards which had been drawn up by Sir Bruce Keogh as part of the 7-day Service Forum:

1. The Patient Experience
2. Time to Consultant Review - All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours of arrival in hospital.

3. MDT Review
4. High quality Handover
5. Consultant Delivered diagnostics
6. Consultant Directed interventions ("Directed" may be delegated)
7. Timely Psychiatry Liaison
8. On-going consultant review either once or twice daily - All patients on the AMU, SAU, ICU and other high-dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care, consultants should be working multiple day blocks. Once transferred to a general ward, patients should be reviewed by a consultant-delivered ward round at least once every 24 hours, unless it has been determined that this will not affect a patient's care pathway.
9. Transfer to Community, Primary and Social care
10. Commitment to drive Care Quality Improvement

He pointed out that Standards 2, 5, 6 and 8 were the national priorities and had to be implemented by 2020 across all providers. The standards would be implemented in four phases each of a year's duration.

STH was in the first tranche and therefore had to implement the four national priority standards by the end of March 2017. He explained that the Trust had largely implemented Standards 5 and 6 and would, therefore, be focussing on Standards 2 and 8. The biggest challenge for the Trust would be Standard 8 and implementation of a second daily consultant ward round in high dependency areas which would require adjustments to Consultant job plans.

The next steps were:

- Work was underway on a major redesign of admissions and assessment
- Assess to Admit (A2A) rather than Admit to Assess
- Move to daily senior review within Job Plans
- Local Audit of 280 case notes March 31st - April 11th - that was part of a national audit which all Trusts were asked to undertake..
- Modification of Early Warning Scores with the addition of the following two metrics:
 - Now records temperature and urine output to EWS
 - Simple addition detects ~20% more than previously

(b) Raising Concerns at Work

(STH/33/16(d) The Assistant Chief Executive referred to the diagram (Enclosure B) circulated with the agenda papers which had been produced following discussions at the February 2016 Board meeting.

Although it was recognised that the diagram was produced for Board members, it was agreed that it required further work to make it clearer to follow and to make it more of a step by step flowchart for all staff. It could also be included as an appendix to the Raising Concerns at Work Policy. The Director of Communications and Marketing reported that a leaflet was being produced for staff which would set out in simple terms the routes for raising concerns.

Action: Mark Gwilliam

(c) National Maternal Infant and Perinatal Mortality Results

(STH/35/16(d)) The Director of Communications and Marketing reported that she had passed on the Trust's concerns to the Sunday Times regarding them not printing the full statement provided to them about the national maternal infant and perinatal mortality results. She commented that she had received a non committal response from the Sunday Times but pointed out that the matter had not been picked up by any other media.

(d) Mental Health Services

The Medical Director reported that good communication with the Police was now established and issues were being progressed especially where patients go absent from hospital.

The Director of Strategy and Operations reported that the Trust continued to share data about patients with mental health needs presenting at A&E with the Sheffield Health and Social Care Trust. She reported that the time those patients waited had reduced.

The Director of Strategy and Operations also reported that the Clinical Commissioning Group (CCG) had issued an invitation to tender for Mental Health Liaison Services (that service included crisis care in A&E as well as provision of mental health services on wards). The Trust was currently considering whether to take a co-commissioning approach with the CCG on this matter.

It was **AGREED** to bring a further update on this matter back to the Board in a couple of months' time.

Action: Kirsten Major

(d) Active Support and Recovery

(STH/42/16) The Director of Strategy and Operations reported that following discussions at the February 2016 Board meeting the Trust continued to work with partners and the CCG on this matter but there were still some challenging efficiency savings and contractual arrangements to work through.

The governance model presented by the Chief Executive to the Active Support and Recovery team two weeks ago had been agreed in principle. The model was based on a prime provider model with STH being the prime provider. A review of the arrangements would be held in 12 months' time.

It was **AGREED** that when arrangements had been worked up they should be brought back to the Board in due course.

Action: Kirsten Major

(f) Test Beds

(STH/35/16(c))The Chief Executive reported that the national launch of Test Beds was taking place that day and the sponsor for the Sheffield Test Bed was Malcolm Grant, Chair of NHS England.

Chief Executive's Matters

(a) Feedback from Working Together Meeting held on 11th March 2016

The Chief Executive reported feedback from the Working Together meeting held on 11th March 2016 and he highlighted the following key points:

- the principal topic of the meeting was the Sustainability and Transformation Plan (STP).
- There were 44 STP Footprints in England which were not statutory bodies but were vehicles for collaboration.
- Sir Andrew had been designated the Local Leader for the South Yorkshire and Bassetlaw Footprint.
- By the end of June 2016 each Footprint had to produce a high level plan which addressed the following three gaps:
 - Close the health and wellbeing gap
 - Drive transformation and close the care and quality gap
 - Close the finance and efficiency gap

That would be a huge challenge given the number (40) of organisations involved in the Footprint.

- By 11th April 2016 each Footprint had to submit a short return, including priorities, gap analysis, governance arrangements including leadership and decision making process.

In terms of wider Working Together matters the Vanguard was looking at the following areas - ENT, Oral Maxillofacial Surgery, Ophthalmology, Children's surgery and anaesthesia, Radiology, Information Technology and Procurement

- Key issues were Workforce and Information Technology as those were areas where huge gains could be made.

During discussion the following points were made:

- The Chairman stated that the producing the STP would be a huge challenge and commented that it was not clear where it might lead but he encouraged the Chief Executive and others to be bold and radical in their thinking when drawing up the plan. It was important that this plan looked look differently to plans of the past.
- Board members felt that although there had to be the big radical thinking the Trust also needed to continue to encourage its staff to do the smaller things that make a difference.
- It would be important to get the connection right between the Vanguard and the STP and that would be a particular challenge for Commissioners as there would be some overlap.
- Working Together was looking very encouraging and if additional resources were needed the Trust should look at putting those in place as pay back would come in time.

- It was noted that Primary Care Providers had a seat at the table for the STP.

(b) Integrated Performance Report (IPR)

- Deliver the best clinical outcomes

The Medical Director highlighted the following points:

- Three new SUIs had been reported and investigated during the period 9th January to 2nd February 2016. One was a Never Event and related to an anaesthetic block being administered to the wrong side in a patient undergoing hip surgery. The error was discovered before the procedure took place and the patient came to no harm. A significant amount of work had been done in that area 2/3 years ago which had resulted in a dramatic reduction of such events and some further specific learning points had been identified and actioned as a result of this latest incident.
- The Healthcare Governance Committee supported the following proposed Quality Report Objectives for 2016/17:
 - 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 numbers of incidents not approved within the 35 day target remained above the required standard. Work was ongoing and was monitored by the Safety and Risk Management Board. The Board and the Healthcare Governance Committee would be kept informed of progress.

The Deputy Chief Nurse highlighted the following points:

- There had been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of January 2016 and therefore the year to date total remained nil.
- There had been 8 Trust attributable cases of MSSA bacteraemia recorded in January 2016. The year to date performance was 55 cases of MSSA against an internal threshold of 35 cases. The Trust continued to look at such cases very carefully for any patterns of causation but none had been identified. Public Health England had noticed that there had been a rise in cases of MSSA both in hospital and in the community setting. The Trust had compared its performance to other Trusts and it fell in the middle of the pack. Contact was being made with better performing organisations to see if there were any lessons to be learned.
- The Trust had recorded 9 cases of *C.diff* for January 2016. The year to date performance was 62 cases of *C.diff* against an internal threshold of 65 cases and a Monitor threshold of 73.
- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 93.6% and for other care staff against the planned levels was 103.2%. At night those fill rates were 92.7% for registered nurses and 110.3% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for that were discussed at the Healthcare Governance Committee. During January 2016, additional surge beds were required to meet demand at the Northern Campus and so staffing across the two sites was adjusted accordingly

- Employing caring and cared for staff

The Director of Human Resources highlighted the following points:

- Sickness absence continued to rise and in January 2016 stood at 5.02% against a target of 4%. The year to date figure was 4.56% compared with 4.45% for the same period the preceding year. The figures for the year to date could be split as follows: long term 2.86% short term 1.7%.
- There was 2872 staff who had had a period of sickness absence during January 2016, of which 570 had been off for more than 28 days and 79 had been off for 6 months or longer. Of those 79 cases 53 were still open at month end.
- All directorates who had sickness levels above the Trust target of 4% had developed their own action plans which were continuously reviewed. HR Business Partners continued to work with directorates to ensure that any member of staff off sick for more than 3 months had an individual action plan thereby ensuring that all long term sickness cases were closely monitored.
- The Working Together programme partners had agreed to enter into a procurement process for an absence management system.
- A review of the current Managing Attendance policy had commenced and involved discussions with TEG, Operational Board, CMB and Staff Side colleagues.
- As part of the national Healthy NHS Workforce programme health assessments for staff over the age of 40 would be launched from April 2016.
- There had been a slight reduction in the number of appraisals carried out in the preceding 12 month period with the rate at the end of January 2016 standing at 88% which was below the target of 90%.
- There continued to be steady progress in compliance levels for mandatory training with the figure of 88.1% being maintained as at the end of January 2016.
- Monthly summits chaired by the Chief Executive continued to take place with regard to both appraisals and mandatory training.
- Junior Doctors took industrial action on 9th/10th March 2016 and the next scheduled strike was to take place on 6th April 2016 for a 48-hour period. It was noted that very little progress had been made at a nationally level. Locally it was a difficult time but it was being well managed. The Chief Executive reported that with the support of the Director of Human Resource and Medical Director he was arranging an engagement meeting with junior doctors. The Medical Director reported that he had not picked up any animosity or tension from junior doctors to the Trust as they accepted that it was a not the Trust who was imposing the contract. However feelings were running high nationally.

- Spend public money wisely

The Director of Finance highlighted the following matters:

- In January 2016, and following consultation, a refreshed improvement programme had been agreed which incorporated all the Carter recommendations. The programme aimed to lift the profile of improvement efforts across the Trust to improve the Trust's ability to navigate a complex and challenging future from both a quality and financial perspective. All programmes had an agreed executive lead. Sub Board leadership arrangements and the scope of each programme would be agreed in March 2016.

- The month 10 position showed a £3,489.0k (0.4%) deficit against plan. Whilst the position against operating budgets had continued to decline in January 2016 (£1.4m), the on-going release of contingencies and unplanned savings on capital charges and T3 costs (project and recurrent) had resulted in a small overall improvement from month 9.
 - In January 2016, the activity under-performance stood at £13.1m which was a deterioration of £1.2m. Whilst significant, it was an improvement on previous months despite cancellations due to Junior Doctor industrial action and winter pressures. The under-performance remained largely in respect of elective activity, outpatients, critical care and a larger than expected deduction for emergency readmissions within 30 days.
 - There was an overall pay overspend of £1.8m (0.4%) in the first 10 months of the year. The overspend on medical and dental staffing continue to grow (£5.8m overspend).
 - There was a £4.8m under-delivery against efficiency plans at month 9.
 - Overall, Clinical Directorates reported positions £19m worse than their plans.
 - Given the very difficult national position, all providers were under great pressure to deliver their 2015/16 Financial Plans and deliver the best possible position in the last quarter of the year. The total Month 9 position for NHS providers was a deficit of £2.26b against a target outturn position of £1.8b. The Trust continued to forecast delivery of its £11m deficit Financial Plan although the position was finely balanced.
 - The position at month 11 showed an improvement and therefore the Trust was more positive about achieving its Financial Plan.
- Provide patient-centred services

The Deputy Chief Nurse highlighted the following points:

- 92% of complaints were responded to within 25 working days, better than the internal target of 85%.
- The FFT response rate for inpatients in January 2016 was 34.3% which was better than the internal target of 30%.
- The FFT response rate for A&E in January 2016 was 25.3% which was above the internal target of 20%.
- The FFT score for inpatients for January 2016 was 95% which was the same as the internal target of 95%.

The Director of Strategy and Operations highlighted the following points:

- In January 2016 activity continued to be below target:
 - New outpatient activity was 11.6% below target and was 3.4% below target for the year to date.
 - Follow up activity was 9.8% below target and was 5.5% below for the year to date.
 - elective inpatient activity was 1.2% below target and was 2.1% below for the year to date.
 - Non elective activity was 4.6% below target in and was 0.5% below for the year to date.
- Accident and Emergency activity was 9.5% below target which was a result of the planned change in the clinical pathways with patients who had been assessed by their GP being admitted directly to the assessment units. The year to date position was 2.0% below target.
- The number of patients on incomplete pathways had risen from 50,483 at the end of December 2015 to 52,107 at the end of January 2016. Of those, 92.7% had a waiting time of less than 18 weeks.

- The target for completed admitted pathways was not met with 85.7% of patients being seen within 18 weeks.
- The performance against the 62 day cancer target was below target for Q4 at 80.3%. Trust only performance is 87.8%.
- The performance against the standard that 96% of cancer patients should receive their first treatment within 31 days was currently at 94.2%.
- The performance against the standard that 94% of cancer patients should receive their subsequent surgical treatment within 31 days was currently at 91.9%.

The Director of Strategy and Operations reported that the Waiting List Task Force continued to meet under the chairmanship of Annette Laban. Annette Laban reassured the Board that staff knew what they needed to do to get on top of the waiting list and were now in the process of setting timescales for delivery of their action plans. The Waiting List Task Force would monitor performance of those action plans. The Chairman felt that the Board should have a more detailed discussion in a couple of months' time on 18 weeks given the growth in the number of patients on incomplete pathways.

Action: Kirsten Major/Neil Riley

The Director of Strategy and Operations gave a presentation on "Length of Stay" (copy attached to the minutes) which was the topic of the deep dive in the IPR.

The Board agreed that the Trust Executive Group should consider how the Trust was going to focus on Length of Stay going forwards, including patient/carer engagement where the patient had been in hospital longer than 30 days and to bring some proposals back to the Board.

Action: TEG

STH/58/16

Employ caring and cared for staff

(a) Medical Appraisal and Revalidation Annual Report: Update

The Medical Director referred to the update on medical appraisal and revalidation (Enclosure D) circulated with the agenda papers. The paper set out the progress made since the presentation to the Board of the 2014/15 Annual Report on Medical Appraisal and Revalidation in September, 2015. He reported that the Trust's performance was not as good as he would have liked in the following two areas:

- The proportion of doctors undergoing annual appraisal had improved from 69% in 2015/16 to 84% at present. However, that fell short of the Trust target of 95% and was still less than the national average of 87% therefore ongoing efforts were being made to improve that performance.
- The Appraisal Policy for Consultant, Associate Specialist, Staff and Specialty Grade Doctors and Dentists would need to be updated during quarter 1 of 2016/17 to take account of developments in appraisal and revalidation both in the Trust and nationally over the last four years.

(b) Staff Survey Results

The Director of Human Resources updated the Board on the findings of the 2015 Staff Survey Results as set out in Enclosure E circulated with the Board papers.

In 2015 the Trust participated in the annual NHS staff survey with the random CQC sample of 850 staff completing the survey in the traditional paper method. A full census survey was conducted at the same time with the majority of staff completing the survey on line with the exception of certain staff groups with limited access to email for example hotel services staff and estates craftsmen completing the survey via paper.

The response rate of the CQC paper sample was 51% (419 replies) above the national average of 41%. The census response rate was 41% (5914) compared to a 36% response rate in 2014.

Discussion centred mainly around the staff engagement score where there was some discrepancy between the benchmarked sample and the census result set out below:

- The overall benchmarked sample staff engagement score was 3.74 which was down from 3.82 in 2014 (reweighted this year) however it was still higher than in 2013 (3.71) and 2012 (3.61)
- A staff engagement score for the full census data had been calculated at 3.80 which compared favourably with the NHS national average 3.78 and the average for combined acute and community trusts (3.79).

The following points were made during discussion:

- The Trust should be looking for continued improvement and as that was not the case for staff engagement in the 2015 survey an action plan needed to be put in place.
- It was important to get beneath the data to understand the different responses from different areas in order to identify what the specific issues and underlying messages were.
- It was always useful to analyse the anecdotal comments made by staff in the survey as they were a good indicator of the underlying issues.
- Although the Trust had made huge efforts to improve staff engagement it had not had the impact to date that had been hoped.
- It was felt that Listening into Action only touched a small number of staff and therefore the plan was to hold a "Big Conversation" in each Directorate.
- It would be wrong for the Trust to be complacent and it needed to double its effort and to look at how to drive and improve staff engagement in the organisation.
- The poor response rate from nursing staff was a cause for concern and warranted further investigation.

The Chief Executive expressed his disappointment at the staff engagement score. The key task now was to get underneath the data and to look into specific departments to identify the issues. He felt that the implementation of Lorenzo and the difficulties staff had encountered may have had some impact on the score.

It was important that the Trust keep working hard on this and to get more staff involved.

It was agreed that Dawn Moore would work closely with the Director of Human Resources to scrutinise the data and that an action plan should be presented to the Board in May 2016.

Action: Mark Gwilliam

STH/59/16

Deliver the best clinical outcomes

(a) Achieving World-Class Cancer Outcomes – A Strategy for England 2015-2020

The Director of Strategy and Operations referred to Enclosure F circulated with the agenda papers which provided a summary of the recommendations within the independent cancer taskforce; the new cancer strategy for England and the potential implications for the Trust

The report by the Independent Cancer Taskforce proposed a strategy for improving radically the outcomes that the NHS delivers for patients with cancer. It provided 96 recommendations to improve the prevention, diagnosis, treatment and care of cancer in England.

The recommendations likely to have the most impact on the Trust were set out in Appendix 1 of the report.

The next steps included:

- The Cancer Management Executive would continue to reassess the recommendations as further information becomes available.
- Further engagement and alignment of priorities was planned with NHS Sheffield CCG.
- Cancer Waiting Times breach allocation guidance was to follow and would need to be considered along with the strategy document and NICE guidance to ensure that the whole system was working coherently together.
- Creation of an Implementation Plan to be brought back to Trust Executive Group for further debate in April 2016.

The strategy would have implications for the organisation particularly around the waiting list. It was important not to underestimate the amount of work needed to be done to comply with the strategy and how the Trust treated patients as individuals.

Although this matter was going to the Healthcare Governance Committee for detailed consideration it was acknowledged that it also straggled the remit of the Finance, Performance and Workforce Committee. A joint meeting of those Committees had already been arranged on 11th April 2016 and therefore it was felt that this should be an item on the agenda for that meeting.

Action: Neil Riley

STH/60/16

Deliver excellent research, education and innovation

(a) University Matters

Due to time constraints the Universities update (Enclosure G) was taken as read but Professor A. Weetman highlighted the following three items in the report as being significant for the Trust:

- Biomedical Research Centre application
- Clinical Research Facility (CRF) renewal application
- Experimental Cancer Medicine Centre renewal

(b) Research and Development Activities

Dr. Peter Sneddon, Clinical Research Office Director, was in attendance for this item and gave a presentation (copy attached to the minutes) on research and development activities.

The message was that performance across the network was improving and the use of funding allocation as a lever to improve performance was driving that improvement.

John O'Kane pointed out that Specialised Cancer received a significant investment for only a relatively small return compared to other specialties and asked if that position had been investigated. Dr. Sneddon pointed out that specialised cancer also received funding from cancer charities. However he explained that discussions had taken place with cancer medicine colleagues about their performance. They had explained that as cancer was leading the way for specialised/personalised medicine and it was becoming more difficult to recruit patients to trials because these were becoming more complex and were relevant to smaller numbers of patients. Having said that Dr. Sneddon emphasised that there was still a need to further investigate the position.

The Chairman thanked Dr. Sneddon for updating the Board on research activities.

STH/61/16

For Approval/Ratification

(a) Common Seal

The Board of Directors **APPROVED** the affixing of the corporate seal to the following document:

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and T & C Williams (Building) Ltd. For works at Weston Park Hospital to form a New Assessment Unit (Contract value: £382,378.00. Forms part of the 2015/16 Capital Programme)

STH/62/16

Chairman and Non-Executive Director Matters

Annette Laban reported that, on behalf of the Chairman, she had attended the "Made in Sheffield Programme" at the Cutlers Hall. The programme was for young people from secondary schools and focussed on employability skills. She reported that it was an excellent event and she was very proud of the young people who had attended from the Trust.

STH/63/16

Any Other Business

There were no additional items of business

STH/64/16

Date and Time of Next Meeting

The next meeting would be held on Wednesday 20th April, 2016, in the Board Room, Northern General Hospital, at a time to be confirmed

Signed Date
Chairman