



Minutes of the BOARD OF DIRECTORS held on Wednesday 20th April, 2016, in the Board Room, Northern General Hospital

PRESENT:

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

IN ATTENDANCE:

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

Professor Rob Copeland – item STH/92/16
Dr. Caroline Pickstone – item STH/95/16

OBSERVERS:

2 Governors
4 members of the public

The Chairman welcomed everyone to the meeting.

Prior to the meeting the Chairman announced that today was Professor Weetman's last Board meeting prior to his retirement and he thanked him for his significant contribution to the Board and its Committees over many years and wished him well for the future and presented him with a gift.

The Chairman reported that the draft CQC reports had been received by the Trust. The Executive Directors now had ten days to work through the reports to check for accuracy and report back to the CQC. He indicated that the Board would endeavour to formally report the outcome at the May Board Meeting but it may not be possible due to the remaining approval processes within the CQC process.

STH/89/16

Declarations of Interests

Mr. Martin Temple reported that he had been appointed Chair of the Health and Safety Executive. The Chairman congratulated him on behalf of the Board.

STH/90/16

Minutes of the Previous Meeting

Minutes of the Previous Meeting held on Wednesday 16th March 2016 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/91/16

Matters Arising:

(a) Raising Concerns at Work

(STH/56/16(b)) The Director of Human Resources reported that he had updated the Flow Chart (Enclosure B) circulated with the agenda papers to reflect the comments made at the March Board meeting. The Flow Chart would be circulated to all employees. However a communication campaign on Raising Concerns at Work would be launched in the next couple of weeks and a simplified leaflet would be circulated to staff.

(b) Active Support and Recovery

(STH/56/16(d)) The Chief Executive reported that governance arrangements for Active Support and Recovery were being led by the Sheffield Health and Social Care Trust (SHSCT) in terms of taking forward the agreement in principle. The Director of Strategy and Operations was working closely with the SHSCT on this matter. The Board noted that the governance arrangements would remain as they were for 2016/17.

(c) Length of Stay

(STH/57/16) The Director of Strategy and Operations reported that Directorates were being provided with lists of patients for review at their Multidisciplinary Team meetings.

She agreed to present an action plan to the May Board meeting.

Action: Kirsten Major

(d) Junior Doctors Contract

(STH/57/16) The Chief Executive reported that the next period of industrial action was due to take place on 26th/27th April, 2016.

He emphasised that the Trust would very much welcome both sides returning to the negotiating table to resolve the outstanding issues and to bring the matter to a conclusion. He explained that the Trust was extremely supportive of the contribution junior doctors make to the organisation and he would be hosting two open evening meetings with junior doctors in the next couple of weeks. The meetings would be held at the Northern General Hospital and the Royal Hallamshire Hospital and the purpose was to go through the implications of the new junior doctors' contract.

The Chairman expressed his concern about the forthcoming action and the importance of supporting staff in whatever decision they take in line with their conscience in order to maintain good relationships going forwards and to avoid any divisiveness of the workforce.

The Medical Director reported that to date there had been little evidence of any divisiveness within the Trust and that Consultant Medical Staff had stepped in to fill the gaps during the periods of industrial action.

Providing Patient Centred Services

(b) Clinical Update: National Centre for Sports and Exercise Medicine (NCSEM)

The Assistant Chief Executive introduced the item and explained that the NCSEM was a key part of the Olympic legacy from London 2012.

Professor Rob Copeland, Professor of Physical Activity and Health, was in attendance and gave a presentation on the work of the National Centre for Sports and Exercise Medicine.

The key points to note were:

- Physical inactivity killed more people than obesity.
- The main aim was to get more people active across the population.
- The Sheffield vision was to create a culture of physical activity that resulted in Sheffield becoming the most active city in the UK by 2020.
- Sheffield's mission was to make it easier for everyone in Sheffield to be active everyday.
- Activity as medicine - That Sheffield's healthcare system commissions, values and promotes physical activity as a viable treatment.
- Sheffield had received a £10 million investment which had been used to create three hub and spoke centres across Sheffield located at Graves, Thorncliffe and the Move More Centre at Concord which was already open.
- The Move More Challenge powered by the Move More App would be used to encourage people to move more as part of their working day to improve health and create wealth.

The following points were raised as part of the discussion following the presentation:

- Success could be measured by the following:
 - Sheffield becoming the most active city in the UK
 - Increase in the amount of research grants coming into Sheffield connected to sports and exercise medicine
 - patient outcomes in the Musculoskeletal Service
 - Schools - attainment and improvement in behaviour
 - Building a sustainable model
- The City Council was actively engaged in the project. However resources for leisure were being drastically reduced and therefore that presented a challenge.
- Was anything being designed for the whole family rather than individuals? Professor Copeland stated that there was some work being taken forward through the Health Communities Programme targeted at families. He also pointed out that the NCSEM had written a bid for a "Skyride" in Sheffield which encouraged cycling on closed roads.
- In terms of research the NCSEM was engaged with Insigneo as a key link.
- In terms of communications and PR, the Director of Communications and Marketing reported that a meeting had been held earlier that week of 20/30 communication leads from all partners and there was good enthusiasm and everyone was getting behind the Move More Campaign which was to be launched in July 2016.

- How closely were the three Hub and Spoke Centres working together. Professor Copeland stated that the three centres were working together to a degree. However a National Project Manager had recently been appointed and part of that role was to identify how the three centres could work better collectively and to produce a strategy.
- Martin Temple would welcome the opportunity to link the work of the NCSEM with the Design Council initiative "Active by Design"

The Chairman thanked Professor Copeland for an interesting presentation.

STH/93/16

Chief Executive's Matters

- Working Together

The Chief Executive reported that unfortunately the Working Together Vanguard funding for 2016/17 had been reduced in line with other Vanguards. However, progress was continuing and Working Together was now integral to the Sustainability and Transformation Plan process.

- Catering Team Award

The Chief Executive was delighted to announce that Liz Hawkshaw, Catering Manager at the Trust for over 8 years, had won the 'Caterer of the Year' award. The award recognised and celebrated the significant contribution that the Hospital Catering Manager made to the wellbeing and recovery of the patient, the patient experience and to the staff and visitors who use the services.

The Board of Directors extended their congratulations to Liz on her significant achievement.

- Integrated Performance Report

- Deliver the best clinical outcomes

The Medical Director highlighted the following points:

- There had been one Serious Untoward Incident (SUI) in February relating to a pressure related injury
- Unfortunately the dramatic improvement made in the middle of 2016 in the number of incidents not approved within the 35 day target had plateaued, although it remained above target. A further drive would be taken on that matter following completion of the CQC accuracy checking process.
- There was a reduction in the number of incidents reported in the month.
- The number of patient falls was slightly above the target at 334 in the month compared to the internal threshold of 331. The number of falls had been below the threshold since April 2015 and there were on average 277 per month.

The Medical Director explained that national reporting was variable so comparator analysis was difficult. The Trust has had a Falls Group in place for some time which looked at good practice for adoption within the Trust.

In answer to a query on whether the Trust tracked falls that resulted in harm, the Medical Director confirmed that data on falls which resulted in neck of femur breaks and head injuries was collected and it could be produced for the Board if required.

- The Trust had received successful JAG accreditation for the Endoscopy Service at both the Northern General Hospital and Royal Hallamshire Hospital.

The Chief Nurse highlighted the following points:

- There had been no cases of Trust assigned MRSA bacteraemia recorded for the month of February 2016 and the year to date total remained zero.
- There were 5 Trust attributable cases of MSSA bacteraemia recorded in February 2016, which was more than the internal trajectory of 3.5 cases. The year to date performance was 60 cases of MSSA against an internal threshold of 39 cases.
- The Trust recorded 9 cases of C.diff for February 2016 which was more than the monthly target of 7.25 cases. The year to date performance was 71 cases of C.diff against an internal threshold of 72 cases and an NHS Improvement threshold of 80.
- The actual fill rate for day shifts for registered nurses was 91.9% and for other care staff against the planned levels was 101.6%. At night those fill rates were 90.9% for registered nurses and 112.6% for other care staff. On a number of individual wards the actual fill rate fell below 85% of planned.

The Chief Nurse reported that a new metric was to be introduced, Care Hours Per Patient D (CHPPD). Initially it would simply be dividing care hours available by the number of patients and would be captured at midnight. That would enable comparison between clinical areas within and outwith the hospital. In the discussion that followed, the Chief Nurse spoke about the exciting potential opportunities being offered by the Apprenticeship Programme which was being further developed within the Trust.

The Trust currently had approximately 120-30 apprentices working in the Trust and the aim was to reach 300. The further development of the non-registered workforce was being discussed using the Calderdale Framework and it was suggested that a presentation on apprenticeships should be part of a future presentation to the Board on the Workforce Challenge.

Action: Hilary Chapman/Mark Gwilliam

- The number of beds closed to Norovirus had reduced and it was felt that the peak of the outbreak had now passed.

The Chief Executive reported the recent closure of the Short Term Intervention Team (STIT) to new cases for assessment had affected all clinical areas. The Board expressed serious concern at the number of patients (approximately 100) experiencing delays in being discharged from hospital to other locations and felt that the matter should be formally escalated with the City Council.

Action: Sir Andrew Cash

- Employing caring and cared for staff

The Director of Human Resources highlighted the following points:

- As could be expected in the winter months sickness rates continued to rise and in February was 5.01% against a target of 4%. The year to date figure stood at 4.61% at the end of February 2016 compared with 4.48% for the same period in 2015. The year to date figure for long term sickness was 2.87% and 1.74% for short term sickness.
- Action planning was beginning to have an impact and cases of long term sickness had reduced. There were 3132 episodes of sickness absence during February 2016. Within that total 525 were for more than 28 days of which 62 (a reduction of 30 from last month) were for 6 months and longer.
- The final national figures for the flu vaccination programme had been produced up to the end of February 2016. The Trust achieved 49.3%, which was close to the national figure of 50.8%, but was a major dip in performance from the previous year. . It had been announced that there would be a national CQUIN related to flu immunisation rates for staff next year. Discussions had commenced within the Trust's resilience group to plan the campaign.
- The Trust saw a reduction in the number of appraisals carried out in the preceding 12 month period with a performance of 85% against at target of 90% at February 2016. HR Business Partners had been asked to produce Directorate plans and Directorates were being encouraged to re-schedule appraisals to less operationally pressured times of the year.
- Steady progress continued in compliance levels for mandatory training with the figure of 88.2% being maintained as at the end of February 2016. Monthly summits chaired by the Chief Executive continued to take place with regard to both appraisals and mandatory training.

➤ Spend public money wisely

The Director of Finance highlighted the following matters:

- Overall there had been an improvement as at the February 2016 position, although there was still a significant under delivery.
- The month 11 position shows a £2,211.5k (0.3%) deficit against plan. Whilst the position against operating budgets deteriorated further in February, at £1.1m the level of in-month deficit was an improvement on previous months. The on-going release of contingencies and unplanned savings on capital charges and IT costs (project and recurrent) has then resulted in a £1.3m overall improvement from month 10.
- Given the very difficult national position, all providers remained under great pressure to deliver their 2015/16 Financial Plans and deliver the best possible position in the last quarter of the year. The Trust continued to forecast delivery of its £11m deficit Financial Plan.
- The position at the end of Month 11 gave more confidence that the Financial Plan could be achieved. Action continued to improve the delivery of activity, efficiency and financial plans and to mitigate risks and maximise contingencies. Getting activity back to planned levels remained critical for 2015/16 and to create a more stable platform for 2016/17.
- The final 2015/16 accounts were being prepared by the end of the week.

- For 2016/17 there were still some major issues to be addressed given the challenging financial environment:
 - The Sustainability and Transformation Funding of £19.2 million had conditions attached including a control total and key performance issues.
 - Contract negotiations were still on-going.
 - Delivery of activity and efficiency plan within the Trust.
 - Service and cost pressures to be managed.

The Chairman stated that he was pleased with the outcome for 2015/16.

➤ Provide patient-centred services

The Chief Nurse highlighted the following points:

- 94% of complaints were responded to within 25 working days.
- The FFT inpatient response rate was 31% in February, 2016, which was better than the internal target of 30%.
- The FFT A&E response rate in February, 2016, was 23%, which was above the internal target of 20%.
- The FFT inpatient score for February 2016 was 96% which was better than the internal target of 95%.

The Director of Strategy and Operations highlighted the following points:

- Performance was below target in the following areas:
 - New outpatient activity
 - Follow up activity
 - elective inpatient
 - Non-elective activity

However robust planning was underway to increase activity in 2016/17.

- In February, 2016, there were 99 patients whose discharge was delayed compared to 41 in both November and December 2015.
- Cancer targets – New rule arrangements from October 2016 were to be introduced around referrals received after day 38. The new arrangements were most welcome and would include what constitutes a referral including diagnostics and escalation process. If a referral was received after day 38, the breach would be awarded to the District General Hospital which was not currently the case.
- Board members felt that it was important that conversations with the CEOs of the local District General Hospitals take place sooner rather than later so that the principles of the new rule arrangements could be agreed.
- The Trust was still not reporting its A&E position nationally due to continuing problems with data quality. However action was being taken both internally and externally with the supplier to improve the position and the plan was to start reporting on 1st May 2016.

➤ Research, Education and Innovation

The Medical Director reported the following matters:

- Performance metrics for 2015/16 were on target.

- The Clinical Research Academy, hosted by SchARR, was coming to the end of its first year and its success and future would be carefully considered in the light of outputs from the first year.
- A location had been identified in the Clinical Research Facility at the Northern General Hospital for office accommodation for Insigneo staff.

➤ Deep Dive “The Patient Voice”

The Chief Nurse referred to “The Patient Voice” which was the topic of the Deep Dive and highlighted the following points:

- The report detailed the numerous and varied methods used by patients to relay their experiences about their care and treatment to the Trust.
- There had been a huge increase in the use of social media by patients to contact the Trust.
- Non Executive Directors had increased their profiles by undertaking “Back to the Floor” and “Welcome to my World” visits.
- The Chief Nurse and individual Non Executive Directors carried out visits to clinical areas to meet clinical leaders, patients, staff and review data.
- Over the last couple of years Governors had become a powerful part of the process and also carried out regular visits to departments throughout the year. During those visits Governors had direct contact with patients and staff.
- Some Clinical Updates to the Board involved patients giving accounts of their stories and patient journeys using various media.
- Where possible and feasible changes were made to processes and the environment as a result of the comments received.
- Both positive and negative comments were important.
- Changes had been made to the complaints process and patients were now given the opportunity to have direct contact with the staff involved in their complaint as well as senior staff to discuss their concerns. The staff were fully supported through the process.

During discussion the Board asked whether the Trust was able to identify the key themes from the huge amount of information/comments received in order that Directorates could make the best use of it.

The Chief Nurse explained that a quarterly complaints report was presented to the Healthcare Governance Committee. The report took all the information received and tried to drive out the key themes at Directorate level. It was important to note that the positive comments outweighed the negatives one. It was just as important to feedback the positive comments to staff and for them to be displayed in patient areas.

The Chief Nurse explained the issues around analytical capacity and agreed that the challenge was to make full use of all the information and data gathered in order to identify key themes.

STH/94/16

Governance

(a) Modern Slavery Act 2015

The Assistant Chief Executive referred to the paper (Enclosure E) on the Modern Slavery Act 2015. He explained that the purpose of the paper was to provide the Board of Directors with a background brief on the Act 2015 and an understanding of the implications for the Trust. He explained that it was a complex area for the organisation because of the length of its supply chain, although a significant amount of the Trust's procurement was nationally procured and that part would be taken forward nationally. He pointed out that included in the paper was a supporting action plan with deadlines and identified leads to ensure compliance with the Act together with a Modern Slavery Statement which the Trust was required to publish on its website.

Action: Neil Riley/Julie Phelan

The Board of Directors **APPROVED** the action plan to ensure ongoing compliance with the Modern Slavery Act 2015 and **APPROVED** the Modern Slavery Statement for 2015/16 for publication on the Trust's website.

STH/95/16

Deliver excellent research, education and innovation

(a) Yorkshire and Humber Local Clinical Research Network Annual Delivery Plan 2016/17

Dr. Caroline Pickstone, Chief Operating Officer, was in attendance for this item and presented the 2016/17 Yorkshire and Humber Local Clinical Research Network Annual Delivery Plan and 2016/17 Financial Plan as circulated with the agenda papers. She explained that the Network remained the third largest in terms of funding and received 9.9% of national budget.

She highlighted the following points in terms of the 2016/17 Annual Plan:

- The Plan outlined the ambition to attract applied health research to region to benefit patients and built on local clinical strengths and national priorities.
- Regional recruitment target 65,000, – national target confirmed as 650,000.
- The challenges for 2016/17 were to sustain/grow research opportunities for patients in all partners against a very challenging clinical climate.
- Need to reinforce the reasons why the NHS carried out research e.g. quality & patient benefits.
- Reduced funding (£-1.15M) based on the network's activity and relative performance of other networks – need to keep its ambition in sight (10% of national recruitment) and build reputation through excellent delivery.

The following points were noted in terms of the Financial Plan:

- The Plan had been reviewed and commented on by the CRN Partnership Group and the Trust Executive Group. Following which it had then been submitted to the CRN Co-ordinating Centre pending Board approval today.
- The Total Y&H CRN allocation for 2016/17 was £26,998,536 which represented a £1,151,819 (4.1%) reduction. The reduction related to recruitment related funding and primarily resulted from the Network's complexity of studies which drives the recruitment related element of funding relative to other Networks.

The challenges for 2016/17 were:

- Managing the £1,151,819 reduction whilst ensuring the delivery of the Networks key objectives and maintaining stability of the workforce.
- No Network Research Capability Funding would be received in 2016/17 (£269,157 had been received in 2015/16).

The risks were:

- Balanced plan dependent on Partner Organisations delivering their recruitment targets
- Limited reserve to address recruitment and performance shortfall.
- No Research Capability Funding for 2016/17.

The actions to mitigate the above risks were:

- Partner Organisations to demonstrate compliance with ACoRD guidance.
- Roll out process for identification and utilisation of commercial income generated from Portfolio adopted commercial studies.
- Each Partner Organisation to have a nominated Research and Development Manager and lead nurse.
- Development of a responsive and agile workforce through the flexible cohort would secure efficiencies by working across sectors, specialties and Trusts.
- Identification and growth for new sites for commercial research.
- Utilisation of contingency reserve.

The following points were raised during discussion:

- There was a need to work very closely with the seven Trusts (particularly in the east of the region) who had offered low recruitment targets in an activity to re-energise research. The Board also suggested that it would be good practice to partner up the less performing organisations with organisations with a good performance level.
- As host STH should encourage Board level discussions at the seven less performing Trusts about the importance of research.
- Professor Weetman stated that research was going as well as it could and it would be interesting to see what the new Leadership of the NHIR would bring. He also stated that it was important to make the impact of research much more visible and it was every hospital's duty to recruit patients onto research trials.
- It was also felt that it would be opportune to invite the new Director of NHIR to visit the Y&H CRN.
- It was important for all partner organisations to be research active as evidence showed that patient care benefitted.
- The Board felt that District General Hospitals should be able to contribute to large portfolio studies whilst the complex cohort studies would be carried out by STH.
- The Director of Finance commented that the Network was well managed and well controlled.

The Board of Directors **APPROVED** the 2016/17 Annual Delivery Plan and the 2016/17 Financial Plan.

STH/96/16

For Approval/Ratification

(a) Access Policy – Managing the 18 Weeks Referral to Treatment Waiting Times

The Director of Strategy and Operations referred to the revised Trust Access Policy (Enclosure G) circulated with the agenda papers. She explained that the Policy had been amended to reflect a number of changes in national guidance.

The key points to note were:

- National guidance was issued in Autumn last year and introduced the following changes:
 - From October, 2015, the key national measure for Referral to Treatment (RTT) Waiting Times would be the incomplete target. The target remained unchanged at 92% of patients waiting for treatment should not have waited longer than 18 weeks.
 - That a patient pause would no longer be used to adjust the patients waiting time.
 - For patients wishing to delay treatment, a blanket rule should not be applied when discharging them back to the referrer and that clinical input was required when considering whether to retain the patient on the waiting list or return the patient to the referrer.
- Procedural guidance relating to the management of waiting times had been removed from the Policy with a view to developing a set of supporting Standard Operating Procedures which provide practical guidelines for local staff to follow.
- Terminology in the policy had been updated to reflect the implementation of new systems such Lorenzo and the E-Referrals Service.
- Consultation had taken place across the Trust and with the CCG to review the proposed updates to the policy. Feedback from the consultation had been captured and the policy updated where appropriate

The Board of Directors **RATIFIED** the revised Access Policy and **NOTED** that a shortened version of the policy was to be developed for GPs and patients focussing on the areas that affected those two discrete groups.

STH/97/16

Chairman and Non-Executive Director Matters

John O'Kane referred to the Nuffield Report (commissioned by the Royal College of Surgeons) on Improving Surgical Outcomes and queried whether there was a link between volume and outcomes.

The Medical Director stated that the Nuffield Report had found that there was little evidence of a link between volume and outcome. He reported that John Abercrombie from the Royal College of Surgeons, one of the authors of the report, had visited the Trust about this work and generally the Trust performed well on surgical outcomes though specific areas for development e.g. an increase in day case surgery rates had also been identified. He pointed out that this work linked well to the national "Getting it Right First Time" programme which had commenced in orthopaedics and was now being extended to seven specialities in total.

The report was more about a measure of systems/organisations rather than an individual surgeon's performance. Consideration needed to be given on how to bring this well received piece of work back to the Healthcare Governance Committee.

Action: David Throssell

STH/98/16

Any Other Business

There were no items of additional business raised.

STH/99/16

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 18th May 2016, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be confirmed.

Signed Date
Chairman