Minutes of the BOARD OF DIRECTORS held on Wednesday 18th May, 2016, in Seminar Room 1, Clinical Skills Centre, and Royal Hallamshire Hospital

PRESENT: Mr. T. Pedder (Chair)  
Mr. T. Buckham  Mr. J. O'Kane  
Professor H. A. Chapman Ms. D. Moore  
Mr. M. Gwilliam Mr. N. Priestley  
Mrs. C. Imison Professor Dame Pam Shaw  
Mrs. A. Laban Mr. M. Temple  
Ms. K. Major Dr. D. Throssell

APOLOGY: Sir Andrew Cash

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

OBSERVERS: 3 Governors  
2 members of staff  
1 member of the public

The Chairman welcomed everyone to the meeting and in particular Professor Dame Pam Shaw who was attending her first Board meeting as a Non Executive Director.

The Chairman advised the meeting that unfortunately the Chief Executive was unable to attend and that Hilary Chapman was Acting Chief Executive for the meeting.

STH/112/16
Declarations of Interests

No declarations were made.

STH/113/16
Minutes of the Previous Meeting

Minutes of the Previous Meeting held on Wednesday 20th April 2016 were AGREED, APPROVED and SIGNED by the Chairman as a correct record.

STH/114/16
Matters Arising:

(a) Length of Stay: Action Plan

(STH/91/16(c) Following discussions at the April 2016 Board meeting on length of stay (LoS), the Director of Strategy and Operations pointed out that LoS was the topic of the Deep Dive in the Integrated Performance Report (Enclosure B) circulated with the agenda papers.)
She reported that following those discussions she had met with Clinical Directors, Operation Directors and Nurse Directors to discuss how to tackle the problem. From those discussions an operational process had been developed to manage the discharge of patients with a LoS over 28 days and that process was described in Enclosure B.

She highlighted the following key points:

- 3% of patients with the longest LoS occupied 30% of bed nights.
- The implementation of Lorenzo and the eWhiteboards allowed for better intelligence on LoS and Expected Discharge Dates for patients.
- A live LoS report had been developed which was accessible to all clinical staff on the intranet and which identified patients with a long LoS, by specialty and by ward, as well as identifying if the patient was medically or non-medically fit.
- Medically fit patients were co-ordinated by the Transfer of Care team.
- Data was provided for Matrons to manage patients with a LoS over 28 days. Assurance and escalation was managed through the Lead Nurse for Clinical Operations.
- The Lead Nurse for Clinical Operations reviewed and discussed the 20 non-medically fit patients with the longest LoS (between 28 and 56 days) with respective Matrons on a weekly basis.
- Directorate Executive teams were required to collectively review all patients with a LoS over 56 days (or the patients with the longest LoS in their directorate). Assurance and escalation was managed through the Chief Operating Officer and Deputy Chief Nurse.

The initial feedback on the process was that it had been useful in picking up patients where further actions could be taken to expedite discharge arrangements.

Board members felt that the process was really helpful and in order to give it edge suggested that consideration should be given to setting an appropriate metric against which to measure progress. The Director of Strategy and Operations agreed to give some thought to what would be a realistic target and a metric against which to track progress.

**Action: Kirsten Major**

(b) **Short Term Intervention Team (STIT) Service**

(STH/93/16) The Director of Strategy and Operations stated that at the last Board meeting the Chief Executive had reported that the Trust had experienced significant operational pressures as a consequence of the change in capacity of the STIT service. She explained that STIT was a social care service to provide care for patients on discharge from hospital.

She reported that the Trust continued to work closely with the Sheffield City Council to understand the reasons for the change and to share the significant impact it had had on the Trust. Currently, the Trust had 94 patients in hospital waiting to be discharged to the STIT service or to intermediate care.

A recovery plan had been agreed with the Sheffield City Council to provide 93 packages of care per week which would achieve recovery of the backlog of waits by
1st August 2016. Thereafter 83 packages per week would be required to maintain steady state.

The Director of Strategy and Operations stated that there was still a significant amount of work to do and a plan about the long term service model and relationship was required together with a more robust system regarding the number of packages of care. She agreed to keep the Board updated on progress.

(c) Junior Doctors Contract

(STH/91/16/d) The Director of Human Resources reported that implementation of the new contract was in a period of pause whilst 10 days of negotiations took place between the NHS Employers and the BMA. Those discussions were due to close on 18th May 2016.

(d) CQC Inspection

The Medical Director reported that the Trust had submitted its factual response to the CQC on 3rd May 2016 and that it had been well received. The CQC now had to take the response back to the National Quality Assurance Group on 24th May 2016 and the Trust should receive the outcome shortly afterwards (in approximately two weeks).

The next step was to arrange a date for the Quality Summit to take place to which members of the Trust and wider stakeholders were invited to attend. The Summit would be jointly chaired by the Amanda Stanford, Head of Hospital Inspection, CQC, and Michael Duff, Senior Regional Manager, NHS Improvement.

The Director of Communications and Marketing confirmed that internal and external communication plans were in hand dependent on confirmation of the ratings. The Chairman asked that Governors were included in the PR communications.

STH/115/16
Providing Patient Centred Services

(a) Clinical Update: Innovations in Ophthalmology and the Nurse Consultant Role

The Chief Nurse introduced Ms Mary Freeman who gave a presentation on her role as a Nurse Consultant in Ophthalmology.

The key points were:

- Mary had been in post since 2002 and her role involved managing a small team of optometrist/nurse practitioners and treating patients with problems such as age related macular degeneration (AMD), diabetic eye diseases and glaucoma. She was also the Directorate research lead and sub investigator for large multi centre trials.

- Eyesight was the one sense people feared losing the most.

- Many eye diseases which caused sight loss were more common in older people and our ageing population meant that the demand on ophthalmology services was increasing. There had been an increase of up to 30% in eye clinic attendances over the last five years.
- There had been 357 wet AMD new referrals in 2015, the team had undertaken 7800 injections and carried out 7500 reviews of which 3750 had been in Virtual Clinics.

- Virtual Clinics were sessions where clinician decision making took place based upon review of patient data which had been collected at another time and location by technicians.

- The development of Virtual Clinics meant that 30 patients per session could be reported on compared with 15 patients in a conventional clinic. It also allowed for false positive referrals to be discharged without the need for a clinical appointment.

- The outcome of a patient satisfaction audit was that 86% of patients rated the service as 'very good' with the remaining 14% rating it as 'good'.

The following points were raised during discussion:

- Was it possible to hold the Virtual Clinics outside the hospital? Mary responded that due to the technology involved in reviewing the data it would not be cost effective to hold the clinics in the community.

- How did her role as Nurse Consultant fit it with medical staff? Mary explained that her role had evolved over time and she worked as part of a multi-disciplinary team.

- Did she work with optometrists in the community as part of her role and had the Trust provided them with any training? Mary reported that the Trust had undertaken some training with optometrists and emphasised that there were extremely good referral patterns from them.

The Chairman thanked Mary for an interesting presentation.

**STH/116/16**

**Employ caring and cared for staff**

(a) **Staff Health and Wellbeing: presentation**

The Director of Human Resources introduced Dr. Simon Till, Clinical Lead for NHS England Healthy Workforce Programme and Ms Donna Bennett, Resuscitation Training Administrator, who participated in the SHU Wellness Programme.

Dr. Till gave a presentation (copy attached to the minutes) and the key points and messages were:

- Staff were the Trust’s most valuable resource and should be its greatest priority.

- Learn to look after your staff first and the rest will follow.

- The following were some of the problems which prevented staff from working or working well:
  - Common mental health problems
  - Musculo-skeletal problems
  - Managerial behaviour and leadership
  - Long term conditions
  - Lack of education and/or skills
  - Deprivation, poverty, lack of jobs
• Social or home-related matters

- Mental and physical health could not be divorced from each other.

- Good line management was key to engagement and health and managers should focus on:
  - Effective communication
  - Awareness of the issues and the ability to empathise
  - Developing an open culture with employees able to discuss their problems

- The SHU Wellness Pilot had been completed. Donna Bennett was one of the participants accepted to take part and she gave an account of her experience on being part of the study and the positive affects it had on her health and wellbeing. The study demonstrated that a multi component on-site health promotion programme had high NHS Staff engagement, a significant impact on improving health and had the potential for NHS cost savings.

- All of the following results from the most recent staff survey had an affect on staff health and wellbeing:
  - 21% experiencing bullying
  - 45% reporting bullying
  - 71% reporting poor communication
  - The score for support from immediate management was 3.60 which was a reduction from that scored in the 2014 survey.

- It was important to build on the existing wellbeing initiatives such as leadership training, stress management, staff physiotherapy service, themed promotions and SHU Wellness model available to staff over 40 years of age.

- The “Move More” app was to be officially launched on 1st June 2016.

The presentation stimulated a good debate. The Board emphasised its approach which was there was no place for bullying and harassment in the workplace and it was confident that it had policies and procedures in place through which staff could raise issues such as “Raising Concerns at Work”.

The Director of Human Resources reported that the key part was about leadership at both high and lower levels and to have an open culture so that staff felt able to express their views/concerns. Through the Raising Concerns at Work Policy the Trust was looking at appointing Wellbeing Advocates/Champions in each Directorate to support staff that had any concerns.

It was important to encourage all staff to get involved not just staff who would normally take part in physical activities so it needed to be badged carefully as all physical exercise was good whether it be running, swimming, walking more or gardening and focus needs to be on finding exercise that people enjoy.

(b) Proposal for Athena SWAN pilot in the NHS

The Director of Human Resources referred to the paper (Enclosure C) circulated with the agenda papers which set out the proposal for piloting Athena SWAN in the NHS. He explained that the Athena SWAN charter mark was administered by the Equality Challenge Unit (ECU) and was an award scheme which recognised the commitment of Higher Education institutions and their departments in advancing women’s careers. The ECU works across all nations of the UK and is funded by the Higher Education Funding Councils. The Athena SWAN programme has achieved
significant commitment and impetus across the whole University sector in the UK since being established in 2005.

He pointed out that Athena SWAN was not yet in the NHS and this would be the first opportunity to do so. It was well supported by national NHS Leaders including Dame Sally Davies (Chief Medical Officer).

- Athena SWAN was a highly successful gender equality framework used in Higher Education.
- It had been shown to lead to higher levels of staff engagement regardless of gender.
- There was a broad base of support from Health Education England working across Yorkshire and Humber, Sheffield Clinical Commissioning Group, The University of Sheffield, Sheffield Hallam University and Leeds Teaching Hospitals.
- Costs for the project were limited by the use of Leadership fellows employed by Health Education England working across Yorkshire and Humber and we wish to explore additional support from the main stakeholders.
- Kirsten Major, Neil Riley and Pam Shaw were members of Steering Group which had been assembled by Katie Wallace, Leadership Fellow and Registrar in Oncology. Sheffield Hallam and Sheffield University were also represented on the Steering Group.
- If approved by the Board, Athena SWAN would be piloted in three Directorates each with different workforce profiles

Pam Shaw reported that Sheffield University already had a Silver Award and had just submitted an application for a Gold Award. She pointed out that the University could not have applied for a Biomedical Research Centre without the Athena Swan Silver status and similar quality control requirements may apply to the NHS in the future. She also reported that Sheffield Hallam had a Bronze Award.

The Board expressed considerable support and enthusiasm for the pilot and felt it would be wonderful for the Trust to be at the forefront. The Board also noted a range of measures available to assess progress.

STH/117/16

Chief Executive’s Matters

The Chief Nurse reported that the Hillsborough Inquests concluded on Tuesday 26th April, 2016 and, in delivering their findings, the jury made no comment either directly or indirectly in relation to the role and contribution of the Northern General and Royal Hallamshire Hospitals. There was, however, recognition of a delay in a major incident being called.

As far as the Trust was concerned the conclusion of the Inquests brought the matter to an end. The only further involvement would be responding to and providing Operation Resolve and the Independent Police Complaints Commission with documentation to assist, as appropriate, with their continuing investigations.

The Chief Nurse referred to the Integrated Performance Report (Enclosure D1) circulated with the agenda papers and each Executive Director gave a report on their respective areas:

- Deliver the Best Clinical Outcomes

  The Medical Director highlighted the following points:
Two new serious incidents were reported in March 2016. The first related to a deep tissue injury. The initial review of the patient’s treatment identified a lapse in care surrounding an incorrect Waterlow score leading to delays in accessing appropriate pressure relieving equipment. The second concerned a patient who was discharged with the wrong medication and an investigation was being undertaken.

The Staff Incidents and Personal Injury Claims Report highlighted that no major incidents had been reported for the period July to December 2015. The Health and Safety Executive (HSE) visited the Trust in November 2015 in relation to the management and prevention of sharps injuries. The HSE had acknowledged the work already undertaken by the Trust but recommended that further plans and devices be taken forward in a timelier manner. The Trust was moving forward with introducing a sharps safety device (a plastic shield) to reduce the risk of needlestick injuries. The use of the device was being risk assessed as it was not considered suitable for use in all procedures.

The latest Resuscitation Trolley audit involved 79 trolleys/bags, with 31 clinical areas (that were previously non-compliant) adhering to all the procedures required. Clinical support worker training was ongoing with 130 in 45 clinical areas now trained to undertake daily resuscitation equipment checks. There were no incidents relating to patient harm.

The Quarterly Trust Mortality Report highlighted the 12-month rolling HSMR for 1st December 2014 – 31st November 2015 as 97 (93-101) for all admissions and “as expected” when compared with hospital Trusts nationally. The 12-month rolling SHMI for 1st July 2014 – 30th June 2015 was 0.93 (0.91-1.10 over-dispersion control limits of 95%) in the “as expected” range and rebased. Crude mortality for 1st July 2014 – 30th June 2015 was 3.23 (3,594 deaths / 111,165 spells) versus national rate of 3.32 for all non-specialist acute providers.

The Chief Nurse highlighted the following points:

- There had been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of March 2016 which meant that the Trust had achieved a full year without recording an MRSA bacteraemia and had therefore achieved the target set by NHS Improvement (NHSI).

- 12 Trust attributable cases of MSSA bacteraemia had been recorded in March 2016 which was worse than the monthly trajectory the Trust had set itself. The full year performance was 72 cases of MSSA bacteraemia against an internal threshold of 42 cases.

- The Trust recorded 7 cases of C.diff for March 2016 which was better than the monthly threshold of 7.25 cases. The full year performance was 78 cases of C.diff and therefore met the Trust’s internal threshold of 78 cases and exceeded its Monitor threshold of 87 cases (and not 80 cases as stated in the IPR circulated with the agenda papers).

- Safer staffing – overall the actual fill rate for day shifts for registered nurses was 91.1% and for other care staff against the planned levels was 101.7%. At night those fill rates were 90% for registered nurses and 109.9% for other care staff. On a number of individual wards the fill rate fell below 85% and those areas had been discussed in detail at the Healthcare Governance Committee.

Patient Centred Services

The Chief Nurse highlighted the following points:
• Complaints – 88% of complaints were responded to within 25 working days which was above the Trust’s internal target of 85%.

• FFT response rates inpatient – the response rate in March 2016 was 29% which was just below the internal target of 30%.

• FFT response rates A&E - the response rate in March 2016 was 22% which was better than the internal target of 20%.

• FFT score inpatient – the score for March 2016 was 95% and the Trust met the internal target of 95%

The Director of Strategy and Operations highlighted the following points:

• New outpatient activity was 11.7% below target in March 2016 (further reconciliation of activity was currently underway) and was 3.0% below target for 2015/16 overall.

• Follow up activity was 12.0% (as above further reconciliation of activity was currently underway) below target in March 2016 and was 5.8% below target for the year overall.

• The level of elective inpatient activity was 1.0% below target in March 2016 and was 1.8% below for 2015/16 overall.

• Non elective activity was 1.2% below target in March 2016 and was 0.4% below for the year.

• In March 2016 there were 178 patients whose discharge was formally delayed compared to 99 in February 2016 and that had created significant operational challenges. The increased number of delays related entirely to the closure of the Short Term Intervention Team (STIT) Service. The Trust continued to work closely with the Sheffield City Council to resolve the problem.

• The average length of stay for non elective patients was on a downward trajectory and was looking positive.

• The Trust had recommenced national reporting of the A&E 4-hour wait target as of 1st May 2016.

• The performance against the cancer waiting time targets for quarter 3 were all met with the exception of 62 day referral to treatment, although analysis of pathways that started in STH showed that these pathways met the target. The performance against the cancer waiting time targets was currently below the threshold for quarter 4 to date for 31 day treatment, 31 day subsequent treatment (surgery) and 62 day referral to treatment. The Trust continued to receive late referrals from District General Hospitals.

The Director of Strategy stated that she would make day case rates and procedures (British Association of Day Surgery metrics) the topic of next month’s Deep Dive.

Action: Kirsten Major

➢ Employ Caring and Card For Staff

The Director of Human Resources highlighted the following points:
• The sickness absence in March 2016 was 4.84% (a reduction of 0.17%) against a target of 4%. Disappointingly the year to date figure as at end of March 2016 was 4.62% compared with 4.48% for the same period the preceding year. Those figures could be split as follows: Long term 2.87% (YTD), Short term 1.75% (YTD).

There were 3189 episodes of sickness absence during March of which 528 were for more than 28 days of which 71 are for 6 months and longer.

It was important to address the rise in sickness absence. Good absence management consisted of four strands:

  o Leadership
  o Engagement
  o Health and Wellbeing
  o Set a standard for attendance (via Policy)

Discussions had taken place with the Clinical Management Board, Operational Board, Service Managers, Matrons and Staff Side colleagues regarding what a Managing Attendance Policy should be. From those discussions a revised and updated policy was being developed which would be circulated for consultation in the next couple of weeks.

• The Trust saw a reduction in the number of appraisals carried out in the preceding 12 month period with the rate at the end of March 2016 standing at 82.3%, which was below the Trust’s target of 90%. The main causes of that slippage were activity issues, recruitment gaps and sickness absence.

Business Partners continued to work with Directorate Management Teams to look at realigning the timing of appraisals to avoid peak operational pressures wherever possible and spreading them across an 11 month period and using month 12 to mop up any outstanding appraisals.

• There was a slight reduction in compliance levels for mandatory training with the figure of 87.2% at the end of March 2016. Monthly summits, chaired by the Chief Executive, continued to take place with regard to both appraisals and mandatory training.

The Chairman reported that meetings of the Finance, Performance and Workforce Committee (FPWC) would be extended by an hour 3-4 times a year. That time would be used for discussion on a range of workforce and organisational development priorities including raising concerns at work, health and wellbeing, communication at work and leadership. The results of the Staff Survey and the action plans arising out of the results were to be discussed at the June meeting of the FPWC.

➢ Spend Public Money Wisely

The Director of Finance highlighted the following points:

• The 2015/16 outturn position showed a £7.68m (0.8%) deficit which was better than the £11m Plan although the Director of Finance pointed out that that position included £3.2m of non-cash technical items, largely in respect of donations and impairments. Without those items the deficit would have been £10.9m which was a more appropriate comparator to the Financial Plan deficit of £11m.

• The final activity under-performance was £15.9m. The under-performance was largely in respect of elective activity, out-patients, critical care and a larger than expected deduction for emergency readmissions within 30 days. On the latter point,
the rules meant that in total the Trust did not receive £4.5m of income for emergency readmissions.

- There was an overall pay overspend of £1.5m (0.3%). Within the overall position the medical staffing pressure was significant (£6.2m overspend). The focus on reducing bank and agency staffing costs (usage and rates) appeared to have had some impact.

- There was a £4.9m under delivery against efficiency plans.

- Overall, Clinical Directorates reported positions nearly £23m worse than their plans.

- There was a £12.1m underspend on the Capital Programme, largely due to slippage on schemes. Those resources would be carried-forward to 2016/17 to enable the schemes to be completed.

- The cash and working capital positions remained satisfactory but the latter deteriorated due to the deficit and the level of capital expenditure exceeded internally generated resources.

- **Deep Dive – Waiting Times Task and Finish Group**

  The Director of Strategy and Operations presented the deep dive and explained that it was a detailed report on the activities of the Waiting Times Task and Finish Group, chaired by Annette Laban.

  She explained that the Group was originally set up as a task and finish group in January 2014 but was still meeting to date. The function of the group had extended over the last two years and it was now focussed on the delivery of the diagnostic waiting time standard. As there was an ongoing need for the Sub-Committee it was proposed to change its name to Waiting Times Sub-Committee and the Terms of Reference would be amended to reflect that. The revised Terms of Reference would be presented for approval to the Board in June 2016. The Chairman felt that it would be more appropriate for the Committee to report to the Finance Performance and Workforce Committee.

  Annette Laban reported that the three big issues for the group were:

  - Reducing technical challenges of Lorenzo
  - Adopting the Access Policy
  - Sharing of good practice

  During discussion reference was made to table 6 (page 11) on the report and expressed concern that “reduced clinician availability” was indicated as the key issue in several Directorates in terms of diagnostic waits. It was noted that this matter was being looked at in terms of Theatre utilisation and outpatient capacity. It was felt that more level of detail would be helpful in order to understand why there was “reduced clinician availability” i.e. recruitment difficulties, vacancies, sickness.

  The Chairman thanked the Director of Strategy and Operations for an extremely good report.

**STH/117/16**

**Chairman and Non-Executive Director Matters**

Tony Buckham reported that, on behalf of the Trust, he had attended the CHKS Award Ceremony in London for the top 40 hospitals using 22 indicators. He was delighted to
report that the Trust had been successful and he had accepted the award on behalf of the Trust.

STH/118/16

To Approve

(a) Corporate Seal

The Board of Directors APPROVED the affixing of the common seal to the following contracts/leases:

- Lease and licence for alterations with the Royal Bank of Scotland PLC for the ATM in the Huntsman Entrance at NGH.
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and T & C Williams (Building) Ltd. for the refurbishment of Ward O1, Royal Hallamshire Hospital to form new haematology side rooms.

STH/119/16

To Receive and Note

(a) Healthcare Governance Committee Annual Report 2015/16 and 2016/17 Workplan

The Board of Directors RECEIVED and NOTED the Healthcare Governance Committee Annual Report 2015/16 and 2016/17 Workplan.

(b) Audit Committee Annual Report 2015/16 and 2016/17 Workplan

The Board of Directors RECEIVED and NOTED the Audit Committee Annual Report 2015/16 and 2016/17 Workplan.

(c) Finance, Performance and Workforce Committee Annual Report 2015/16

The Board of Directors RECEIVED and NOTED the Finance, Performance and Workforce Committee Annual Report 2015/16.

STH/120/16

Any Other Business

There were no additional items of business.

STH/121/16

Date and Time of Next Meeting:

The next meeting of the Board of Directors will be held on Wednesday 15th June 2016, in the Board Room, Northern General Hospital at a time to be confirmed.

Signed:................................................................. Date: .................................................. Chairman