



**Minutes of the BOARD OF DIRECTORS held on Wednesday, 15th March 2017, in Seminar Room 1, Clinical Skills Centre, RoyalHallamshire Hospital**

**PRESENT:**

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

**IN ATTENDANCE:**

Mrs. S. Carman	Mrs. J. Phelan
Miss S. Coulson (Minutes)	

Professor P. Griffiths - Item STH/47/17

**OBSERVERS:**

Four Governors  
Two Members of the Public

The Chairman welcomed everyone to the meeting.

**STH/44/17**

**Declarations of Interests**

No declarations were made.

**STH/45/17**

**Minutes of the Previous Meeting**

The Minutes of the Previous Meeting held on Wednesday 15th February 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

**STH/46/17**

**Matters Arising:**

(a) **Short Term Intervention Team (STIT)**

(STH/24/17(a)) The Director of Strategy and Operations reported that she had attended a meeting of the Sheffield A&E Delivery Board the previous day at which the Sheffield City Council (SCC) described a set of actions which would result in 64 placements being in place for hospital social care activity. She explained that if that level of packages of care was achieved it would take the Trust to a steady state. She was also meeting with the Director of Social Care and the Clinical Commissioning Group Director on Thursday 16th March 2017 to discuss further actions to increase the number of packages.

She explained that the queue waiting for STIT/Independent Sector was falling but pointed out that the Trust had seen a drop in referrals during March over the last two/three years. The Trust currently had 54 patients delayed in hospital waiting for social care and 22 in intermediate care beds.

The Director of Strategy and Operations emphasised that the Trust needed to be in a good position before April 2017.

In response to a question about whether there was any flex in the system, the Director of Strategy and Operations responded that was not the case at present but if the SCC delivered 64 packages consistently each week that would make a significant difference. In answer to a further question she also confirmed that there was no penalty if the SCC did not hit 64 packages of care.

The Chief Executive reported that the funding for Social Care had been announced in the budget and Sheffield was to receive between £12.5 - £17 million, the exact amount was still to be confirmed.

The Chief Executive reported that he had had some initial discussions with the Chief Executive of the SCC and other colleagues about how the funding would be used. The view was that the SCC should be in charge and own the pathway but that the Trust should be heavily involved in how the funding was used. It was also important to agree some metrics and to devise a system that was transparent.

The Board **AGREED** that John Mothersole should be invited back to the May 2017 Board meeting.

During discussion, it was raised that consideration should be given to the idea of asking NHSE or NHSI to performance manage the Trust on this as it may be helpful to get a view from a third party.

The Director of Finance stated that as yet the SCC had not been given the rules and requirements associated with the new funding.

(b) Patient Bookings

(STH/27/17) The Medical Director and Director of Strategy and Operations gave a short presentation on two distinct but unrelated patient communications issues:

- Created Not Printed Issue (Lorenzo) – It was identified by chance in August 2016 that the design of Lorenzo had enabled users to create, but unknowingly, fail to print letters in Lorenzo. The Trust took the following immediate action:
  - Looked at patients whose appointments date had passed and had not received a formal notification
  - Compiled a list of those patients with dates
  - Reviewed all the letters that were generated and not sent
  - Worked with CSC on resolving the problem
  - Alerted other users of Lorenzo of the problem.

Following detailed analysis the Trust identified a total of 14,588 patient records who could potentially have been affected through non-receipt of a communication to book health care activity. That failure created two potential risks:

- patients not receiving health care they need; and
- the organisation would have inadvertently closed some referral to treatment pathways due to non-response or non-attendance.

All 14,588 patient records have now been reviewed and details of the action taken and the number of patients identified at each stage was reported:

Total No. of Records	Records	Action
14,588	2,745	Excluded as no letters were required as patients were contacted by telephone
11,843	189	Excluded as they were "test patients" on the system
11,654	6,931	Excluded as the patient had been seen by the specialty
4,723	290	Unique communications (244 distinct patients) from the original cohort were deceased. That level was not in itself a cause for concern as the mortality rate for unrelated causes of less than 2% would not be unusual for waiting lists within healthcare. 195 cases had been reviewed and the remaining 49 patients would be reviewed by Friday 17 <sup>th</sup> February 2017.
4,433	3,259	Patients removed based on corporate validation against other clinical data systems (process signed off by Clinical Team)
1,174	1,058	Patients identified as not requiring to be seen
116	116	The number of patients identified to be seen. Of those 90 were seen in clinics during January 2017 and the clinical review had confirmed that the delay in the appointment booking had not caused any harm; Two were to start the pain management programme in February 2017 and 24 were due to be seen in February 2017 (at the patient's choice). 18 patients were seen in clinic or assessed during February 2017. All patients, apart from one ophthalmology patient, were confirmed as coming to no harm as a result of the delay in being seen. A clinical review confirmed that it could not be ruled out that the delay in reviewing the ophthalmology patient may have contributed to a deterioration in the vision in one eye. The clinician had met the patient and discussed the matter. Four patients have deferred their treatment again and a further two were discharged as they did not wish to be seen.

- CSC (supplier of Lorenzo) applied a tactical fix in Lorenzo on 16<sup>th</sup> November 2016 to stop the issue and local processes were put in place to ensure that should the problem recur it would be identified immediately.
- A review of the impact on waiting times had been undertaken with 25 pathways in total being re-opened. The significant impact on performance was on the number of patients waiting in excess of 52 weeks. Ten of the pathways reopened resulted in waiting times in excess of 52 weeks at the end of December 2016, five were still open at the end of January 2017 and two would still be open as at the end of February 2017. All patients were offered dates for earlier treatment but chose to wait until February and March.

Now that the review had been concluded the next steps were:

- to have a detailed discussion with the ophthalmology patient where the delay may have contributed to a deterioration in the vision in one eye.

- to enter into discussions with CSC and NHS digital regarding the issue and to prevent it from happening again.
  - The Data Quality Team were working with the IT Trainers, to identify and contact all staff members who had 'created and not printed' letters to confirm that they were following the standard operating procedure correctly and no outstanding training requirements remain.
  - Review performance impact with Commissioners given that the issue was not through any fault of the Trust.
- Overdue review patients - A cohort of patients (1,567) were identified post migration from PatientCentre to Lorenzo, where Lorenzo indicated that they were still waiting for a follow up appointment more than 2 years after their due to be seen date . A review of those patients was undertaken to determine whether they genuinely required an appointment. The validation results were:
- The initial data validation removed 1,315 patients as they had either been seen, cancelled or failed to attend prior to migration.
  - 252 patient details were shared with directorates for clinical review
  - Of those 252 patients, 233 no longer required a follow up appointment
  - The 19 patients who required an appointment had now been seen and no harm was caused as a result of the delay in their appointment booking.

A wider review of follow up bookings was underway with regular updates being presented to the Waiting Times Performance Overview Group. Development of further Standard Operating Procedures and training was also being taken forward.

The Chairman thanked the Medical Director and the Director of Strategy and Operations for a good presentation and for the thorough piece of work that had been undertaken.

The Board also expressed its particular appreciation to Mrs. Balbir Bhogal, Performance and Information Director, and her team for all the hard work they were putting into improving data quality and which was making a huge difference.

The Board of Directors:

- **NOTED** the problems that had been identified and were assured that the matter had now been resolved.
- **NOTED** that the defect in the system was identified by the Trust and that the problem was escalated to CSC as the supplier for Lorenzo, NHS Digital and other Trusts using the same system.

(c) Occupational Therapy Role in Occupational Health

(STH/25/17) The Director of Human Resources and Organisational Development reported that Occupational Health were reviewing the role of Occupational Therapy in Occupational Health and he would report the outcome to a future meeting.

**Action: Mark Gwilliam**

## STH/47/17

### Providing Patient Centred Services

#### (a) Clinical Update: MRI Scanner Work

Professor Paul Griffiths, Head of Radiology, was in attendance and gave a presentation on the work that he and his colleagues had undertaken and taken forward over many years to develop FIREFLY a dedicated high field Magnetic Resonance system for a Neonatal Intensive care unit.

The key points to note were:

- Professor Griffiths and his group have had a long term interest in improving access for new born babies to Magnetic Resonance Imaging (MRI)
- MRI was the best modality for imaging most brain problems in most age groups. However newborn babies presented a particular problem because of difficulties in transporting unwell babies to the MR scanner.
- In 1999 Martyn Paley, Professor of MR physics, developed the Niche 0.2T scanner but unfortunately this did not give the quality of scans required.
- In 2004, a commercially available MR incubator was developed but the cost was too great and therefore the group took on developing their own MR compatible incubator by 2011.
- In 2006 Paley and Feenan patented the design of a high field (3T) scanner for the Neonatal Intensive Care Unit.
- The breakthrough came in 2009 when the Wellcome Trust and GE Healthcare became interested in the project and provided £5 million for a joint project to build two prototypes.
- In 2015/16 a room to house the prototype scanner was constructed in the Jessop Wing.
- As of 15<sup>th</sup> March, 2017, 48 neonates have had MRI scans which were of exceptional image quality.
- Professor Griffiths reported that he had just been informed that GE were not planning on commercializing the scanner. However GE had agreed to maintain the prototype scanner until February/March 2018.

Following the presentation there was a discussion about the intellectual property rights relating to the scanner.

The Chairman thanked Professor Griffith for an extremely interesting presentation.

## STH/48/17

### 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 the completion of the Quality Report 2016/17 and which sought the initial approval for the Quality Report Objectives for 2017/18.

He explained that the Quality Report must include at least three priorities for improvement (quality objectives), the rationale for their selection along with a progress report on the previous year's objectives and a year on year update on all past years' objectives. He pointed out that the process had changed slightly this year. In the past there had been one-year objectives but it was felt that one year was not sufficient time to deliver improvements and therefore the Trust's Quality Report Steering Group had agreed a new process and from 2017/18 there would be a rolling programme of two two-year quality objectives and one one-year quality objective. Governors and Sheffield Healthwatch were fully supportive of the change.

With the above in mind the following two of the three 2016/17 quality objectives would be rolled over to 2017/18:

- End of Life Care (to continue for an additional two years)
- Patient Safety Zone (to continue for an additional one year)

The third 2016-17 objective, Environmental improvements at Weston Park Hospital, was on track for completion within its original timescale.

The two mandated performance indicators for 2016/17 were:

- percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
- percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

The third local indicator, selected by the Trust's Governors, was:

- Emergency re-admissions within 28 days of discharge from hospital

Mazars (Trust Auditors) would undertake sample testing on the above indicators and would issue a signed limited assurance report in the Quality Report. They would also provide a report (Annual Governance Report) to the Council of Governors and Board of Directors of their findings and recommendations for improvements on the content of the Quality Report, the mandated indicators and the locally selected indicator.

The Medical Director also pointed out that an additional requirement for the 2017/18 Quality Report was that providers were required to report their progress in using learning from deaths to inform their quality improvement plans. That would be in the form of an annual summary of the monthly/quarterly Board reports on reviewing and learning from deaths.

The proposed new objective for 2017/18 was:

- Introduce Electronic Care Planning across the Trust to improve the quality of Care Planning.

The Board of Directors:

- **NOTED** the changes to the quality objectives and the timetable for completion of the Quality Report 2016/17.
- **APPROVED** the Quality Objectives for 2017-18.

**Employ caring and cared for staff**

(a) **Benchmark Staff Survey Results**

The Director of Human Resources and Organisational Development presented the findings of the 2016 Staff Survey results which were set out in his update (Enclosure D) circulated with the agenda papers. He highlighted the following key points:

- 7135 staff had participated which equated to a response rate of 46% which was above the national average of 43%.
- There were no significant deteriorations in any of the 32 key findings.
- The overall staff engagement score had improved considerably from 3.74 in 2015 to 3.82 which was at the top end of the average range (3.80) for the Combined and Acute and Community Trusts. In terms of comparison with other Trusts in the Region, STH was second in terms of performance on staff engagement with the Sheffield Children's Hospital Foundation Trust coming out the best at 3.87. In third place was Chesterfield (3.71), fourth Barnsley (3.70), fifth Rotherham (3.66), sixth Doncaster (3.66) and seventh Mid York (3.57)
- The Trust could not afford to be complacent as there was still a significant amount of work to do.
- Other notable improvements included the number of staff reporting positive communications with senior managers as staff feeling supported and valued which was a result of the improved efforts around recognition and appreciation.
- There were also improvements in the WRES metrics and in the questions that would be used to measure the health and wellbeing CQUIN.

The Chairman stated that results demonstrate that good progress was being made and the key thing now was to produce an action plan to keep that improvement going. It was agreed that following discussions by the Trust Executive Group and the Finance, Performance and Workforce Committee a further update should be presented to the Board of Directors.

**Action: Mark Gwilliam**

Board members felt that the results were a good set of indicators of staff morale and there was a strong link between that and staff recommending the Trust as a place to work or receive treatment.

A key task now would be to drill down into the detail to understand the difference across the Directorates. The Director of Human Resources confirmed that that analysis work would be undertaken. He also stated that in addition to a corporate action plan each Directorate would produce its own action plan.

Board members noted that some of the scores for the Health and Wellbeing questions were still low and focus was required in that area.

The Medical Director felt that it was important to demonstrate to staff working in non-clinical areas their contribution to the organisation.

The results of the survey would be communicated to all staff.

The Board of Directors **NOTED** the contents of the report.

**Chief Executive's Matters**

The Chief Executive referred to his report (Enclosure E) circulated with the agenda papers which included the following matters:

➤ Integrated Performance Report (IPR)

The Chief Executive invited each Executive Director to give a report on their respective areas:

- Deep Dive

The Director of Corporate Strategy and Operations presented the Deep Dive Report on the Electronic Referral System (e-RS) (formerly known as Choose and Book). She explained that e-RS had been in place since 2004 and was the preferred way for GPs to refer patients to the hospital for a consultant outpatient appointment. It had undergone significant improvements in recent months and processes were being put in place to mandate its use for referrals from GPs to Consultant led 1<sup>st</sup> outpatient services from October 2018. The outcome of that would be that the Trust would not receive any income for any activity not received via e-RS. The emphasis was therefore on hospitals to make sure that all their services were available for GPs to book patients into and to ensure that enough outpatient appointments were available such that 96% of patients were able to be booked an appointment at the first attempt.

The CQUIN process was being used as a mechanism for improving the performance of provider Trusts. The CQUIN indicator spans the next two financial years, 2017/18 and 2018/19. The targets set were:

- that providers are to publish all their services on the Directory of Services (DoS) and make all of their First Outpatient Appointment slots available on NHS e-Referral Service (e-RS) by 31st March 2018.
- that providers need to ensure that slots are available for patient to book into evidenced by a reduction in 'Appointment Slot Issues' to a rate of 4% or less.

Quarterly milestones would have to be achieved to secure the CQUIN payment, which for the full year was £648,000.

The latest figures showed that Sheffield CCG was ranked 19th out of the 23 CCGs in Yorkshire and Humber.

There was a huge amount of work to do to get ready for this with a number of problems to be resolved. One of those problems was that in the current e-RS system it was not possible for the Trust to see the referral letter unless an appointment had been booked and that caused difficulties from some services as the referral needed to be reviewed by a clinician to ensure that the patient was booked into the appropriate clinic. The use of a Telephone Assessment Service would mean that the patient was booked into a 'virtual' appointment which would enable the Trust to access the referral letter. The Trust currently ran two such Telephone Assessment Services in Musculoskeletal Services and Upper and Lower Gastrointestinal Services.

A Task and Finish Group (to be overseen by Balbir Bhogal, Performance and Information Director) was being established whose task would be to develop a plan to enable the Trust to deliver the performance required by the CQUIN for both 2017/18 and 2018/19. The following actions were required:

- Review the services on the Directory of Services that were not available for direct booking or were labelled DO NOT USE
  - Ensure that all the Trust services were available to book through e-RS
  - Ensure that all new slots were released to e-RS
  - Develop standard operating procedures for use of e-RS
  - Evaluate the functionality of the new 'Referral for Assessment' functionality when it becomes available in 2017/18 to determine if it could replace the existing Telephone Assessment Service
  - Review reasons for Appointment Slot Issues and determine actions required to reduce those to 4% or less by March 2018, including determining the capacity that was required for new outpatients to achieve that reduction.
  - Evaluate the changes that were required to processes to facilitate the review of referrals electronically by clinicians
  - Develop a plan for the engagement with primary care, both GPs and NHS Sheffield to deliver the requirement to have eliminated paper referrals from GPs by October 2018
- Deliver the Best Clinical Outcomes

The Medical Director reported that the reports from the Healthcare Governance Committee (HCGC) had become slightly out of sync and this month's report was in fact presented at the February 2017 Board meeting. Therefore in order to realign the reporting schedule the report from the February meeting of the HCGC would be reported in the April 2017 Integrated Performance Report

The Chief Nurse highlighted the following points:

- There had been no cases of Trust assigned MRSA bacteraemia recorded for the month of January 2017 and the year to date total was two cases.
- There was one Trust attributable case of MSSA bacteraemia recorded in January 2017 which was better than the monthly trajectory that the Trust had set itself. The year to date performance was 50 cases of MSSA against an internal threshold of 35 cases.
- There were 12 cases of C.diff for January 2017 which was worse than the January 2017 target of eight cases. The year to date performance was 92 cases of C.diff against an internal threshold of 65 and an NHS Improvement threshold of 73.

It was pointed out that Patient Falls in the Directorate Dashboard was showing as green across the Trust which did not align to the Directorate data. The Medical Director agreed to look into that.

**Action: David Throssell**

- Provide Patient Centre Services

The Chief Nurse highlighted the following points:

- 88% of complaints were responded to within 25 working days.
- The Friends and Family Test scores for patients recommending the Trust as a place for treatment in January 2017 were:
  - Inpatients: 95% against the internal target of 95%.
  - A&E: 87% which was above the internal target of 86%.
  - Maternity: 96% which was above the internal target of 95%.
- The Friends and Family Test response rates for January 2017 were:
  - Inpatients: 30% against the internal target of 30%.
  - A&E: 25% which was above the internal target of 20%.
  - Maternity: 28% against the internal target of 20%.

The Director of Strategy and Operations highlighted the following points:

- Elective activity for January 2017 was 1.64% above the contract target.
  - There were five patients who have been waiting more than 52 weeks in January
  - Two patients had a trolley wait of more than 12 hours in A&E during January 2017. A full investigation was undertaken. The patients were transferred as soon as it was deemed appropriate and no patient harm had been identified.
  - In January, 2017, 83.83% of patients attending A&E were seen within four hours compared to the standard of 95% which was below the improvement trajectory agreed with NHS Improvement and NHS Sheffield CCG of 94.80%.
  - The final quarter 3 (October to December 2016) position for cancer waiting times showed all but the 62 day GP referral to treatment target were met where the performance was 78.9% against the target of 85% for all pathways and for STH only pathways was 86.4%.
- Employ Caring and Cared for Staff

The Director of Human Resources and Organisational Development highlighted the following points:

- Sickness absence in January 2017 was 5.67% compared to the target of 4%. This figure had increased from 5.36 % in December 2016. The increase had been caused by a 0.60% increase in short term absence (from 2.56% to 3.16%) and a 0.29% decrease in long term absence (from 2.80% to 2.51%). The year to date figure was 4.56%, and could be split as follows:
  - long term 2.72%
  - short term 1.84%.There were some clinical directorates and corporate directorates that were achieving the 4% or less. Directorates above 4% had action plans in place to address their performance.
- There had been a slight increase in the number of appraisals with the rate standing at 85.5%. The timing of appraisals was being realigned for 2017/18 to avoid peak operational pressures wherever possible.

The Chief Nurse highlighted the following point:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 91% and for other care staff against the planned levels was 107.6%. At night these fill rates were 92.2% for registered nurses and 115.1% for other care staff.
- Spending Public Money Wisely

The Director of Finance highlighted the following points:

- The month 10 position showed a £3,656.3k (0.4%) deficit against plan which was an £0.65m improvement following the disappointing position in December 2016. It was worth noting that the position at the end of September (Month 6) was a deficit of £3,413.4k so the deterioration in the last four months had been just £242.9k.
- The second half of the year was showing a much better position and was driven by a much better activity position. It would appear that the improvements arising from specialty recovery plans, the “Seamless Surgery” initiative and the Lorenzo Improvement Group’s work have been maintained and that the improved income position was the key factor in the improved overall financial performance.
- Overall, clinical directorates reported positions £14m worse than their plans at month 10, largely driven by the activity and efficiency positions.

- The Financial Plan and current position assumed receipt of virtually all of the £19.3m of national Sustainability and Transformation funding (STF) available to the Trust. To receive that funding the Trust had to deliver a financial “Control Total” (70%) and service target trajectories (30%). The Control Total was a £5m surplus (equating to an I&E surplus of around £3m) and the service trajectories related to the A&E, RTT (referral to treatment) and Cancer 62 Day targets. The Q1 STF was received in full and Q2/3 funding would be received except for possible losses of £1m relating to the A&E trajectory and £480k for the Cancer 62 Day target. The Trust has appealed against those losses given the impact of social care (STIT) issues and late DGH cancer referrals which were outside of its control.
  - It seemed likely that the Trust would achieve its 2016/17 control total but the final I&E position was hard to forecast given uncertainties around STF and CQUIN income
- Staff Survey - The Chief Executive reported that he was particularly pleased to note that the survey showed further improvements in a number of areas and that the majority of our staff would recommend the Trust as a place to receive care or work.
  - Working Together Programme Update - The innovative Working Together partnership between seven hospital Trusts in the region continued to focus on projects to improve safety and efficiency, for example, through joint procurement and improving IT connectivity
  - Awards and Events - The Endoscopy Unit at Royal Hallamshire Hospital and the Northern General Hospital has been awarded JAG Accreditation for 2017. The Joint Advisory Group on Gastrointestinal Endoscopy (JAG) operates within the Care Quality Improvement Department of the Royal College of Physicians and ensures the quality and safety of patient care by defining and maintaining the standards by which endoscopy was practised.

### STH/51/17

#### Chairman and Non-Executive Director Matters

There were no items reported.

### STH/52/17

#### For Approval/Ratification

(a) Common Seal

The Board of Directors:

- **APPROVED** the affixing of the corporate seal with the following leases/licences:
  - Agreement for Lease, Lease, Licence for Alterations for the newsagents shop and store and Licence to occupy the card shop at Royal Hallamshire Hospital
  - Lease and Licence for Alterations for the new unit in the Huntsman entrance at Northern General Hospital

- gave **RETROSPECTIVE APPROVAL** to affix the corporate seal to the following contract:
  - Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Keir Construction Limited Northern for works on Q Floor Theatres (Stages 3 and 4) at the Royal Hallamshire

**STH/53/17**

**Any Other Business**

There were no additional items of business

**STH/54/17**

**Date and Time of Next Meeting**

The next meeting of the Board of Directors would be held on Wednesday 19<sup>th</sup> April , 2017, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.

**SIGNED**

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**Chairman**

**DATE**.....