



**Minutes of the BOARD OF DIRECTORS
held on Wednesday, 21st June 2017,
in the Board Room, Northern General Hospital**

PRESENT:

| | |
|-----------------------|-----------------------------|
| Mr. T. Pedder (Chair) | Chairman |
| Mr. T. Buckham | Non-Executive Director |
| Prof. H. A. Chapman | Chief Nurse |
| Mrs. C. Imison | Non-Executive Director |
| Mrs. A. Laban | Non-Executive Director |
| Ms. K. Major | Deputy Chief Executive |
| Mr. J. O'Kane | Non-Executive Director |
| Mr. N. Priestley | Director of Finance |
| Dr. D. Throssell | Medical Director |
| Mr. M. Gwilliam | Director of Human Resources |

APOLOGIES:

| | |
|---------------------|------------------------|
| Sir Andrew Cash | Chief Executive |
| Ms. D. Moore | Non-Executive Director |
| Prof. Dame Pam Shaw | Non-Executive Director |
| Mr. M. Temple | Non-Executive Director |

IN ATTENDANCE:

| | | |
|---------------------------|--|-------------------|
| Mrs. S. Carman | Assistant Chief Executive | |
| Miss S. Coulson (Minutes) | Business Manager, Board of Directors | |
| Mrs. J. Phelan | Director of Communications and Marketing | |
| Ms. N. Jones | Clinical Service Manager, Neurology Division | |
| Ms. S. Wong | Senior Physiotherapist | STH/121/17 |
| Dr. P. Sneddon | Clinical Research Office Director | STH/124/17(a)&(b) |

OBSERVERS:

| | |
|--------------------------|--|
| Two Governors | |
| One member of staff | |
| One member of the public | |
| Ms. C. Reynolds | Senior Employment Lawyer (shadowing the Director of Human Resources) |

STH/118/17

Declarations of Interests

No declarations were made.

STH/119/17

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 17th May, 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/120/17

Matters Arising

(a) Delayed Transfers of Care (DTCO) Update

(STH/96/17(a)) The Deputy Chief Executive reported that Delayed Transfers of Care was the topic of the Deep Dive in the Integrated Performance Report and therefore would be covered in more detail later in the meeting. She also reported that the DTCO Plan would be presented to the Board of Directors, as part of the Chief Executive's Report, at the July 2017 Board meeting.

(b) Guardian of Safe Working: Update

(STH/100/17) The Medical Director reported that further to discussion at the May meeting it was thought to be more appropriate for updates from the Guardian of Safe Working to be presented to the Human Resources and Organisational Development Committee on a quarterly basis as it was a key part of their agenda. The proposal also was that the Board of Directors should receive an annual update and therefore the next update would be scheduled for May 2018.

The Board of Directors **AGREED** the approach.

(c) Corporate Strategy: Supporting Strategies Update

(STH/99/17) The Deputy Chief Executive tabled an update on the supporting strategies framework..

She reported that the supporting strategies (Quality, Workforce, Organisational Development and Estates) would be completed and approved by the Trust Executive Group (TEG) over the summer and presented to the Board in September 2017.

As requested by the Board each supporting strategy had been aligned to a Board Committee as set out below:

| Committee | Strategy |
|--|---|
| Human Resource and Organisational Development | <ul style="list-style-type: none">• Workforce |
| Healthcare Governance Committee | <ul style="list-style-type: none">• Quality• Estates |
| Finance and Performance Committee (via Technology Board) | <ul style="list-style-type: none">• IT (Already approved) |

It was agreed that whilst the Estates Strategy had been aligned to the Healthcare Governance Committee in terms of quality and safety it also linked into the Finance and Performance Committee agenda in terms of funding and therefore should be submitted to both committees.

(d) Cancer Waiting Times (Deep Dive)

(STH/98/17)The Deputy Chief Executive reported that the Deep Dive into Cancer Waiting Times had been scheduled as requested.

Annette Laban reported that this had also been discussed at the Healthcare Governance Committee on Monday 19th June 2017.

(e) Responding to Tenders for New and Existing Clinical and Non-Clinical Services

(STH/102/17(b)) The Deputy Chief Executive reported that together with the Director of Finance they were looking at the Trust's Scheme of Delegation in terms of the delegated authority issue raised at the last Board meeting. The matter would be taken back to TEG in due course and then returned to the Board of Directors.

Action: Kirsten Major

STH/121/17

Providing Patient Centred Services

(a) Clinical Update: The development and delivery of a new Exoskeleton Service

The Chief Nurse introduced the item and Natalie Jones, Clinical Service Manager Acute Therapy Services, and Suki Wong, Senior Physiotherapist were in attendance and gave a presentation on the development and delivery of a new Exoskeleton Service. The key points to note were:

- The Ekso was designed as an assisted walking device for people with neurological impairments such as spinal cord injury, stroke, and multiple sclerosis.
- The Ekso enables patients to experience a walking pattern by the push of a button by trained therapists or through triggered sensors to help initiate the next step. It was used to enhance gym based rehabilitation for patients who would benefit from it.
- The Ekso was funded by the Sheffield Hospitals Charity at a cost of approximately £100,000.
- The STH's Spinal Injuries Unit was the first such unit in the NHS to have access to an exoskeleton. Stoke Mandeville and Stanmore Spinal Injuries Units had a similar exoskeleton on loan which was used for research.
- Research was delivered alongside the service such as:
 - recruiting patients to assess if the Ekso has a potential impact on reduction of bone mineral density loss. That project was funded by the Sheffield Hospital Charity.
 - collaboration with Sheffield Hallam University M.Sc Physiotherapy students conducting semi-structure interviews with users and staff to explore the benefits of Ekso .
 - application to the NIHR internship programme to investigate perspective on the use of the Exoskeleton in rehabilitation in an inpatient and outpatient setting.
- Suki Wong had given presentations on the Exoskeleton at a number of International Conferences.
- The feedback from patients was very positive and some of the comments received were:
 - Amazing and looked forward to the sessions
 - It reduced assistance levels
 - It felt good to be able to be standing up and at eye level with others
 - It was good for the mind and was a confidence builder

- It improved balance and strength in the core and arms.

The following points were raised during discussion:

- The Chairman enquired whether there was there any data to support the benefits of the Exoskeleton for patients. Natalie and Suki explained that the service was relatively new and currently there was not a great deal of data available.
- There was a discussion on the production of the Exoskeleton and the companies involved in that field. Natalie reported that there were a few companies working on this type of device and that Suki was in regular contact with the company who had provided the Trust's Exoskeleton and gave feedback comments on possible improvements to inform future developments
- John O'Kane asked if the Team had done a similar presentation to Sheffield Hospitals Charity given that they had funded the equipment. Natalie responded that they had not given a presentation to the Charity but would be more than happy to do so if invited.
- The Board asked if the Team had looked at the potential to treat patients from other regions. Natalie and Suki explained that the difficulties for patients coming from other regions would be travelling and fatigue. At the current time the Team would prefer to explore the possibility of extending its use to other patients in Sheffield rather than further afield.
- In response to a question Natalie confirmed that she was in contact with Wendy Tindale, Head of Medical Physics, and that Devices for Dignity were aware of the Exoskeleton Service.

The Chairman thanked Natalie and Suki for an excellent and interesting presentation.

STH/122/17

Chief Executive's Matters

The Deputy Chief Executive presented the CEO Report (Enclosure B) circulated with the agenda papers. The following points were highlighted:

- Integrated Performance Report
 - Deliver the best clinical outcomes

The Medical Director highlighted the following issues which had been discussed at the Healthcare Governance Committee:

- The Committee received a monthly update in relation to CQC compliance. No new Information of Concern (IoC) notifications had been received. Information requested and provided to the CQC following a recent engagement meeting included the Trust's new CQC Action Plan Update. The Trust was participating in a Provider Information Request (PIR) review to evaluate the CQC's proposed new PIR process. The CQC had confirmed that all Trusts would transfer to the new annual review process and would have a well-led review by March 2019.
- The CQC action plan update was presented. The new format allowed detail to be provided in relation to progress against each action, along with information

regarding any changes to target dates for completion. Of the 16 outstanding actions in relation to 'must do' requirements were on target.

- The Information Governance (IG) Annual Report 2016/17 was presented. The Trust was compliant with all 12 controls within the IG Toolkit as checked by 360 Assurance. There had been no reported IG incidents and no Level 2 breaches of patient confidentiality during 2016/17. Under the Access to Health Records Act 1990, IG had reviewed and advised on 37 subject access requests. The Trust's IG team had also been working closely with Sheffield Citywide Sharing Framework Group to ensure the safe sharing of patient data.
- The Senior Information Risk Owner Report 2016/17 was presented.
- The Emergency Preparedness, Resilience and Response Arrangements Report were presented.
- The NCEPOD Review Report for 2016/17 was presented. Two new NCEPOD publications were being considered along with two NCEPOD reports published last year. Four studies were currently active. During 2016/17, the Trust had participated in all of the six NCEPOD studies for which it was eligible. Three studies were still open with data collection ongoing. The Trust had achieved 100%, 91% and 100% compliance in returns for the three completed studies, giving an overall response rate of 98%.

The Chief Nurse highlighted the following points:

- There had been one case of Trust assigned MRSA bacteraemia recorded for the month of April 2017 which was still being reviewed to determine if it was attributable to the Trust.
 - Seven Trust attributable cases of MSSA bacteraemia were recorded in April 2017. The year to date performance was seven cases of MSSA against an internal threshold of 3.5 cases.
 - Ten cases of C.diff were recorded for April 2017. The year to date performance was ten cases of C.diff against an internal threshold of 6.5 and a NHS Improvement threshold of seven.
- Provide patient centred services

The Deputy Chief Executive highlighted the following points:

- Activity performance for April 2017:
 - New outpatient activity was 0.78% below the contract target.
 - Elective activity was 1.61% above the contract target.
 - Non-elective activity was 2.25% below the contract target.
- The average number of patients who had a delayed transfer of care in April 2017 was 100 compared to 156 in March 2017 and 156 in February 2017.
- The number of operations cancelled on the day for non-clinical reasons in April 2017 was 72 compared to 93 in March 2017 and 111 in February 2017. The April 2017 figure was below the threshold of 75 per month.

- In April 2017, 91.98% of patients attending A&E were seen within 4 hours compared to the Sustainability and Transformation Fund trajectory of 90% and the national target of 95%.
- The turnaround time taken for the handover of ambulance patients within 15 minutes was 66.6% which was an improvement on the March 2017 position. The numbers taking more than 30 minutes had also improved to 0.4% of patients. The Trust was looking to maintain that improvement going forwards.
- The percentage of patients who have been waiting less than 18 weeks for their treatment was 95.3% which was better than the national target (92%). The percentage of patients receiving their treatment within 18 weeks was below the local targets at 87% for admitted patients and 94% for non admitted patients (compared to the targets of 90% and 95% respectively).
- The Trust met the target for diagnostic waiting times with 99.05% of patients having their diagnostic test within 6 weeks (compared to the target of 99%).
- The percentage of outpatient appointments cancelled both by the hospital and cancelled by patients were both above the locally set bench mark of the national average.

Candace Imison noted that the percentage of appointments cancelled by the Trust remained fairly static around 12% throughout the year. The Deputy Chief Executive explained that a huge amount of work was going on in this area. The Trust was looking at implementing partial booking systems and engaging in better communications with patients and rolling out some telephony assistance systems. She reassured the Board that in the vast majority of cases any appointments cancelled were taken up by other patients.

- The percentage of patients that did not attend for their outpatient appointments was better than the national average. However, the Trust continued to work towards reducing the percentage further.
- The Cancer Waiting Time Targets were achieved for Q4 of 2016/17 apart from the 62 days from referral to treatment (GP referral). The Trust performance for Q4 2016/17 was 84.1% reflecting the new Breach Allocation Guidance and reallocations. Those pathways that originated in STH rather than other hospitals achieved the target of 62 days from referral to first treatment in more than 85% of cases.

The Chief Nurse highlighted the following points:

- Complaints – 90% of complaints were responded to within 25 working days.
- FFT score inpatient – the score for April was 96% which is better than the internal target of 95%.
- FFT score A&E – the score for April was 88% which is better than the internal target of 86%.
- Maternity score – the score for April was 96% which is the same as the internal target of 96%.

- Employ Caring and Cared for Staff

The Chief Nurse highlighted the following points:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 91.9% and for other care staff against the planned levels was 116.5%. At night those fill rates were 92.6% for registered nurses and 119.1% for other care staff.

The Director of Human Resources highlighted the following points:

- Sickness absence was 3.85% for April 2017, which was better than the target of 4%. That figure had decreased from 4.44% in March 2017. The decrease comprised a 0.46 % reduction in short term absence (from 2.06% to 1.60%) and a 0.13 % reduction in long term absence (from 2.38% to 2.25%).
- The Trust had seen an increase over the past four weeks in the number of appraisals carried out with the rate rising to 86% for the last three months. The HR Operations Director was reviewing the position monthly and Directorate level action plans were being established.
- Compliance levels for mandatory training had increased to 90%.
- Occupational Health had coordinated and completed over 750 health checks for staff. Positive feedback from staff had been received. Health Checks would continue across the Trust throughout the year. Health Checks were voluntary and for staff aged 40+.

Other health schemes under review include the access to support for mental health issues, access to support for weight management and the continued progress of the access to physiotherapy for staff.

- Spending public money wisely

The Director of Finance highlighted the following points:

- Month 1 position showed a £1,555.7k (2.0%) deficit against plan. There was an activity under-performance of £0.2m in April 2017, although it was worth noting that the activity plan for 2017/18 was around £6m less than for 2016/17. It seemed likely that the Easter holidays had an adverse impact.
- There was an over spend of £0.8m (1.6%) on pay in April 2017 and medical staffing remained the main pressure area.
- There was a £0.4m under delivery against efficiency plans for April 2017.
- Overall, Directorates reported positions £1.7m worse than their plans at Month 1.
- The key risks for 2017/18 related to internal delivery of activity, efficiency and financial plans; residual tariff/contracting issues; receipt of CQUIN and system resilience funding; financial, workforce and service pressures; and receipt of the STF .
- The Trust had received a letter stating that it would receive additional monies of £419,000 out of the 2016/17 Sustainability and Transformation Funding.

- Delivering excellent research, education and innovation

An update would be provided later on the agenda.

- Deep Dive - Delayed Transfer of Care (DTC)

The Deputy Chief Executive presented the Deep Dive and explained that it provided a complete overview of DTC, what they were, how the Trust managed them and the actions being taken to reduce them. She reported that despite the difficulties and challenges the Trust had experienced over the last year there were still areas of excellent practice in Sheffield which were recognised by the Care Quality Commission during their inspection in December 2015 namely:

- Discharge to Assess
- Single Point of Access (SPA)

Board members stated that they had found the Deep Dive extremely helpful and informative.

- Recent Tragic Events

The Deputy Chief Executive referred to the two recent tragic events in Manchester and London and stated on behalf of the Board that their thoughts were with those who had been affected as well as noting the exemplary response by the NHS and wider emergency services.

The Trust did offer assistance to Manchester but it was not required at the time.

There had been some initial debriefs about how events happened and lessons to be learned and the Trust would review its Major Incident Plan in light of this learning.

- Give it a Go Week 2017

Give it a Go Week 2017 was due to start on Monday 26th June 2017 and was being led by the Excellent Emergency Care workstream. Its focus was the Sheffield SAFER Flow ten principles which were based on national best practice and local learning from more than 30 ward teams at STH. The ten principles were about delivering the best possible experience for our patients, through clear and effective communication and good planning and organisation.

It provided an opportunity for all teams across the organisation to consider how best to adopt one or more of the principles in their area or ward and to try it out for the seven days. At the end of the week all the learning would be gathered to see what worked in order to consider how best to implement the Sheffield SAFER Flow ten principles wider across the organisation.

- Working Together Programme Update

The Working Together Newsletters were circulated for information purposes.

- Workforce Race Equality Standards (WRES)

The Board had received previous reports on the work on WRES from Yvonne Coghill. A case study featuring the work the Trust has been doing with staff on the WRES was published and launched at the NHS Confederation earlier in the month and was well received.

The Trust would now take forward that work and build on it and develop an action plan. The action plan would be submitted to TEG and then the Human Resources and Organisational Development Committee.

Action: Mark Gwilliam

- Communications
 - Hospital volunteers were thanked by the Trust for their dedication and support at a special celebration event during national Volunteers' Week held this month.
 - The Trust's Sexual Health team had won the HSJ Value in healthcare award in the community health service redesign category. The team won the award for their work to redesign the city's Sexual Health Services, improving access to those most in need. The team, who beat off fierce competition from over 400 entries, were praised by the judges for "having significantly increased value in their redesign of health services and successfully involving patients and partners throughout".

The Board extended its congratulations to the Team on the success of winning the award and recognised the huge amount of work undertaken by the team to continually improve the service for patients.

The Assistant Chief Executive reported that the Team had been invited to the July Board meeting to make the same the presentation they gave to the HSJ.

Action: Sandi Carman/David Throssell

- An innovative scheme helping more patients with diabetes to continue to inject their own insulin while in hospital, improving the timing of doses and giving better glucose control, had won a highly sought after diabetes prize. The Diabetes Team was named as joint winner of the prestigious Rowan Hillson Insulin Safety Award for supporting insulin-treated patients to continue to have safe access to their insulin at all stages of their hospital care unless there was a specific reason for them not to.

STH/123/17

Employ caring and cared for staff

(a) Trust Staff Engagement Action Plan

The Director of Human Resources referred to the update on the Trust Staff Engagement Action Plan (Enclosure C) circulated with the agenda papers.

The Action Plan had been discussed at the Human Resources and Organisational Development Committee and addressed all aspects of the Department of Health STAR model of staff engagement which had delivered improvements in the overall staff engagement score for seven of the last eight years.

An action plan would be development for each Directorate focussed on their own results from the Staff Survey and the following five core priorities:

- Actions to motivate staff – e.g. increase appreciation, valuing, recognition,
- Actions to increase staff involvement –e.g. listening to staff and involving them in improvement solutions
- Actions to improve team working – e.g. Insights Discovery, sharing objectives from appraisals
- Actions to improve health and wellbeing.

- Actions to improve diversity and inclusivity – e.g. implement the findings of the WRES work

The Director of Human Resources explained that the Trust had worked with Capita to pilot two additional questions:

- Q.37 “Please note below one thing that you feel could be improved at Sheffield Teaching Hospitals”
- Q.38 “Please note below one thing that you think is good about working at Sheffield Teaching Hospitals”

The top three themes staff identified for improvement were:

- Feeling valued/ supported
- Being treated fairly
- Communication

The top three themes staff identified as being good about the STHFT were:

- Job satisfaction
- Relationships/ cooperation
- Patient/ service user satisfaction

Implementation of the Action Plan would be monitored by the Staff Engagement Executive and the Directorate Action Plans would be monitored by via HR Business Partners performance meetings. and the TEG performance review process.

During discussion members felt that it was important that the Board receive a progress report in due course to provide assurance that progress was being made. That would be planned for a future Human Resources and Organisational Development Committee

Action: Mark Gwilliam

- Annette Laban reported that a report to the HCGC referred to feedback from a CQC visit which singled out the University Hospital of Bristol where engagement had been a key part in turning around the organisation and suggested that there may be some learning from them that the Trust could access.
- John O’Kane felt that communication within the Trust was extremely good. The Director of Human Resources explained that it was more about localised communications within Directorates and team working rather than corporate communications.
- The Medical Director highlighted that junior doctors presented challenges as a group to communicate with as they did not align themselves to specific Directorates and so bespoke ways of communicating with them were being explored.
- It was **AGREED** that it would be helpful for Board members to receive a presentation on using social media for communication purposes. This was planned for the HR and Organisational Development Committee in September 2017.

Action: Julie Phelan

Deliver excellent research, education and innovation

(a) Research Activities

Dr. Peter Sneddon, Clinical Research Office Director, was in attendance and gave an update by way of a presentation (copy attached to the minutes). He highlighted the following points:

- STH continued to improve its research performance as a result of several factors including more active recruitment by Directorates and more efficient Research and Development set up processes as show below:

| | 2014/15 | 2015/16 | 2016/17 |
|---|---------|---------|---------|
| Number of patients recruited by STH to NIHR studies | 7786 | 8578 | 11490 |

- In 2016/17 the % of STH trials meeting the NIHR 70 day benchmark for was 90% (national target 80%).
- The Yorkshire and Humber Clinical Research Network (YH CRN)Annual Report 2016/17 was on today's agenda for approval by the Board of Directors. The Network had exceeded its recruitment target ending the year having recruited 74,630 against a recruitment target 65,000. That performance ensured that YH CRN were the second highest network in England for overall recruitment, first in terms of complexity and sixth in terms of recruits per million of the region's population
- The YH CRN Annual Delivery Plan 2017/18 was approved by STH as Host of YH CRN in April 2017:
 - It was a 60 page document for delivery ofresearch across 30 Clinical Specialties and 22 Partner Organisations.
 - The greatest challenge was to manage the reduction in YH CRN funding of over £1million for the second year in succession.
 - STH allocation would be reduced by 3.5% (£140k)
 - Overall it was a good picture for research and Dr. Sneddon felt that the reduction in funding could be managed.
- NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC)
 - Overall the picture was one of tremendous success.
 - The CLAHRC could provide evidence to support policy and practice in the NHS across a great range of clinical and allied professions.
 - It had 108 projects and recruited 25,344 patients into trials
 - It attracted £8m external income.
 - Its top three achievements were:
 - National recognition and spread of research
 - Inward investment to Yorkshire and Humber
 - Improving research access to the Yorkshire and Humber population
- The Northern Health Science Alliance (NHTSA) held its Annual General Meeting on 10th May 2017 and proposed extending its membership to other organisations.

- The Life Sciences Industrial Strategy Board was due to meet on 4th July 2017 at which Dr. Sneddon hoped that the draft proposal produced in April 2017 would be discussed.

The Medical Director also reported that the research performance had been outstanding both in terms of the Trust and the Network.

Annette Laban raised the issue of recruitment of patients into trials from Primary Care. Dr. Sneddon explained that the interacting with Clinical Commissioning Group and Primary Care was very complex but the Trust needed to invest in that.

- (b) Clinical Research Network Yorkshire and Humber (YH CRN) Annual Delivery Report 2016/17

The Board of Directors **APPROVED** the YH CRN Annual Delivery Report 2016/17.

STH/125/17

Chairman and Non-Executive Director Matters

There were no matters raised.

STH/126/17

For Approval/Ratification

- (a) Corporate Seal

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

- Lease of space at the Northern General Hospital, Royal Hallamshire Hospital and Weston Park Hospital with Indigo Park Services UK Limited and a Licence for Alterations at the Northern General Hospital (see Appendix 1).
- FT-FT Occupation Agreement between Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust and Sheffield Children's Hospital NHS Foundation Trust (see Appendix 2).
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Jarvale Construction Limited for works at Charles Clifford Dental Hospital to refurbish the Dental Laboratories.
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Keir Construction Limited t/a Keir Construction –in relation to the Stage 2 (Outline Business Case) for potential works at the Royal Hallamshire Hospital on A Floor
- Framework Agreements:
 - Electrical Works Framework
 - Contract between Sheffield Teaching Hospitals NHS Foundation Trust and SPIE Limited
 - Mechanical Works Framework
 - Contract between Sheffield Teaching Hospitals NHS Foundation Trust and SPIE Limited
 - Contract between Sheffield Teaching Hospitals NHS Foundation Trust and GW Dawes & Son (heating and Plumbing) Limited

- Construction Works Framework
 - Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Clugston Construction Limited
 - Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Jarvale Construction Limited

STH/127/17

Any Other Business

There were no additional matters raised.

STH/128/17

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 19th July 2017 in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be confirmed

SIGNED

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Chairman

DATE.....