Minutes of the Meeting of the BOARD OF DIRECTORS
held on Wednesday, 19th July 2017,
in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT:

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

APOLOGIES:

Sir Andrew Cash	Chief Executive
Mrs. C. Imison	Non-Executive Director
Prof. Dame Pam Shaw	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. F. Wolfe	Service Manager, Sexual Services	Item STH/141/17
Ms. G. Bell	Nurse Consultant, Sexual Services	

OBSERVERS: 5 Governors
1 Management Trainee

STH/138/17

Declarations of Interests

Annette Laban declared that she had undertaken some one-off advisory work across Health and Social Care with Tunstall Healthcare.

STH/139/17

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 21st June, 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/140/17

Matters Arising

(a) Continuity Planning in the light of recent tragic events

(STH/122/17) A review of the Trust's Major Incident Plan was referred to at the last meeting. The Deputy Chief Executive explained that the review had started with the review of all the action cards which were the most important part of the Plan. The revised set of action cards were being submitted to the Trust Executive Group on 2nd August 2017. It had been agreed that the revised action cards could be issued in advance rather than waiting for the review of the whole Plan to be completed.

The revised Major Incident Plan would be presented to the Board for approval later in the year.

Action: Kirsten Major

The Deputy Chief Executive also reported that Dr. Jennifer Hill, Deputy Medical Director, was chairing a group which was developing a Mass Casualty Plan.

(b) "Give it a Go Week"

(STH/122/17) The Deputy Chief Executive reported that the Excellent Emergency Care Workstream had recently held an initial stock take meeting following the "Give it a Go Week". She reported that 96 projects had been pursued during the week and feedback from all those teams was currently being gathered and collated.

The Communications and Marketing Director explained that once the gathering of feedback had been completed she would be sending further communications out to all staff to spread the good practice and learning lessons from 'Give it a Go' projects.

Action: Julie Phelan

STH/141/17

Clinical Update: HSJ Value in Healthcare Awards 2017 - Community Health Service Redesign

The Medical Director introduced the item and Fiona Wolfe, Service Manager, and Gill Bell, Nurse Consultant, for the Sexual Health Service were in attendance.

The Medical Director explained that the presentation to be given by Fiona Wolfe and Gill Bell was part of the Sexual Health Services Team's entry in the HSJ Value in Healthcare Awards 2017 Community Health Service Redesign category and which had resulted in the team winning the award which was a fantastic achievement.

The presentation described how the Sexual Health Team had worked to successfully redesign and integrate the city's Sexual Health Services involving patients and partners throughout and improving access to those most in need despite the ever decreasing budget.

The Chairman thanked Fiona and Gill for the excellent presentation and congratulated them on their success. He also acknowledged the pressure the Team had been under over the last few years and the journey they had been on. The Chairman suggested that the Team should make this presentation to the Sheffield City Council as they were the commissioners of the service. Gill Bell emphasised that it was important now for the service to have a period of stability to enable the changes to be embedded.

The Communications and Marketing Director explained that the Trust had undertaken a lot of work on communicating the Team's success both internally and externally and the HSJ would produce a case study of the winners which would be circulated to widely.

STH/142/17

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
  - Deep Dive - Hospital Mortality

    The Medical Director presented the Deep Dive on Hospitality Mortality as set out in the report. The report described the current system to review deaths in the Trust and the key requirements of the new guidance "Learning from Deaths" document published by the National Quality Board.

    The Medical Director highlighted the following key points:

    - The Trust had a clear and mature patient safety culture and Mortality Governance structure at all levels from ward to Board.

    - The Mortality Governance Committee (MGC) was responsible for overseeing all matters relating to mortality. The MGC was chaired by a Deputy Medical Director on behalf of the Medical Director and its proceedings had already been modified to take into account the recent guidance.

    - The HCGC had overall responsibility for this area of work. Both the HCGC and the Board of Directors received a mortality report on a quarterly basis which described the Trust's Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital-level Mortality Indicator (SHMI) position retrospectively.

    - The Trust had a well-established Medical Examiner Office (MEO) based at the Northern General Hospital site which was a recommendation of the Francis Report. The MEO was currently part of the pilot scheme in England but was due to be rolled out in Spring 2019 in England. It was created to try and improve the processes that occur after a patient dies in hospital or community including improving the quality and accuracy of the information on death certificates as well as improving the type and nature of information given to bereaved relatives at a very crucial time. It was envisaged that the MEO function would be the financial responsibility of Local Authorities. The MEO reviewed all deaths on the Northern General Hospital site as well as a proportion of community deaths. The deaths at the Royal Hallamshire Hospital were reviewed in context of the directorate Morbidity and Mortality meetings. The MEO would report any issues that required further investigation to the Trust and HM Coroner.

    - The Learning from Deaths Framework placed a number of new requirements on Trusts, the timelines for which were:

      - From April 2017 onwards, collect new quarterly information on deaths, reviews, investigations and resulting quality improvement.
      - By September 2017, publish an updated policy on how the Trust responds to and learns from the deaths of patients in its care.

- ❖ From Q3 2017 onwards, publish information on deaths, reviews and investigations via an agenda item and paper to its public board meetings.
- ❖ From June 2018, publish an annual summary of this data in Quality Accounts.

The Medical Director reported that the Trust was in a good position to deliver the above requirements with relatively minor modifications to its current practices/structures, the key requirement being to extend the function currently provided by the MEO at Northern General Hospital to the central campus.

The following points were raised during discussion:

- The Chairman queried whether there was a conflict of interest because the Medical Examiner was employed by the Trust. The Medical Director explained, although that was a possibility, nationally it was being accepted as a reasonable approach.

- Was there any family engagement? The Medical Director confirmed that family engagement was one of the huge advantages of the ME process. Engagement with the family was integral to the process. The MEO contacted the family after a death which provided the family with the opportunity to raise any issues or concerns at an early stage. He also reported that the local HM Coroner always tried to involve families in proceedings.

- Annette Laban pointed out that STH was "ahead of the game" on this work due to its participation as a pilot site and it now needed to build on that.

- Deliver the best clinical outcomes

The Medical Director highlighted the following issues which had been discussed at the HCGC:

- The Committee received a monthly update in relation to CQC compliance.

- Three new serious incidents, including two Never Events, were reported and were currently under investigation.

- The updated Consent Policy was approved by the Committee which had been revised to reflect changes in legislation and to take into account of the findings from the audit of consent carried out by the Trust's internal auditors in 2016.

- The Committee received a presentation relating to the End of Life Care strategy and consultation. The strategy had now been finalised and published.

The Chief Nurse highlighted the following points:

- There have been zero cases of Trust assigned MRSA bacteraemia recorded for the month of May. The year to date total was one case.

- There were ten Trust attributable cases of MSSA bacteraemia recorded in May 2017. The full year performance was 17 cases of MSSA against an internal threshold of seven cases.

- The Trust recorded four cases of C.diff for May 2017. The full year performance was 14 cases of C.diff against an internal threshold of 13 and a NHS Improvement threshold of 15.

- Provide patient centred services

  The Deputy Chief Executive highlighted the following points:

  - The Activity Performance for May 2017:

    - New outpatient activity was 2.7% below the contract target
    - Follow up outpatient activity was 5.1% above the contract target
    - Accident and Emergency activity was 0.2% below target
    - Elective activity for was 0.3% above the contract target
    - Non-elective activity was 1.9% below the contract target

  - There had been a further reduction in the average number of patients who had a delayed transfer of care in May 2017. In May 2017, there had been 87 delays compared to 100 in April 2017 and 156 in March 2017.

  - The number of operations cancelled on the day for non-clinical reasons in May 2017 was 57 compared to 72 in April 2017 and 94 in March 2017 (against a threshold of 75 per month).

  - In May 2017, 91.14% of patients attending A&E were seen within 4 hours compared to the Sustainability & Transformation Fund agreed trajectory of 90% and the national target of 95%. There were eight days when the Trust had exceeded the 95% target.

  - The turnaround time taken for the handover of ambulance patients had improved with 70.9% occurring within 15 minutes compared to 66.6% in April 2017. The number taking more than 30 minutes was 0.61% of patients.

  - The percentage of patients who had been waiting less than 18 weeks for their treatment was 96% 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).

  - At the end of May 2017 there were no patients waiting over 52 weeks for treatment.

  - At the end of May 2017 the number of patients who were waiting more than six weeks for their diagnostic test was 98.5% which was marginally below the target of 99%.

  - The percentage of outpatient appointments cancelled by the hospital and cancelled by patients were both above the national bench mark.

  - As reported last month the Cancer Waiting Time Targets were achieved for Q4 of 2016/17 apart from the 62 days from referral to treatment (GP referral). For Q1 2017/18, the latest position (as at 30th June 2017) was 77.8% for all pathways, including those originated in other hospitals, and 84.6% for STH pathways.

  The Chief Nurse highlighted the following points:

  - Complaints – 87% of complaints were responded to within 25 working days.

- Friends and Family Test (FFT) score inpatient – the score for May 2017 was 95% which met the Trust's internal target of 95%.

- FFT score A&E – the score for May 2017 was 89% which was better than the Trust's internal target of 86%.

- Maternity score – the score for May 2017 was 94% which was slightly below the Trust's internal target of 96%.

- Mixed sex – the Trust reported zero breaches in May 2017 against the Trust's internal target of zero.

- 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 93.3% and for other care staff against the planned levels was 113.6%. At night those fill rates were 94.2% for registered nurses and 119.1% for other care staff.

  The Director of Human Resources highlighted the following points:

  - Sickness absence for May 2017 was better than target at 3.73 % and had improved from 3.85% in April 2017. The year to date figure was better than target and stood at 3.77%

  - In May 2017, short term absence had increased slightly from 1.60 % to 1.66% and long term absence had decreased from 2.25% to 2.07%. The year to date figures were 1.48% for short term absence and 2.28% for long term absence.

  - The year to date figure for short term absence was 1.48%. The year to date figure for long term absence is 2.28%.

  - The Trust had seen an increase over the past 12 months in the number of appraisals carried out with the rate moving to 86.3%.

  - Occupational Health had completed over 800 health checks for staff and continued to receive positive feedback from staff.

  In response to a question the Director of Human Resources confirmed that data security was covered in mandatory training. The Medical Director also confirmed that recently DAN information (which was an information governance education tool) was circulated to all staff and the Trust was looking to incorporate that into mandatory training.

- Spending public money wisely

  The Director of Finance highlighted the following points:

  - The Month 2 position showed a £2,489.1k (1.5%) deficit against plan and although that reflected a lower rate of overspend than at Month 1, it clearly represented a poor start to the year.

    The Trust Executive Team (TEG) had devoted a significant amount of time to discuss the position at their meeting on 26th July 2017. TEG were also in constant dialogue with Directorates and the Making it Better Programme

continued to drive efficiencies wherever possible. The Trust also continued to look for contingencies.

- There was a cumulative activity over-performance of £0.2m at Month 2, although it was worth noting that the activity plan for 2017/18 was around £6m less than for 2016/17. The position improved in May 2017.

- There was an over spend of £1.1m (1.1%) on pay to the end of May 2017 and medical staffing remained the main pressure area.

- There was a £0.7m under delivery against efficiency plans for the first two months of the year. Overall, Directorates reported positions £2.4m worse than their plans at Month 2.

- The Financial Plan and current position assumed receipt of all of the £18.6m of national Sustainability and Transformation funding (STF) available to the Trust. To receive that funding the Trust had to deliver a financial "Control Total" of £4.2m deficit (equating to the Financial Plan deficit of £6m). If the Control Total was met, then 30% of the STF depended on achieving A&E 4 hour target trajectories and other plans. The position would be assessed on a quarterly basis but with a greater weighting placed on the later quarters.

- Delivering excellent research, education and innovation

  There was nothing further to report from the presentation given by Dr. Peter Sneddon at the June 2017 Board meeting.

- Working Together Programme Update

  South Yorkshire and Bassetlaw had been named as one of the first areas in the country to be an Accountable Care System. Capital allocations for Accountable Care Systems would be announced in the next few days and as a starting point a Dashboard of metrics would be published on Friday 21st July 2017. The Deputy Chief Executive agreed to circulate the information to Board members.

  Action: Kirsten Major

  In terms of the Hospital Services Review, Professor Chris Welsh had been appointed the Independent Clinical Review Director, Alexandra Norrish had been appointed to the role of (non-clinical) Programme Director. Kirsten Major, Deputy Chief Executive, and David Throssell, Medical Director were members of the Steering Group overseeing the work. The Deputy Chief Executive reported that two meetings had already been held and there was a significant amount of work ongoing. The intention was to bring a more detailed briefing to the Board in the next couple of months.

  Action: Kirsten Major

- Better Care Fund – Additional Investment Plan

  On behalf of the three Sheffield CEOs, John Mothersole, Chief Executive, Sheffield City Council, had been identified as the lead for the Delayed Transfers of Care (DTOC) Programme.

  The aim of the Programme was to bring the number of reportable delays in Sheffield as close to zero as possible and reduce the total overall number of delayed days at STH.

A DTOC Summit was held on 23rd May 2017 which brought leaders from across the city together to agree a programme of improvement. That included an objective to work towards developing only three routes out of hospital (replacing the myriad of current pathways), namely:

1. People who can go 'home' with the level of care they had before
2. People who might need more care but who should be assessed at home to determine what that might be.
3. People who might need more support or care rather than returning straight 'home' would go to a step down facility for assessment (step down would include Intermediate Care beds).

Three workstreams were being established to develop the above routes which would require a cultural change and a shift in processes:

1. Work in hospital to navigate people into one of these three routes as quickly as possible on admission.
2. Work in community to ensure rapid response services were available to enable Discharge to Assess.
3. Work in community to ensure rapid capacity and response assessment is available to enable Discharge to Assess.

The DTOC Programme Plan was signed off by the three CEOs (City Council, SCCG, STH) on 28th June 2017 and monthly updates would be provided to the Finance and Performance Committee and the Board of Directors.

Action: Kirsten Major

The Deputy Chief Executive emphasised the importance of developing a good governance structure around this work.

STH/143/17

Spend Public Money Wisely

(a) 2016/17 to 2020/21 Capital Programme: Update

The Director of Finance presented the update on the 2016/17 to 2020/21 Capital Programme (Enclosure C) and the key points to note were:

- The Capital Programme remained manageable for 2017/18 but the 5 Year Plan moved into an increasing over committed position from 2019/20 onwards. That position was likely to be exacerbated as new schemes and priorities emerged over the five year period and if those priorities were to be progressed funding solutions for future years would need to be identified.

- The current cumulative plan over-commitment over the period, at £12.8m, was an improvement of £1.4m on the plan position at April 2017.

- Key influences on the 2017/18 programme position would be progressed on the IT Programme; plans for decant wards and the proposed WPH upgrade; and progression of Theatre refurbishment schemes.

- Capital planning/prioritisation and scheme "value engineering" continue to be crucial in securing maximum value for money from extremely constrained resources

- Given potential slippage, action was required to ensure an acceptable position for 2017/18.

- He reported the following updates on various schemes:

  - The Q Floor Theatre Scheme was well underway.
  - The plan for A Floor Theatres was progressing well.
  - The Trust Executive Group had agreed, in principle, that the Trust would most likely need to construct two modular wards (at an estimated cost of £6m) as decant facilities to enable the ward refurbishment programme to progress. A similar solution may also be required at the Royal Hallamshire Hospital.
  - The Cataract Unit at the Northern General Hospital had commenced
  - The Royal Hallamshire Hospital lift upgrade had commenced
  - The Frailty Unit scheme was going to plan
  - The replacement of the CT Scanner at the Northern General Hospital had been advanced to Autumn 2017
  - The planning work was progressing on the PET Development.

  The Board of Directors:

  - **APPROVED** the latest 2017/18 Capital Programme and noted the future over-commitment on the 5 Year Plan which would need to be addressed.

  - **NOTED** the list of "probable" and "possible" schemes on the 5 Year Plan (as detailed in Appendix A of the report) which, along with other schemes, would emerge over the five year period and would require further consideration and careful prioritisation.

  - **NOTED** the risks outlined in Section 5 of the report and the need to continue to identify additional capital resources for future years.

  - **NOTED** the importance of capital planning/prioritisation and "value engineering" in securing maximum benefits from limited capital and revenue funding.

STH/144/17

Deliver excellent research, education and innovation

(a) University Matters: Update

The University update was taken as noted.

STH/145/17

Chairman and Non-Executive Director Matters

No matters were raised.

STH/146/17

Any Other Business

There were no additional items of business raised.

STH/147/17

Date and Time of Next Meeting

The next meeting of the Board of Directors will be held on Wednesday 20th September, 2017 in the Undergraduate Common Room, Northern General Hospital at a time to be confirmed.

Signed:…….. Date: ……
Chairman