



**Minutes of the Meeting of the BOARD OF DIRECTORS
held on Wednesday 18th October 2017,
in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital**

PRESENT:

Mr. T. Pedder (Chair)	Chairman
Mr. T. Buckham	Non-Executive Director
Sir Andrew Cash	Chief Executive
Prof. H. A. Chapman	Chief Nurse
Mr. M. Gwilliam	Director of Human Resources
Mrs. C. Imison	Non-Executive Director
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Deputy Chief Executive
Ms. D. Moore	Non-Executive Director
Mr. N. Priestley	Director of Finance
Prof. Dame Pam Shaw	Non-Executive Director
Dr. D. Throssell	Medical Director

APOLOGIES:

Mr. J. O’Kane	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	Communications and Marketing Director
Ms. A. Brodrick	Item STH/162/17
Dr. C. Bates	Item STH/167/17

OBSERVERS:

Four Governors
Two members of the public

STH/184/17

Declarations of Interests

Annette Laban declared that she had was doing some work on business planning for Lilley Pharmaceuticals

STH/185/17

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 20th September 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/186/17

Matters Arising

(a) Working Together Committee in Common

(STH/164/17(b) Further to discussions at the last meeting regarding rotation of the Chairman of the Working Together Committee in Common, Tony Pedder reported that he had agreed to carry on as Chairman of the Committee for a further six months until the end of March 2018 when the matter would be reviewed again.

STH/187/17

Providing Patient Centred Services

(a) Clinical Update: Influencing Intervention Rates - getting the balance right in maternity

The Chief Nurse introduced the item and Ali Brodrick, Consultant Midwife, gave a presentation (copy attached to the minutes) on her role as a Consultant Midwife, the services and choices available to pregnant women and the changing culture.

Following the presentation there was a general discussion around home births and whether the Trust was seeing a trend towards them and what the risks were. Ali Brodrick explained that about 3.5% of all births in Sheffield were home births and it was something that the Trust promoted.

The Chairman queried whether the differing approaches to offering choice in relation to caesarean sections had had any impact on the numbers of mothers request to come to STH. Ali Brodrick reported that when the NICE guidance was first issued there was an increase but that had now slowed down.

The Chairman thanked Ali Brodrick for an interesting presentation.

STH/188/17

Chief Executive's Matters

The Chief Executive presented his report (Enclosure B) and highlighted the following points:

- Integrated Performance Report

The Chief Executive invited each Executive Director to provide an update on their areas of responsibility:

- Deliver the Best Clinical Outcomes/Healthcare Governance Committee

The Medical Director highlighted the following points:

- Six new serious incidents were reported and were currently under investigation. Seven incident investigations were ongoing, two incident reports had been completed and submitted to the CCG and one incident was closed during the reporting period.
- One new Never Event was declared in August 2017 which related to a historical surgical incident. The incident was investigated immediately after it occurred, but was not logged as a Never Event at the time. A retrospective review of the case established that it met the Never Event criteria and therefore it had been logged as a Never Event retrospectively. A review of the incident found that all

appropriate clinical actions were taken in response to the event at the time and the patient made a full recovery and was fully informed of the outcome of the investigation. Measures had been put in place to limit the chances of that happening the future.

- The number of incidents not approved after 35 days remained higher than target and work was progressing to review that.
- The CQC Action Plan Update was presented to the Healthcare Governance Committee (HCGC) and all outstanding actions in relation to 'must do' requirements were on track.

Annette Laban reported that she had recently visited the refurbished wards at Weston Park Hospital and felt that if the CQC were to visit now they would be extremely impressed. The staff and patients thought the new wards were incredible and the atmosphere felt very calm.

- The HCGC received the Clinical Effectiveness Annual Report. The number of clinical audit projects had increased from 463 (2015/16) to 597 (2016/17). The Trust had participated in 100% of national clinical audits and 100% of national confidential enquiries in which it was eligible to participate.

The Chief Nurse highlighted the following points:

- There had been zero cases of Trust assigned MRSA bacteraemia recorded for the month of August 2017 and the year to date total was one case.
- There were seven Trust attributable cases of MSSA bacteraemia recorded in August 2017. The full year performance was 33 cases against an internal threshold of 17.5 cases.
- The Trust recorded eight cases of C.diff for August 2017 and the full year to date performance was 34 cases against an internal threshold of 32.5 and a NHS Improvement threshold of 37.

▪ Providing Patient Centred Services

The Chief Nurse highlighted the following points:

- 96% of complaints were responded to within 25 working days.
- Friends and Family Test (FFT) score inpatient for August 2017 was 95% which was the same as the internal target of 95%.
- FFT A&E score for August 2017 was 89% which was better than the internal target of 86%.
- Maternity score for July 2017 was 96% which was the same as the internal target of 96%.
- There had been no mixed sex breaches in July 2017 against an internal target of zero.

The Deputy Chief Executive highlighted the following points:

- Activity performance for August 2017 was:
 - Referrals received were below the baseline level included in the Trust's plan.
 - New outpatient activity was 4.2% below the contract target and the year to date performance was 2.7% below target.
 - Follow up outpatient activity was 1.2% above the contract target and the year to date performance was 2.2% above target.
 - Accident and Emergency activity was slightly below target (1.1%) and was 0.6% below target for the year to date.
 - Elective activity for was 1.7% below the contract target and was 1.2% below for the year to date.
 - Non-elective activity was 0.6% above the contract target and was 0.6% below for the year to date.
- The average number of patients who had a delayed transfer of care in August 2017 was 75 compared to:
 - 74 - July 2017
 - 88 - June 2017
 - 87 - May 2017
 - 100 - April 2017

The rate to date in September 2017 was 49 which was a significant improvement.

STH were currently piloting, on two wards, the agreed three routes out of hospital namely:

- People who can go 'home' with the level of care they had before.
- People who might need more care but who should be assessed at home to determine what that might be.
- 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).

The intention was to roll out the pilot to other wards and eventually the whole organisation.

- 91.88% of patients attending A&E in August 2017 were seen within 4 hours compared to the Sustainability & Transformation Fund agreed trajectory of 90.7% and the national target of 95%. There were ten days when the Trust exceeded the 95% target.
- The percentage of patients who had been waiting less than 18 weeks for their treatment was 95.7% which was better than the national target (92%). The percentage of patients who received their treatment within 18 weeks improved, from the July position to 87.6% in August 2017 for admitted patients and 94.6% for non-admitted patients (compared to the local targets of 90% and 95% respectively).
- At the end of August 2017 the number of patients who were waiting more than six weeks for their diagnostic test was 92.74% which was slightly below the target of 99%. As reported at previous meetings, performance in the following

three areas was impacting on the Trust's overall performance and causing it to miss the target:

- Sleep Studies
- DEXA Scans
- Echocardiography

The Deputy Chief Executive reported that the position was improving in Sleep Studies and DEXA scans. However Echocardiography remained a concern due to the national shortage of staff trained to carry out such tests and the vulnerability to issues such as maternity leave and resignations in a small niche group of staff. Actions were in place across all those services to improve the position including:

- making sure that most urgent cases were dealt prioritised
- the provision of additional sessions
- ongoing recruitment
- review of demand
- securing support from other local centres and the private sector

The Deputy Chief Executive reported that the Echocardiograph Team were working incredibly hard and working overtime to manage demand. The Chairman extended the Board's appreciation and thanks to the Echocardiograph Team.

Annette Laban highlighted that the matter had escalated and included on the Waiting Times and Performance Overview Group (WTPOG) Risk Register and it would continue to monitor the position. It was **AGREED** that a full update would be provided to the Board in the coming months through WTPOG.

Action: Kirsten Major

- As reported at the September, 2017, Board meeting the cancer waiting time targets were achieved for Q1 of 2017/18 apart from the 62 days from referral to treatment (GP referral). As at 2nd October, 2017, the Q2 performance for 62 day referral to treatment was 85.24% for STH pathways and 76.82% for all pathways. Confirmation of the Q2 position would be available on 17th November 2017.

- Employ Caring and Cared for Staff

The Director of Human Resources reported the following:

- Sickness absence for August 2017 was 3.72% with a year to date position of 3.70%, compared to the Trust target of 4.0%
- The year to date short term absence rate had improved from 1.33% to 1.28%.
- The year to date long term absence rate had increased from 2.38% to 2.42%.
- The appraisal rate decreased slightly from 87.8% to 87.65%. The position was monitored on a monthly basis by the HR Operations Director.
- Compliance levels for mandatory training were at 90.75%.
- Annual turnover rate was 7.95% and the lowest turnover rate was 5.44% for Healthcare Scientists.

- Proportion of temporary staff had reduced slightly to 9.34%.
- Further to discussions at the September 2017 meeting, the Director of Human Resources reported that a report on retention figures was being presented to the Trust Executive Group and the Human Resources and Organisational Development Committee.
- To date 4700 staff had received their flu vaccination which was better than at the same time last year.

The Chief Nurse highlighted the following points:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 88.6% and for other care staff against the planned levels was 113.6%. At night these fill rates were 91.0% for registered nurses and 123.6% for other care staff.

- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 5 position showed a £6,769.6k (1.6%) deficit against plan before contingencies which was a slight improvement on trend but maintains the disappointing performance year-to-date.
- There was a £0.5m over delivery against efficiency plans for the first five months of the year.
- Overall, Directorates reported positions £4.9m worse than their plans at month five.
- 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 those funds the Trust had to deliver its financial “Control Total” (£4.2 m) and, if this was met, then 30% of the STF depends on achieving A&E 4 hour target trajectories and other plans related to streaming patients to new Primary Care services. The position would be assessed on a quarterly basis but with a greater weighting placed on the later quarters. The Q1 STF was assumed to have been achieved but was only 15% of the annual sum as the STF was weighted more towards the latter quarters. The Control Total and A&E 4 hour trajectory had been delivered in Q2'

- Accountable Care System (ACS)

The Chief Executive gave a brief progress report. He reported that the next major project going forwards was the Sustainable Hospital Services work led by Professor Chris Welsh (Independent Clinical Assessor).

There was now a MoU in place between the ACS and NHS England.

The Chairman reported that the ACS was now moving forward at pace. The Board had discussed its responsibility at previous meetings. A letter had been sent to Sir Andrew Cash in his role as ACS Lead outlining the primacy of this Board and confirming its collaboration in areas which would result in improved access to services and improved quality of care for patients.

- Accountable Care Partnership (ACP)

Becky Joyce, Service Improvement Director, had been seconded for a two-year period to the post of Sheffield Accountable Care Partnership Programme Director.

An ACP Time-out was held last week and work concentrated on the six work streams each of which would be led by a Chief Executive. Andrew Cash was the lead for the work stream on long term conditions.

- Sheffield Clinical Commissioning Group (CCG) Consultation

The Deputy Chief Executive reported that the Sheffield CCG had launched a consultation on urgent primary care in the city. She pointed out that it did not have recommendations relating to the Accident and Emergency Service at the Northern General Hospital directly but it was making a number of proposals around the Walk-in Centre on Broad Lane and the STH delivered Minor Injuries Centre and the Eye Casualty at the Royal Hallamshire Hospital. There would also be a likely impact on the GP Out of Hours Service provided by the Combined Community and Acute Group at the Northern General campus.

It was crucial that the Trust engaged directly with the CCG during the consultation phase and it was agreed that a session should be scheduled with Board members. It was also agreed that a session with Governors would be productive.

Action: Kirsten Major/Sandi Carman

The closing date for the consultation was 18th December 2017. The Deputy Chief Executive agreed to circulate the public facing document to Board members.

Action: Kirsten Major

- South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance Update

Circulated for information purposes.

- Awards

Professor David Kiely, Director of the Sheffield Pulmonary Vascular Disease Unit, had been given a Royal College of Physicians and Clinical Research Network award. Professor Kiely and his team, based at the Royal Hallamshire Hospital, were treating forty times the number of patients they were in 2001 and have had more than fifty research papers published over the last five years.

STH/189/17

Spend Public Money Wisely

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

The Director of Finance referred to his paper (Enclosure C) circulated with the agenda papers and supported it with a brief presentation. The key points to note were:

- The Capital Programme remained manageable for 2017/18 but the current 5 Year Plan moved into an increasing over committed position from 2019/20 onwards.

- That over-committed 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 next Capital Planning Round for 2018/19 and beyond would commence shortly and there would be important issues to address in respect of decant wards, theatre refurbishments, IT and the proposed WPH upgrade.
- Given potential slippage action was required to ensure an acceptable position for 2017/18.
- Capital planning/prioritisation and scheme “value engineering” continued to be crucial in securing maximum value for money from extremely constrained resources.

The Board of Directors:

- **APPROVED** the latest 2017/18 Capital Programme and noted the significant over-commitment on the 5 Year Plan, which would need to be addressed through the imminent Capital Planning Round.
- **NOTED** the list of “probable” and “possible” schemes on the 5 year plan at Appendix A which, along with other schemes, would emerge over the five year period, would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the paper and the need to continue to generate additional 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/190/17

Delivering the Trust’s Corporate Strategy

(a) **Half Year Review of Corporate Objectives**

The Deputy Chief Executive presented the Half Year Review of the Trust's Corporate Objectives (Enclosure D). She reported that good progress was being made in all areas and a final update would be presented in April 2018 along with a new set of objectives for 2018/19.

It was agreed that the Half Year Review should also be presented to the Council of Governors at their December 2017 meeting.

Action: Kirsten Major/Sandi Carman

(b) **Supporting Strategies – Quality and Estates Strategies: for approval**

The Medical Director presented the Quality Strategy. He emphasised the importance of patient engagement and explained that the strategy had been informed and guided by conversations with staff, patients, governors and Sheffield Healthwatch. He explained that it was a complex and comprehensive document and the plan was to produce a shorter more accessible version for wider circulation.

The key objectives of the strategy were to:

- significantly increase the involvement of patients and staff in the selection of annual quality improvement priorities to ensure that we focus on what matters most to those who use our services;
- strengthen our governance structure to ensure oversight and delivery of our quality improvement goals;
- demonstrate tangible improvements across priority areas, which improve the experience of our patients, their families and carers.

The strategy described a plan for how the Trust would continue on its journey of improvement over the next three years through providing:

- A framework for quality which would shape its approach;
- A process for agreeing quality priorities and a structure for overseeing the delivery of improvement goals;
- A set of underpinning principles to support patient engagement;
- An outline of associated work streams for 'Building Capability' and 'Performance Reporting' which would support delivery of the strategy;
- A timetable for putting the strategy in place.

The Chief Nurse presented the Estates Strategy. She explained that STH was the third largest NHS estate in England and the Strategy had not only been developed looking at the estate within its boundaries but it also looked at the possible opportunities presented by the ACP and ACS.

The key drivers were:

- Delivering continuous programmes to retain the estate in a safe and fit for purpose condition.
- Enabling clinical change programmes
- Enabling changes in working practices
- Ensuring our services are as sustainable as possible
- Responding to the financial environment.

The Board of Directors **APPROVED** the Estates and Quality Strategies.

STH/191/17

Deliver the Best Clinical Outcomes

(a) **Infection Prevention and Control Annual Report 2016/17**

Dr. C. Bates, Director of Infection Prevention and Control (DIPC) was in attendance.

The Board of Directors **RECEIVED** and **NOTED** the Infection Prevention and Control Annual Report 2016/17 (Enclosure F) circulated with the agenda papers.

(b) **Candida Auris**

Dr. C. Bates, DIPC, gave a short presentation on Candida Auris (copy attached to the minutes).

STH/192/17

Emergency Preparedness, Resilience and Response (EPRR) – Named Executive and Non-Executive Director Leads

The Deputy Chief Executive referred to her paper (Enclosure G) circulated with the agenda papers which sought approval for existing arrangements with respect to the organisation's responsibilities in EPRR and confirmation of the following roles:

- Kirsten Major in her role as Deputy Chief Executive as the Accountable Emergency Officer for STHFT.
- Annette Laban in her role as Chair of the Healthcare Governance Sub-Committee as the supporting Non-Executive Director

The Board of Directors **CONFIRMED** the above roles in respect of EPRR.

STH/193/17

For Approval

(a) Corporate Seal

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

- Supplemental Lease with AMT Coffee Limited for the Storage Room in the Huntsman Building at the Northern General Hospital.
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and T & C Williams (Builders) Ltd. for works at the Jessop Wing to refurbish the Special Care Baby Unit.

STH/194/17

Chairman and Non-Executive Director Matters

The Chairman felt it would be useful for the Board to receive an update on the mental health services for Trust staff.

The Director of Human Resources reported that a report was due to go to the Human Resources and Organisational Development Committee in December 2017 following which he would bring it to the Board.

Action: Mark Gwilliam

STH/195/17

Any Other Business

There were no additional items of business.

STH/196/17

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 15th November 2017 in the Undergraduate Common Room, MEC, Northern General Hospital at a time to be confirmed

Signed:..... Date:
Chairman