



**Minutes of the Meeting of the BOARD OF DIRECTORS  
held on Wednesday 21st February 2018,  
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. Dame Hilary Chapman	Chief Nurse
Mrs. A. Gibbs	Director of Strategy and Planning
Mr. M. Gwilliam	Director of Human Resources and Staff Development
Mrs. C. Imison	Non-Executive Director
Ms. K. Major	Deputy Chief Executive
Mrs. D. Moore	Non-Executive Director
Prof. C. Newman	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:**

Mrs. S. Carman	Assistant Chief Executive
Mrs. A. Laban	Non-Executive Director

**IN ATTENDANCE:**

Miss S. Coulson (Minutes)	Business Manager, Board of Directors
Ms. J. Dentith	Deputising for the Assistant Chief Executive
Mrs. J. Phelan	Communications and Marketing Director

Ms. C. McKenzie	Voluntary Services Manager	} Item STH/28/18
Ms. J. Bond	Senior Nurse	
Miss A. Sudano	Volunteer	
Mr. C. Bexon	Volunteer	
Ms. R. Barker	Volunteer	

**OBSERVERS:**

Ms. H. Jenkins	Graduate Management Trainee
Mrs. K. Jessop	Deputy Chief Nurse
Ms. E. Leckenby	Graduate Management Trainee
Six Governors	
Two member of staff	
Five Members of the Public	

The Chairman opened the meeting by welcoming Board members, those in attendance and those observing. He also welcomed Anne Gibbs, Director of Strategy and Planning, to her first Board

meeting and Karen Jessop, Deputy Chief Nurse, who was shadowing the Chief Nurse, Heather Jenkins and Emily Leckenby, Management Trainees who were observing at today's meeting.

The Chairman also formally reported Sir Andrew Cash's decision to retire from his post of Chief Executive in July 2018. The Chairman reported that the recruitment process for his successor would commence immediately and would be led by an Appointment Committee. The job advert would be issued in mid-March 2018.

The Chairman also circulated copies of the University of Sheffield booklet "Improving Health" to Board members for information.

### **STH/25/18**

#### **Declarations of Interest**

The only declaration made was by Jill Dentith who declared the following interests:

- self employed through Jill Dentith Consulting
- Lay Member for Audit and Governance and Vice Chair on NHS Hardwick Clinical Commissioning Group governing body
- Lay Member for Audit and Governance on NHS North Derbyshire Clinical Commissioning Group governing body

### **STH/26/18**

#### **Minutes of the Previous Meeting held on Wednesday, 17<sup>th</sup> January 2018**

The Minutes of the Previous Meeting held on Wednesday, 17th January 2018, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting.

### **STH/27/18**

#### **Matters Arising**

(a) **Diagnostic Test Demand**

(STH/231/17(a)) The Deputy Chief Executive updated the Board on the actions being made to recover the position and to support delivery of the diagnostic test standards. She highlighted the following:

- Training for additional staff members to undertake DEXA scans had been completed.
- The position in Echocardiography was considerably more challenging and was reflected nationally by the shortage of trained staff. However the Trust was running additional sessions, had appointed a new Consultant Cardiologist with a special interest in Echocardiography and was working closely with the team on the appropriateness of requests. Partnership working across other local hospitals to manage demand was also proving helpful.

During discussion the Chairman enquired whether there was any evidence that the pay grade of these staff affected recruitment. The Deputy Chief Executive confirmed that it was more about a national shortage and that the Trust's pay grade for this group of staff was consistent with other tertiary centres. She explained that the Trust was looking at the whole approach to recruitment and retention to see if there were any other options or anything that could be done differently. A paper would be presented to the Trust Executive Group in the near future.

The Deputy Chief Executive reported that work would continue and the Board would be updated on progress in due course, as would the Waiting Times Performance Overview Group.

**Action: Kirsten Major**

The Chief Executive stated that the aim was to get back on track by the end of Quarter 1.

## **STH/28/18**

### **Clinical Update: Voluntary Services**

The Chief Nurse introduced the item and Carrie McKenzie, Voluntary Services Manager, Julie Bond, Senior Nurse, Ashleigh Sudano, Chris Bexon and Rhoda Barker, Volunteers were in attendance and gave a presentation on the Hospital Voluntary Services.

The presentation covered the excellent support volunteers provided and included details of the following:

- the varying age range of volunteers and the reasons why people volunteered
- the different roles of volunteers and their value to the organisation.
- training for all new volunteers
- the help provided by volunteers to support staff, patients and families throughout the Trust
- the benefits that volunteers brought to the organisation as well as the personal benefits to the individual volunteer and
- how volunteers help to improve and enhance the patient experience by undertaking different activities with patients such as music sessions, talking and reading to patients, making crafts, playing games as well as assisting the Trust in carrying out surveys on Trust services e.g. carers survey, outpatient audits, smoking surveys, diabetes surveys

The feedback from ward staff was that the help provided by volunteers was invaluable.

Carrie stated that the next areas for development were:

- the development of a Volunteer Strategy for the Trust
- to review, measure and promote the impact of hospital volunteering and
- to continue to support staff and volunteers so that volunteers can continue to improve the experience of patients in the Trust.

During discussion, Carrie confirmed that all volunteers were DBS (Disclosure and Barring Service) checked and volunteers working in specialist areas had extended DBS checks. Two references were obtained for each volunteer and all volunteers underwent Occupational Health clearance.

Board members found the presentation extremely interesting and innovative. The Chairman asked the Trust Executive Group to look into how to apply for the Queen's Award for the Trust's Voluntary Service.

**Action: Hilary Chapman**

There was a general discussion during which the following aspects were covered:

- How Voluntary Services were co-ordinated and how volunteers were placed throughout the Trust. Carrie explained that the Trust had a Volunteer Policy Procedure which included a Volunteer Request Form which departments completed. Following receipt of the request form, a member of the Voluntary Services Team would arrange to meet staff to discuss their requirements.

- Promoting and publicising volunteers - Carrie explained that the team ran campaigns to attract people to become volunteers and visited local job clubs as well as worked with local schools and were currently looking at introducing term time volunteering.

### **STH/29/18**

#### **Sheffield Clinical Commissioning Group (SCCG) Consultation**

The Deputy Chief Executive reported that, following discussions at both Board of Director and Council of Governors meetings, the Trust had submitted a formal response to the SCCG Consultation. A copy of the response letter was circulated with the agenda papers (Enclosure A1). A copy of the response had also been circulated at the Council of Governors meeting in January 2018. The consultation period closed at the end of January.

She reported that the Trust had not as yet received a formal response to its letter. She anticipated that analysis of the responses received would take place during February and March 2018 resulting in a paper to the SCCG Governing Body in April 2018. That paper would include all responses received to the consultation from various bodies.

The Chairman felt that the Trust's response was thorough and constructive.

The Deputy Chief Executive would keep the Board updated on the matter.

**Action: Kirsten Major**

### **STH/30/18**

#### **Chief Executive's Matters**

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

- Integrated Performance Report (IPR)

The IPR was taken as read but each Executive Director gave a brief update on their areas of responsibility:

- Deep Dive: Electronic Referral System (e-RS)

The Deputy Chief Executive presented the Deep Dive on the Electronic Referral System. She explained that it was a national system and was introduced to replace Choose and Book in 2015. The system combined the electronic booking with a choice of place, date and time for first hospital or clinic appointments. Patients could choose their initial hospital or clinic appointment; book it in the GP surgery at the point of referral, or later at home on the phone or online.

The deep dive described how the system worked and its benefits. There were some technical challenges to overcome and those were being addressed. The Deputy Chief Executive explained that historically Sheffield had been a low user of Choose and Book for a variety of reasons and therefore the Trust was working closely with Primary Care to ensure that staff were trained and that the system worked following the switch off of paper referrals at the end of April 2018. The Board noted that paper referrals to Musculoskeletal (MSK) had already ceased and that the switch had gone well and was much better for patients. The work undertaken in MSK had proven valuable in planning for the main switch of.

Chris Newman queried how this overlapped with the Single Point of Access (SPA) initiative. The Deputy Chief Executive explained that if a patient required internal triaging to get to the right clinic, the GP would be notified electronically and by letter.

The Medical Director reported that there had been a significant amount of publicity around the new booking system and information had been posted in GP surgeries. He felt that the "Big Bang" approach to this was the right direction of travel.

There would be a change over period during which the Trust may receive some paper referrals. In those cases the adopted approach would be if the referral was non urgent it would be returned to the GP with the request to refer the patient again using e-RS. If the referral was urgent, it would be accepted and booked in and the GP would be contacted to remind them to use e-RS for future appointments. The proposed approach was supported by the Clinical Commissioning Group.

The introduction of e-RS was not only a system change but it would also involve a cultural and behavioural change.

- Deliver the best clinical outcomes

The Medical Director highlighted the following points from discussions at the Healthcare Governance Committee in December 2017 (HCGC):

- The CQC Compliance update was presented . It was noted that preparations were underway for the Sheffield Local Systems Review which would commence in Sheffield from 29th January 2018 with the onsite visit to the Trust taking place on one day during week commencing 5th March 2018. The Sheffield Local System Review request for information had to be submitted by Friday 23rd February 2018.
- There had been one new serious incident reported from November to December 2017, which was also classed as a Never Event. The case related to a wrong level spinal surgery operation. Wrong level spinal surgery was one of the most common Never Events particularly due to the difficulty in identifying the correct site for surgery. The Medical Director reported that in the new national Never Event Guidance which had come into force on 1<sup>st</sup> February 2018 such cases would no longer be classified as Never Events though that change did not apply retrospectively.
- The Hospital Mortality report was presented and highlighted that the most recent 12-month rolling HSMR was "as expected" and the most recent 12-month rolling SHMI was in the "as expected" range and rebased. HSMR at the weekend vs weekday was reported for the first time and showed no difference between reported rates.

The Chief Nurse highlighted the following points:

- There had been no cases of Trust assigned MRSA bacteraemia recorded for the month of December 2017 and the year to date total was two cases.
- There were nine Trust attributable cases of MSSA bacteraemia recorded in December 2017 and the full year performance was 75 cases of MSSA against an internal threshold of 31.5 cases.
- The Trust recorded five cases of C.difficile for October 2017 and the full year to date performance was 55 cases against an internal threshold of 58.5 and an NHS Improvement threshold of 65.

- Providing Patient Centred Services

The Chief Nurse highlighted the following points:

- Complaints – 94% of complaints were responded to within 25 working days.
- Friends and Family Test (FFT) score inpatient – the score for December was 96% which was better than the internal target of 95%.
- FFT score A&E – the score for December was 86% which was the same as the internal target.
- FFT score community- the score for December was 84.49% which was below the internal target of 95%. The Chief Nurse acknowledged that the response rate was low which was due to the Community Teams being extremely busy during the winter period. The position would be monitored closely and if the response rate continued to remain low, she would consider undertaking a further deep dive review.
- FFT score maternity– the score for December was 95% which was the same as the internal target of 95%.
- Mixed sex accommodation – The Chief Nurse was extremely pleased to report that the Trust had reported no breaches in December 2017 which was a remarkable achievement given the pressure the Trust had experienced during that time. The internal target was zero.

The Deputy Chief Executive highlighted the following points:

- Accident and Emergency activity was below target (4.91%) in December 2017 and was 0.58% below target for the year to date.
- Elective activity for December 2017 was 2.41% above the contract target and was 0.54% below for the year to date.
- Non-elective activity for December 2017 was 4.86% below the contract target and is 0.54% over for the year to date.
- The average number of patients who had a delayed transfer of care in December 2017 was 89 compared to 83 in November 2017 and 61 in October 2017
- The number of operations cancelled on the day for non-clinical reasons in December 2017 was 90 compared to 76 in November 2017 and 92 in October 2017. All patients who were cancelled on the day of admission were readmitted within 28 days.
- In December 2017, 85.5% of patients attending A&E were seen within 4 hours compared to the Sustainability & Transformation Fund agreed trajectory of 90.00% and the national target of 95%.
- The Trust had not seen a decline in flu cases to date and was expecting the numbers presenting to continue for the next two/three weeks. Over 71% of staff had been vaccinated.

- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of December was 95.75% which was better than the national target (92%). The percentage of patients who received treatment in December 2017 and had waited less than 18 weeks was 91.42% for admitted patients and 94.83% for non-admitted patients (compared to the local targets of 90% and 95% respectively).
  - At the end of December there were no patients waiting over 52 weeks for treatment.
  - At the end of December the number of patients who were waiting less than six weeks for their diagnostic test was 89.90% which was below the target of 99%.
  - The percentage of outpatient appointments cancelled by the hospital and cancelled by patients, remains higher than the national bench mark.
  - The cancer waiting time targets were achieved for Q3 of 2017/18 apart from the 62 days from referral to treatment (GP referral). STHFT performance for non-shared pathways in Q3 was 84.2% (threshold 85%).
- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 9 position showed a £821.6k (0.1%) deficit against plan after release of contingencies which represented a £0.26m improvement from Month 8. Without the release of contingencies that would have been a £0.57m deterioration against the financial plan position. Therefore, whilst the Month 9 position gave further encouragement, work must continue to drive activity delivery, control expenditure, mitigate possible contract income losses, improve efficiency and maximise contingencies.
- Across the quarter as a whole the financial position had only deteriorated by £400,000 and that position was achieved by the strong activity position over the last three months.
- The Trust had met the Control Total for Quarter 3 but was still in discussion regarding receipt of the Sustainability and Transformation Funding associated with A&E performance.
- The key risks for 2017/18 remained internal delivery of activity, efficiency and financial plans; residual contracting issues, including commissioner income challenges; receipt of CQUIN funding; financial, workforce, service and infrastructure pressures; and receipt of the Sustainability and Transformation Funding.
- The Trust had received notification of the Control Total for 2018/19 and work on the Trust's Financial Plan for 2018/19 would be on going over the next couple of months. Martin Temple noted that the gap to close would be an enormous challenge.

- Employing Caring and Cared for Staff

The Chief Nurse highlighted the following matter:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 90.4% and for other care staff against the planned levels was 111.4%. At night those fill rates were 92.0% for registered nurses and 118.5% for other care staff.

The Director of Human Resources highlighted the following points:

- Sickness absence in December 2017 was 4.39% which was just above target and was an increase from 4.14% in November 2017. However it was a slight improvement on the performance in December 2016. The year to date sickness absence was below target at 3.85% which was an increase from 3.77% in November 2017.
- Short term absence had increased from 1.93 % to 2.09%. The year to date figure has increased from 1.34% to 1.38%. The Director of Human Resources emphasised that it was the norm for the Trust to see a spike in sickness absence during December.
- Long term absence has increased from 2.21 % to 2.30%. The year to date figure has increased from 2.43 % to 2.46%.
- The appraisal rate had increased from 87% to 88.7% in December 2017 against a target of 90%. The Director of Human Resources stated that he was confident that the Trust would reach the target by the year end. Compliance levels for mandatory training were at 90.2%.
- The annual turnover rate had increased slightly to 7.85 % and the lowest turnover rate was 5.76% for Healthcare Scientists.
- Occupational Health had completed over 1300 health checks for staff. These have had positive feedback.

John O'Kane stated that he would interested to see the highest turnover rate for a professional group and asked for that information to be included in future reports.

**Action: Mark Gwilliam**

- Deliver Excellent Research, Education and Innovation

The Medical Director reported that work had now started to embed innovation into the Research Office through the appointment of Professor Wendy Tindale as Director of Innovation.

- Appointment

Paula Ward, Organisational Development Director, had commenced work with the Trust on 15th January 2018.

- South Yorkshire and Bassetlaw Memorandum of Understanding (MoU) - Pathology Services Partnership

The Chief Executive referred to the MoU attached to his report at Appendix 2 and explained that it was presented to the Board for approval.

By way of background, he explained that in September 2017 NHS Improvement wrote to Acute Trusts outlining plans to create 29 pathology networks across England. The networks were proposed to provide high quality, rapid and comprehensive diagnostic services for patients, delivered in the most efficient manner and which would facilitate the introduction of, and widest access to, new investigations and diagnostic systems and improve future training and career development for scientific and technical staff. The networks would run as a hub and spoke model and the proposal for South Yorkshire and Bassetlaw (SY&B) was centred on STHFT as the hub for the surrounding Trusts in Barnsley, Doncaster and Bassetlaw.

In accordance with the NHS Improvement milestones, each Partner Trust confirmed their support for the proposed composition of the local pathology network in September 2017 and details of the proposed governance structure were submitted by the pathology network in October 2017. In December 2017, NHS Improvement wrote to all Specialist Trusts, including Sheffield Children's Hospital (SCHFT), to invite them to work with their locally identified pathology network. SCHFT was also in discussion with specialist paediatric Trusts nationally, to establish which specialist tests might best be delivered through a specialist paediatric alliance.

The next step was for each organisation to sign up to the MoU. The Trust Executive Group had been through the MoU in detail and their recommendation to the Board was to approve it.

A strategic outline business case would be completed by end of March 2018. Following that, it was anticipated that by March 2019 an implementation of short term network opportunities and a detailed business case for longer term delivery of pathology services across the network would be in place, along with an agreement of organisational form for services. A full communications and engagement strategy was in development for the end of March 2018, and initial staff briefings had been shared with pathology staff across Trusts.

John O'Kane queried whether this was something that the Integrated Care System (ICS) should be picking up. The Chief Executive stated that it was coterminous with the ICS.

Tony Buckham stated that Rotherham and Barnsley had a joint arrangement between themselves for some pathology services.

Chris Newman pointed out that transporting samples between centres would be key to making it work. The Chief Executive supported that view and stated that transport was a key measure and was being looked at. The Medical Director pointed out that digital pathology would be crucial going forwards.

The Board of Directors **APPROVED** the MoU.

- Integrated Care System (ICS)

There had been a successful visit by the Health Select Committee to the South Yorkshire and Bassetlaw ACS on Tuesday 20th February 2018 to explore how it was working.

- Catering Team Award

The Trust had been named as a top three NHS Trust excelling in healthy catering in the first ever catering for a healthier hospital top ten by Health Business magazine. The Trust's Catering Department, which was responsible for providing 40,000 meals a week to staff, patients and visitors across five adult hospitals and community sites, achieved the ranking after becoming the first NHS Trust in the country to achieve the Soil Association/Carbon Trust's Green Kitchen Standard.

The Board extended its congratulations to all the catering staff on a tremendous achievement.

**Action: Hilary Chapman**

### **STH/31/18**

#### **Single Oversight Framework (SOF)**

The Deputy Chief Executive referred to Enclosure C circulated with the agenda papers which provided an update on the changes made to the SOF by NHS Improvement (NHSI) and the changes required to the Trust's Integrated Performance Report (IPR). The revised dashboards would appear in the February 2018 IPR.

She reported that one of the changes was the removal of the emergency readmission rates. However the Trust Executive Group had agreed to retain that indicator which they felt provided helpful management information to track internally even if national benchmarks were problematic.

There were some new indicators around infection control, operational performance and finance and use of resources.

The Chief Nurse stated that E.coli was not solely a health-related issue, often connected to more general aspects in the wider community such as food hygiene and therefore it would be necessary to work in collaboration across health to make progress towards achieving the target. The Trust was working with the Clinical Commissioning Group to identify the hospital acquired cases and to ensure appropriate access to patient records in primary care.. The Chief Nurse also pointed out that the figures for MSSA in the paper were incorrect and that would be addressed.

The Board of Directors:

- (a) **NOTED** the changes to the SOF.
- (b) **NOTED** their inclusion in an updated IPR from February 2018 onwards.
- (c) **NOTED** that, following discussion at Trust Executive Group, emergency readmission rates would continue to be reported in the IPR and would recommence from the March 2018 report.

### **STH/32/18**

#### **Annual Operational Plan Guidance**

The Director of Strategy and Operations presented Enclosure D circulated with the agenda papers. The paper summarised some of the key points arising from the joint NHS England and NHS Improvement Planning Guidance issued on 2nd February 2018. The following points were highlighted:

- A further £650m would be added to the Sustainability and Transformation Fund, to create a £2.45bn Provider Sustainability Fund. That additional investment would be

reflected in 2018/19 provider control totals. 30% of the fund would be linked to A&E performance, which would require providers to achieve A&E performance in 2018/19 that was either better than 90% or the equivalent quarter for 2017/18 in order to access the performance element.

- No additional winter funding in 2018/19 would be allocated and systems would need to demonstrate that winter plans were embedded in both system and individual organisation operating plans. There was a requirement for each system to produce a separate winter demand and capacity plan. The Trust would therefore review the 2017/18 Winter Plan and make any necessary improvements and submit that. A review of how the 2017/18 plan had gone would be undertaken in the summer.
- The timetable for submitting the Trust's Operational Plan was challenging as detailed in the table below:

Item	Date
ICS system control total changes and assurance statement submitted	By 1 March 2018
Local decision to enter into mediation for 2018/19 contract variations	2 March 2018
<b>Draft 2018/19 Organisational Operating Plans submitted</b>	<b>8 March 2018</b>
Draft 2018/19 STP Contract and Plan Alignment template submitted	8 March 2018
National deadline for signing 2018/19 contract variations and contracts	23 March 2018
2018/19 Expert Determination paperwork completed and shared by all parties	27 April 2018
<b>Final Board or Governing Body approved Organisation Operating Plans submitted</b>	<b>30 April 2018</b>
2018/19 Winter Demand & Capacity Plans submitted	30 April 2018
Final 2018/19 STP Contract and Plan Alignment template submitted	30 April 2018
Final date for experts to notify outcome of determinations for 2018/19 update	8 June 2018

An update on progress together with a draft copy of the Operational Plan would be presented to the March 2018 Board meeting with the final Plan being presented at the April 2018 meeting.

**Action: Anne Gibbs**

The Director of Finance reported that in addition to the Trust's Control Total, there was a significant amount of guidance relating to the Integrated Care System (ICS) having a single system control total. The Trust would be working through the implications of that over the next few months. Although the Director of Finance pointed out that Trust was being asked to make a decision relating to a single control total by 1st March 2018.

The Board discussed the matter in detail and expressed serious concern about agreeing an ICS single control total at this point. This matter would be considered further.

The Director of Strategy and Operations stated that the Trust needed to run both processes in parallel and continue to work through the issues.

**STH/33/18**

**Chairman and Non-Executive Director Matters**

(a) 70th Anniversary of the NHS

The Chairman reported that the Sheffield Cathedral have agreed to hold a service for health and social care staff across the city. The Communications and Marketing Director reported that she was working with the Cathedral on this and confirmed that the date for the event was 5<sup>th</sup> July 2018. However a time had not yet been set. She agreed to keep Board members updated on arrangements.

**Action Julie Phelan**

**STH/34/18**

**Any Other Business**

There were no additional items of business.

**STH/35/18**

**Date and Time of Next Meeting**

The next meeting of the Board of Directors would be held on Wednesday 21st March 2018 in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.