



Minutes of the Meeting of the BOARD OF DIRECTORS
held on Tuesday 22nd May 2018
in the Undergraduate Common Room, Medical Education Centre,
Northern General 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
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Deputy Chief Executive
Mrs. 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

APOLOGY:

Prof. C. Newman	Non-Executive Director
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IN ATTENDANCE:

Mrs. S. Carman	Assistant Chief Executive	
Miss S. Coulson (Minutes)	Business Manager, Board of Directors	
Mrs. J. Phelan	Communications and Marketing Director	
Prof. W. Tindale	Scientific and Innovation Director	Item STH/119/18
Prof Alistair S Hall	Clinical Director, CRN Y&H	} Item STH/124/18
Ms. A. Tortice	Chief Operating Officer, CRN Y&H	

OBSERVERS:

Mr. D. West	Management Trainee
14 Governors	
One member of staff	
One member of the public	

STH/117/18

Declarations of Interest

The Chairman reported that he had been asked to sit on a Board by the DH regarding the NHS Visitor and Migrant Cost Recovery Programme.

STH/118/18

Matters Arising

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

(STH/53/18(a)) The Deputy Chief Executive reported that there had been a Provider Workshop led by the SCCG at which the range of options were discussed as well as the feedback received from the consultation. The analysis of the consultation identified considerable negative public response around minor injuries, emergency eye centre and the Walk in Centre.

The outcome of the Workshop and details of the next steps were now awaited.

Action: Kirsten Major

The Deputy Chief Executive reported that the SCCG was still planning to implement the changes by April 2019.

The Chief Executive stated he would put the matter on the agenda for the next meeting of the Sheffield Accountable Care Partnership Board as it was essential to get a clear line on this as soon as possible. The Chief Executive would report back at the June 2018 Board meeting.

Action: Sir Andrew Cash / Kirsten Major

STH/119/18

Providing Patient Centred Services

(a) **Clinical Update: Innovation at STH, Sheffield and beyond.....**

The Chief Executive introduced the item and Professor Wendy Tindale, Scientific and Innovation Director, was in attendance and gave a presentation which covered the following areas:

- the process of innovation
- engaging with industry, particularly local industry.
- Devices for Dignity
- Perfect Patient Pathway Test Bed Programme
- Life Sciences Industrial Strategy
- And finally promoting Sheffield as a 'go to place' for industry

A good discussion followed the presentation on the following areas:

- Embedding innovation in the workforce
- Developing an central office to make it easier for industry to conduct business with the NHS
- Undertake a stocktake of what innovation was taking place in South Yorkshire and the Leeds area.

The Chairman thanked Professor Tindale for an interesting presentation and asked her to come back to a future Board and report progress.

Action: Sandi Carman

STH120/18

Chief Executive's Matters

The Chief Executive presented his written report (Enclosure B) circulated with the agenda papers and highlighted the following topics:

- Integrated Performance Report

Each Executive Director gave a brief report on their areas of responsibility:

- Deliver the best clinical outcomes

The Medical Director highlighted the following points including matters discussed at the Healthcare Governance Committee (HCGC):

- CQC Compliance – The CQC Local System Review Summit was being held on 7th June 2018 at which the Trust would be represented by senior level staff.

Preparatory work for the Well Led provider inspection continued. All data items had been submitted and the action plan updated.

- Three new serious incidents were reported and two serious incidents were ongoing.
- The Staff, Student and Public Incidents; Public and Employers Liability Insurance Claims (July-December 2017) report was presented. It was noted that the Health and Safety Executive had not had cause to investigate any incidents during this period. The Committee was assured that the Trust-wide occupational safety audit was progressing and that data from this report would inform the audit.
- The Mortality report for quarter three was presented. HSMR for the most recent 12-month rolling (1 December 2016 – 30 November 2017) was 100.6 'as expected' when compared with hospital trusts nationally. SHMI for the most recent 12-month rolling (1 July 2016 – 30 June 2017) was 0.99, and in the 'as expected' range and rebased. Both weekend and weekday HSMR were in the 'as expected' range demonstrating no significant difference in Trust mortality between admissions at weekends and during the week. Crude Mortality for the most recent 12-month rolling (1 July 2016 – 30 June 2017) was 3.24 (3716 deaths/114,667 spells) versus national rate of 3.28 for all non-specialist acute providers.

The Trust's Learning from Deaths Policy had been posted on the Trust's Internet Site.

The Chief Nurse highlighted the following points:

- There were three Trust attributable cases of MSSA bacteraemia recorded in March 2018 against a target of 3.5 cases in the month. The full year performance was 72 cases of MSSA against an internal threshold of 42 cases. The Chief Nurse reported that learning from these cases and would be integrated into the 2018/19 programme.

- The Trust recorded seven cases of C.diff in March 2018 against a target of seven cases in the month. The full year performance was 83 cases of C.diff against an external threshold of 87.

➤ Provide patient-centred services

The Deputy Chief Executive highlighted the following points:

- Activity Performance for March 2018:
 - New outpatient - 5.8% below the contract target. Performance for the full year (2017/18) was 2.0% below target.
 - Follow up outpatient activity - 0.7% above the contract target. Performance for the full year (2017/18) was 0.6% above target.
 - Accident and Emergency activity was over target (2.0%) and was 0.2% below target for the year (2017/18).
 - Elective activity was 3.0% below the contract target and was 1.2% below target for the year (2017/18)
 - Non-elective activity was 0.1% below the contract target and was 0.4% over target for the year (2017/18).
- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of March 2018 was 94.81% which was better than the national target (92%). The percentage of patients who received treatment in March 2018 and had waited less than 18 weeks was 88.69% for admitted patients (local target 90%) and 93.92% for non-admitted patients (local target 95%).
- The percentage of referrals received from GPs through the e-Referrals Service in March 2018 was 67.39%. The target for delivery was 100% from 1st May 2018 and good progress was being made on this ambition.

The Deputy Chief Executive reported that as of 1st May 2018 the Trust was only accepting e-referrals from GPs and the performance in May 2018 was 95% which was a fantastic achievement. She emphasised that any paper referrals received in the transformation period would be looked at and if the referral was urgent it would be accepted and the GP notified to send any future referrals electronically. If the referral was non-urgent, it would be returned to the GP with a request to send it by e-referral.

The Director of Strategy and Planning highlighted the following point:

- The Trust continued to see an improvement in performance around the 62 days from referral to treatment target. For Q4 2017/18, the latest STH position (as at 27th April 2018) was 87.02% for STH only pathways and 80.57% for all without reflecting the new breach allocation guidance. The current area of challenge was the 31 day target.

Annette Laban reported that she had met with the Director of Strategy and Planning and the Deputy Chief Executive last week to discuss patient pathways many of which link to the cancer pathways. It was agreed that cancer waiting lists would be brought under the remit of the Waiting Times Performance Overview Group in order that they were subjected to the same scrutiny and rigour as other waiting lists.

The Chief Nurse highlighted the following points:

- Complaints – 92% of complaints met the agreed response timeframe. A new stretch target would be set for 2018/19.
 - Friends and Family Test Scores for March 2018:
 - Inpatient - 97% which was above the internal target of 95%.
 - A&E - on target at 86%.
 - Community - 88% which was below the internal target of 95% - this area was proving challenging but the Trust continued to focus on improvement in this area.
 - Maternity - 96.0% which was above the internal target of 95%.
 - Mixed sex accommodation – the Trust reported zero breaches in March 2018 against the national standard of zero which was a significant achievement given the bed pressures over the winter period.
- Employing caring and cared for staff

The Director of Human Resources and Organisational Development presented the Deep Dive on Attendance Management as well as some other performance matters:

- Deep Dive - Attendance Management

The purpose of the report was to set out the progress made following the implementation of the new Managing Attendance Policy in April 2017. Reducing absence rates has been and continues to be a high priority workforce objective for the Trust.

It was evident from the full year data that the new Policy had achieved a significant reduction in absence rates and the costs associated with employee absence including reduced bank and agency spend.

In the first year of the new policy the Trust has achieved a decrease in both long and short term absence:

	2016/17	2017/18
Long Term	2.75%	2.49%
Short Term	1.82%	1.48%

Whilst performance across the Trust has shown an improvement, particularly within Hotel Services, there were some Directorates that had seen an increase in absence rates e.g. Ear, Nose and Throat; Ophthalmology; Estates and Specialised Rehabilitation. The Human Resources Directorate continued to work with those Directorates to understand the issues.

It had been agreed with Staff Side colleagues that the Trust would review the impact of the new policy on sickness absence rates and would re-open discussions if rates did not drop below 4.2%

- The number of appraisals carried out remained at 88%.

- Compliance levels for mandatory training stand at 90.4%.
 - Annual turnover rate had maintained at 7.8 %. The staff group with lowest turnover rate in March 2018 was for Healthcare Scientists (6.0%) and the staff group with the highest turnover was Additional Clinical Services (9.5%). The Trust has the lowest turnover rate of the organisations in the Shelford Group.
 - Retention figures for the Trust were at 89.7% which was above the target of 85% and was the highest within the Shelford Group.
- Spending public money wisely

The Director of Finance highlighted the following points:

- The audit process on the 2017/18 accounts had been completed and they were formally approved at Audit Committee on Monday 21st May 2018. The 2017/18 Outturn position showed a deficit of £8.4m (0.8% of turnover). However, within that position there were exceptional items relating to impairment charges arising from the Estate Revaluation undertaken during the year and additional (£9m) national Sustainability and Transformation Funding (STF) notified at year end by NHS Improvement. Without those items the deficit would have been £1.2m (0.1% of turnover) which would have been a £4.8m improvement on the Financial Plan. The additional STF would be invested into the Trust's Capital Programme.
 - There was a cumulative activity over-performance against plan of £8.7m at the end of the year, which represented a £0.1m improvement in March 2018. The strong activity position in the second half of the year had driven the Trust's improved financial position, although the level of over-performance in February and March 2018 was lower, likely to be due to the impact of the poor weather and winter pressures.
 - Capital investment for the year was just under £36m.
 - Cash balances and the working capital position remained relatively strong.
 - The Trust had achieved a positive outcome for 2017/18 but there were many challenges ahead in 2018/19.
- Chief Executive and Chief Nurse Retirement

The Chief Executive would be retiring at the end of July 2018 and the Chief Nurse would be retiring in the middle of August 2018.

- Breast Cancer Screening

Because of a national technical problem, some women did not receive their final invitation for breast screening at the right time. New invitations were being sent to women who were 'missed' and the national commitment was that all women affected who wish to have a breast screen would receive an appointment before the end of October 2018. The Trust's breast screening

team were working closely with Public Health England to finalise the numbers affected in Sheffield.

➤ CQC Well-led Review

The Trust was preparing for an unannounced CQC inspection which would take place sometime between now and mid July 2018.

➤ South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)

Professor Chris Welsh would be presenting the Hospital Services Review Report at the June 2018 public Board meeting.

➤ Visit by Jeremy Hunt, Secretary of State for Health and Social Care

Jeremy Hunt visited the on Friday 18th May 2018. The visit focused on local and national patient safety priorities and achievements.

STH/121/18

Operational Plan 2018/19

The Director of Strategy and Planning referred to the Operational Plan 2018-19 (Enclosure C) circulated with the agenda papers to note. She reported that the Plan was a refresh based on NHSI guidance had been submitted to NHSI on 30th April 2018 following approval of the Trust Executive Group and the Board of Directors.

An easy to read summary version of the Plan would be produced in liaison with the Communications Director and her team.

Action: Anne Gibbs/Julie Phelan

STH/122/18

Corporate Objectives 2018/19

The Director of Strategy and Planning referred to Enclosure D circulated with the agenda papers which provided an end of year report on the progress made on delivering the 2017/18 corporate objectives and to present the planned objectives for 2018/19.

The Chairman asked if the sequencing of the objectives listed under Strategic Aim 1 - Deliver the best clinical outcomes (Appendix 2) could be amended so that objectives relating to patients were at the top of the list.

Action: Anne Gibbs

STH/123/18

Sheffield Accountable Care Partnership (ACP) – Governance Arrangements

The Assistant Chief Executive referred to Enclosure E, circulated with the agenda papers, and explained that it was a follow up paper from earlier discussion at the private Board over the last couple of months on the review of governance arrangements of the ACP Board

The paper outlined the outcome of the Governance Review and included the ACP Board's Terms of Reference. She reported that the majority of the Trust's feedback had been accepted.

The Assistant Chief Executive highlighted the following points:

- The voluntary sector and Healthwatch had been invited to nominate a representative to join the ACP Board.
- The ACP Board would move to a quarterly meeting with the role of the Board and the Executive Delivery Group better defined.
- Arrangements between the ACP and the South Yorkshire and Bassetlaw ICS (in terms of ACP governance) had been clarified.
- Transparency and public accountability would be improved through a short Q&A session at the start of the meeting, papers to be published on the website with a link from each partner website and proactive report to SCC's Scrutiny Committee every six months.
- The proposal around additional lay members to the Board was not supported at this time, although there remained a commitment to review this as the ACP evolved.
- The governance arrangements would be reviewed in 12 months.

The Board of Directors **APPROVED** the revised governance arrangements and terms of reference.

STH/124/18

Deliver excellent research, education and innovation

- (a) **Clinical Research Network Yorkshire and Humber (CRN Y&H) Annual Delivery Report 2017/18**

The Assistant Chief Executive introduced the item and Professor Alistair Hall, Clinical Director and Amanda Tortice, Chief Operating Officer of the CRN Y&H, presented the CRN Y&H Annual Delivery Report by way of a presentation (copy attached to the minutes).

Following the presentation and discussion the Board of Directors **APPROVED** the CRN Y&H Annual Delivery Report 2017/18.

STH/125/18

Chairman and Non-Executive Director Matters

There were no matters raised.

STH/126/18

Governance

- (a) **Self-certification against the conditions of the Provider Licence 2017/18**

The Assistant Chief Executive referred to Enclosure G circulated with the agenda papers which set out the self-certification against the conditions of the Provider Licence 2017-18 in accordance with the NHS Improvement self-certification guidance which NHS Foundation Trusts were required to submit after the financial year end.

The paper was discussed and approved at the Audit Committee on Monday 21st May 2018 and the Committee recommend the Board approve the self certification statements.

The Board of Directors accepted the Audit Committee's recommendation and **APPROVED** the self-certification statements.

It was noted that the final approved version had to be published on the Trust Internet site within a month of the Board of Directors sign off.

Action: Sandi Carman

STH/127/18

To Receive and Note

(a) **Committee Annual Reports and Terms of Reference**

The Board of Directors **RECEIVED** and **NOTED** the following Committee 2017/18 Annual Reports and **APPROVED** their Terms of References:

- Human Resources and Organisational Development Committee (HRODC) Annual Report 2017/18 including the 2018/19 Workplan and Terms of Reference – It was noted that the HR&ODC was newly formed but had made significant progress. A key theme from the People Strategy would be discussed at each meeting in 2018/19.
- Working Together Committee in Common Annual Report 2017/18 and Terms of Reference – It was noted that Anne Gibbs, Director of Strategy and Planning needed to be added under the list of Deputies in the Terms of Reference.

Action: Sandi Carman

- Healthcare Governance Committee (HCGC) Annual Report 2017/18 including the 2018/19 Workplan and Terms of Reference – It was noted that some meetings have had to be extended due to the heavy agendas and some issues need to be referred to the Board for discussion such as Sign up to Safety and Emergency Preparedness.

There was a discussion around in which Committee portfolio Technology/ Diagnostics and Information Technology should sit. It was felt that they would probably cut across both the Finance and Performance Committee and HCGC. It was **AGREED** that the Board Chairs should give some consideration as to where best these areas should sit within the Board Committee structure.

Action: Sandi Carman

It was noted that the Chairs of Board Committees meet on a regular basis and any areas of uncertainty could be picked up at those meetings.

Action: Sandi Carman

- Audit Committee Annual Report 2017/18 including the 2018/19 Workplan and Terms of Reference
- Finance and Performance Committee Annual Report 2017/18 including the 2018/19 Workplan and Terms of Reference

The Chairman asked Board members if the Committee structure was fit for purpose and that the workplans covered all aspects of the Trust's activity.

The response was that Board members were happy with the structure and felt that the arrangements worked well.

Candace Imison felt that one area that required more attention and time devoted to it at Board level was the transformation of the whole system agenda. It was **AGREED** that system working should be added on to one of Board Committee work plans.

Action: Sandi Carman

STH/128/18

Any Other Business

(a) **“Give it a Go Week”**

The Deputy Chief Executive reported that the Trust was running the “Give it a Go Week” again during the week commencing 18th June 2018.

Staff were being encouraged to give any type of innovation that could improve the care they deliver to patients a go during that week.

STH/129/18

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Tuesday 26th June 2018 in Seminar Room 1, R Floor, Royal Hallamshire Hospital at a time to be confirmed

Signed
Chairman

Date