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Sheffield Teaching Hospitals **NHS**
NHS Foundation Trust

Minutes of the BOARD OF DIRECTORS held on Wednesday 16th September 2015 in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT:

	Mr. T. Pedder (Chair)	
Sir Andrew Cash		Ms. K. Major
Professor H. A. Chapman		Mr. J. O'Kane
Mr. M. Gwilliam		Mr. M. Temple
Mrs. C. Imison		Mr. N. Priestley
Mrs. A. Laban		Dr. D. Throssell

IN ATTENDANCE:

Miss S.Coulson (Minutes)	Mrs. J. Phelan
Mr. N. Riley	

Mrs. J. Perrin - item STH/184/15

Mrs. T. Scotter - item STH/186/15

Professor T. Downes	} item STH/187/15
Mrs. B. Joyce	

APOLOGIES:

Mr. T. Buckham	Professor A. P. Weetman
Ms. D. Moore	

OBSERVERS:

2 Governors
1 member of the Public
Mr. M. Patel (Capsticks)
Mrs. S. Boulton (Capsticks)

The Chairman welcomed Candace Imison, Non Executive Director, to her first Board meeting.

STH/181/15

Declarations of Interests

Mr. John O'Kane declared that he was a Trustee of the Sheffield Hospitals Charity.

STH/182/15

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 15th July, 2015, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/183/15

Matters Arising

(a) **Mental Health**

(STH/133/15(b)) The Director of Strategy and Operations reported that the data on patients attending A&E with mental health problems was still being collated and

assimilated. The Trust continued to work closely with the CCG and the Mental Health Trust on this matter and she hoped to be in a position to bring a detailed report next month.

Action: Kirsten Major

(b) Monitor Visit

(STH/133/15(c)) The Director of Finance reported that following the visit in June 2015 the Trust had received a letter from Monitor which confirmed that they had not made any recommendations concerning the 2015/16 financial plan. The Director of Finance reported that the Trust may be invited to London to attend a follow up meeting in due course but to date no communication on that point had been received.

(c) Central Production Unit (CPU)

(STH/158/15) The Chief Nurse reported that she had spoken to the Emma Wilson, Catering Manager, about the renaming of the CPU and as 3 Non Executive Directors were due to visit the department on 28th September 2015 Emma Wilson felt that would be a good opportunity to discuss this matter with them and to get some suggestions of a more suitable name.

(d) CQC Inspection

The Chief Executive reported that there was a meeting of the Leadership Forum on Thursday 17th September 2015 as part of the preparedness arrangements for the CQC Inspection.

The Medical Director reported that the Trust had submitted the information in response to the first Provider Information Request (PIR) and had just received the second PIR request. This required the collection and collation of a massive amount of information and was a very significant administrative task. One problem during other Trusts' inspections had been duplication of requests for the same information and the Medical Director stated that he had raised that matter at a recent training event for Inspection Chairs that both he and the Chief Executive had attended. In order to avoid this happening the CQC had now arranged for a Data Controller to be attached to every inspection.

Non Executives were asked to keep the 7th/8th December 2015 relatively free in their diaries as they would be required to be involved at some point during that period.

The Communications and Marketing Director reported that she was working closely with the Medical Director and Sandi Carman, Head of Patient and Healthcare Governance with regard to staff engagement and a communication would be going out to staff shortly not only to inform them of what to expect during the inspection but emphasising that they should be proud of the work they do and to showcase it to the inspectors.

John O'Kane reported that he had been on one of the internally organised Quality Inspection Visits and had been singled out by a member of staff about their personal grievance with the Trust and felt that may happen during the visit. The Medical Director stated that Head of Inspections were getting very adept at picking up coaching of staff and also individuals raising personal grievances and would know how to deal with that if it occurred.

A Governors Focus Group had been set up to ensure that Governors were involved in the process.

Annette Laban explained that from her experience as a Chair of a CQC visit it was important that the Trust made sure that all the data supplied was accurate and that if more data was requested on the day it was readily and easily available. It was also important to get all the administration for the visit right as that sets the tone of the visit.

The Medical Director suggested that colleagues should look at the Acute Provider Handbook and the section on Key Lines of Enquiry which was a good reference guide of the areas the CQC may cover. The Assistant Chief Executive agreed to circulate that information to members.

Action: Neil Riley

(d) Resuscitation Trolleys

(STH/159/15) The Medical Director reported that an update on the matter was to be discussed at the Healthcare Governance Committee in September 2015 following which an update would be presented at the October 2015 Board meeting.

Action: David Throssell

(e) Sickness Absence

(STH/159/15) The Director of Human Resources reported that a communications plan for the organisation was being developed

STH/184/15

Providing Patient Centred Services

(a) Clinical Update: The Role of the Nurse Consultant – Emergency Care

Julie Perrin, Nurse Consultant, Accident and Emergency, was in attendance for this item and gave an interesting and informative presentation (copy attached to the minutes) on her role as Nurse Consultant in Emergency Care as well as her work with Sheffield Hallam University and also plans for the future.

The presentation prompted a good debate on the whole issue of Nurse Consultants, funding and their impact on the organisation as well as the impact of Associate Physicians, Advanced Nurse Practitioners and workforce issues in general.

The Chairman asked how far the role of Nurse Consultant could go and what would be the impact on the organisation. The Chief Nurse stated that it could have a significant impact on the organisation such as being able to provide improved care at weekends. She emphasised that it was essential that the staff currently being trained completed the training and were placed in funded posts. In parallel to taking out senior nurses to be trained as Nurse Consultants it was important that the Trust was recruiting nurses/apprentices at the lower levels. She also emphasised that the Trust needed to work hard at retaining trained staff given the significant investment in them as recently a number of trained nurses had left to work in other organisations for a variety of reasons.

In terms of Physicians' Associates there were some constraints in that they were not allowed to carry out x-ray requesting or prescribe. The Medical Director also reported that there was some resistance by junior doctors to the implementation of

Physicians' Associate. It was suggested that it may be helpful if the Chief Executive raised this matter at the Shelford Group.

The Chairman stated that the Trust needed a Workforce Plan which included all these roles and a strategic session on Workforce Planning was to be held at the October 2015 Board meeting .

The Chairman thanked Julie Perrin for an interesting presentation.

STH/185/15

Chief Executive's Matters

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

(a) **Integrated Performance Report**

In the absence of Board Meeting in August 2015, reports for both August and September were circulated with the agenda papers. However, discussion was focussed on the September report.

➤ Deliver the best clinical outcomes

The Medical Director highlighted the following points:

- Serious Untoward Incidents (SUIs) - The following four SUIs had been reported since the last report to the Board
 - Diazepam Error - A patient was admitted with a fractured Neck of Femur from a care home. On admission the patient was prescribed diazepam four times a day instead of "as required". The error occurred as a result of differences in the community and hospital prescription forms. The incident had prompted a discussion between community and hospital based staff with a view to to standardising prescription forms.
 - Diabetic Ketoacidosis - A patient was admitted with a fractured right humerus which was plastered and the patient was then discharged. The patient subsequently became unwell and was admitted for investigation. The patient was a Type 1 diabetic on insulin who managed their own administration. As the patient was nil by mouth they were administered a sliding scale insulin regime and when this was discontinued it was agreed that they should resume self-administration. Over the next few days the patient developed severe diabetic ketoacidosis.

The incident has led to the tightening up of procedures for patients managing their own insulin.

- Retained Mydriastert - The patient attended for a right eye cataract operation as a day case. Prior to the surgery the patient informed the surgeon that they had been experiencing pain in their left eye from previous cataract surgery. Following surgery the surgeon examined the left eye and discovered that a mydriastert, a swab inserted into the eye pre-surgery to dilate the pupil during her previous left eye cataract operation, had not removed
- Missed Cauda Equina - A patient attended A&E with increasing back pain and numbness in their buttock and was referred to the orthopaedic

team. The clerking doctor made the decision to discharge the patient home and to refer them to a spinal consultant as an outpatient. The patient represented the following day with worsening symptoms and following a discussion at the trauma conference the patient was sent for a scan and taken to theatre that afternoon for spinal decompression and discectomy.

As a result of this incident the Trust was looking at its discharge arrangements for patients presenting with such conditions.

In response to a question, the Medical Director confirmed that any messages arising from SUIs which required circulation throughout the organisation was done so via Governance Leads. In addition, and if appropriate, the Trust would commission an external review.

The Medical Director also drew attention to the exception report on approved SUI Reports not being submitted within timescales of which there had been three. Two of the reports were within Cardiothoracic Services and one in Respiratory Medicine. The Trust was working closely with the CCG about the matter.

The Medical Director also drew attention to the exception report regarding incidents not approved after 35 days. Since the last report to the Board in July 2015 the position had improved significantly although it still remained a problem.

- The Health and Safety Annual Report highlighted that no enforcement actions were served on the Trust for 2014/15 and that the Health and Safety Executive (HSE) had not investigated any RIDDOR incidents reported to them.

The Chief Nurse highlighted the following matters:

- There had been no cases of Trust assigned MRSA bacteraemia recorded for the month of July. The year to date total remained nil.
- There were 5 Trust attributable cases of MSSA bacteraemia recorded in June, 2015, which was worse than the monthly trajectory the Trust had set itself. The year to date performance was 17 cases of MSSA against an internal threshold of 14 cases.
- The Trust recorded 5 cases of C.diff for July 2015 which was better than the monthly target of 7.25 cases. The year to date performance was 20 cases of C.diff against an internal threshold of 26 cases and a Monitor threshold of 29.
- Safer staffing – overall, the actual fill rate for day shifts for Registered Nurses was 91.7% and for other care staff against the planned levels was 101.4%. At night those fill rates were 90.2% for registered nurses and 111.0% for other care staff. On a number of individual wards the fill rate fell below 85%. The main reasons for this were vacant posts, sickness and parenting leave above the planned level. The fill rates for Registered Nurses at night continued to be carefully monitored. The Trust, in partnership with NHS Professionals, had offered 11 Spanish nurses posts for a year on a bank only contract.

- The Trust was notified on 8th July 2015 of concerns regarding staffing and the impact on patient care and safety at A&E over the weekend of 4th/5th July 2015. The CQC had asked that concerns were reviewed and that they were informed of the outcome of the Trust investigation. No patient safety concerns had been identified at this stage of the investigation.

➤ Employing caring and cared for staff

The Director of Human Resources highlighted the following issues:

- Sickness absence in July 2015 continued to rise and was 4.37% as compared with 4.31% in June 2015 resulting in a year end position as at end July 2015 of 4.27% against a target of 4%. That figure was 0.35% worse than the same period in 2014/15. Long term sickness absence continued to be of concern at a monthly figure of 2.59% and a year to date position of 2.68%. An action plan on how to improve the position would be presented to the Trust Executive Group in the next few weeks.

Board members felt it was important to analyse sickness absence across staff groups given the variation across staff groups.

- The number of appraisals carried out in the preceding 12 month period continued to be around 84% with the rate at the end of July 2015 standing at 83.7%. At the recent summit, Directorates were encouraged to ensure that all outstanding appraisals were scheduled and plans in place over the coming months to ensure that performance levels could be maintained.
- Compliance with mandatory training requirements continued to improve with a level of 72.7% compliance being reported as at the end of July 2015 against a target of 70% for quarter 1. Directorates were working towards the next quarterly target of 90%. It was acknowledged that mandatory training was taking place at the same time as the training associated with T3 and good progress appeared to be being made.
- Bank and agency spend continued to rise. The development of a standard operating procedure for the approval of agency spend had been agreed by the Trust Executive Group.
- Phase 2 of Listening into Action had been launched with 26 schemes in place. The recent 'Pass it On' event from Phase 1 was felt to be successful and market stalls from that event will be showcased at the Annual members meeting in September 2015.
- The Staff Survey would be sent out to staff from 1st October 2015 and communications plan around that was being developed. Staff survey results were used by the CQC as a barometer for the organisation. It was noted that the CQC would be looking at the results of the 2014 staff survey for the forthcoming visit.
- The Flu Vaccine campaign was due to start week commencing 21st September 2015. Given all the media reports last year about the vaccine not being effective, the Trust would need to regain staff's confidence to take up vaccination. It was felt that Public Health should also carry out a national campaign which would then help locally.

The Chief Executive reported that discussions were commencing about the possibility of making mandatory training and appraisals a contractual obligation of employment and the outcome of those discussions would come back to the Board in due course.

➤ Spend public money wisely

The Director of Finance highlighted the following points:

- The position at month 4 was of considerable concern and showed a £6.2m (2.0%) deficit against plan which represented a significant deterioration on the month 3 position in both value and percentage terms. Action was required to improve delivery of activity, efficiency and financial plans and to mitigate risks and maximise contingencies. The Trust wide Action Plan which was launched on the basis of the position at month 3 was largely formulated. All Directorates had submitted Recovery Plans which, if delivered, would return the Trust to at least a balanced position against plan. However, there were clearly many risks to be overcome to achieve that position.
- There was a significant year to-date activity under-performance of £3.6m, which was a deterioration of £1.5m in July 2015. The under-performance was largely in respect of elective activity, out-patients and a significantly larger than expected deduction for the MRET and emergency readmissions within 30 days. There was an over performance on non-elective activity.
- There was a pay overspend of £2.2m (1.1%) in the first 4 months of the year largely due to medical staffing pressures and a £2.2m under delivery against efficiency plans.
- The key risks for the year remained contract challenges, performance penalties, delivery of the Local Quality Incentive Schemes, delivery of activity/efficiency/ financial plans, service/cost pressures and consequences of the T3 Electronic Patient Record project.

The position had been discussed in detail by the Finance, Performance and Workforce Committee (FPWC) at their meeting on 7th September 2015 and although the Directorate Recovery Plans looked encouraging they were ambitious. The Geriatric and Stroke Medicine Management Team had been invited to attend the meeting to discuss their recovery plan and that had proved extremely helpful. Invitations may be extended to other directorates to attend future meetings.

It was agreed that the FPWC should look at some of the "soft areas/short term expenditure reductions" the Trust could look at to achieve further savings such as conference attendances, travel and report back their findings to the Board in October 2015.

Mr. O'Kane commented that from the evidence provided it appeared that the Trust was going off track and asked if any thought had been given to what the consequences would be of not delivering its plan whilst at the same time relentlessly keeping the pressure on the organisation to deliver. The Chief Executive explained that a good dialogue with Monitor continued to take place as part of the established relationship and he was reasonably confident that the Recovery Plans would be delivered.

➤ Provide patient-centred services

The Chief Nurse highlighted the following points:

- 91% of complaints were responded to within 25 working days. It was the first time the Trust target of 85% had been met in a single month since September 2014. Details of why the previous position occurred and the action taken to resolve it was covered in more depth in the Deep Dive report.
- FFT response rates for inpatients in July was 35.8%.
- FFT response rates for A&E in July was 19.4%.

The Director of Strategy and Operations highlighted the following points:

- Activity across all elective areas was disappointing in July 2015. New outpatient activity was 6.5% below target in July 2015 and was 2.6% below target for the year to date; follow up activity was 7.3% below target in July 2015 and was 2.4% below for the year to date; the level of elective inpatient activity was 5.3% below target in July 2015 and was 0.6% below for the year to date; non elective activity was 3.1% above target in July 2015 and was 1.8% above for the year to date.
- Accident and Emergency activity was 2.0% above target in July 2015 and was 0.9% above for the year to date.
- At any one time in July 2015 there were, on average, 47 patients whose discharge from hospital was delayed for non clinical reasons compared to 60 during June 2015.
- There were 85 operations cancelled on the day in July 2015 compared to 76 in June 2015. There were 2 ENT patients who were cancelled on the day and not readmitted within 28 days. As a result a new escalation process had been implemented.
- The percentage of A&E attendances seen within 4 hours was 92.84% in July 2015 compared to 95.33% in June, 2015. As of the morning of 16th September 2015 the position stood at 94.7% which equated for a year end position of 95.02%. The Department was focussed on this issue over the next 14 days. A range of Ward Flow Teams had also been set up and the evidence gained from those teams would be used to improve patient flow.
- The targets for Cancer waiting times were not currently being met for 2 week wait, 62 day GP referrals and for the 31 day subsequent treatment (surgery). The results for Quarter 2 were always going to be challenging due to the extent of patient choice and the option to delay treatment due to summer holiday plans.

Late referrals from District General Hospitals also remained a major issue to achieved the 62 day referral to treatment target.

This was a disappointing position as the Trust had achieved all three targets since February 2014.

- The percentage of first outpatient appointments made through the e-Referral Service was 24.9%.

The topic for the October 2015 Deep Dive would be cancellations across all modalities.

Annette Laban, on behalf of the Board, extended a sincere thank you to Kirsten Major and all the team who have worked on the waiting list position, for all their hard work on what was a significant task and for the good work that had come out of it including improved pathways for patients.

- Deliver excellent research, education and innovation

The Medical Director reported that there was good performance against targets.

The Chief Executive reported that it was important that education and innovation were addressed along side research and therefore the terms of reference and membership of the Research Committee had been amended and it was now the Research, Education and Innovation Committee.

The report on Medical Staffing was deferred to the October 2015 meeting.

Action: Mark Gwilliam

The Chief Executive stated that the Trust must maintain operational performance and the four key areas in terms of the strategic agenda were:

- T3 implementation
- Staff engagement
- Efficiency Programme and management of the financial position
- CQC Inspection

(b) Freedom to Speak

The Assistant Chief Executive referred to his written report (Enclosure C) circulated with the agenda papers. The key points to note were:

- A review had been carried out in the last few days on who should be the Executive Lead and it was agreed that it would be better led by the Director of Human Resources and Organisation Development.
- The Trust does not see that there would be any occasions on which it would specifically wish to publicly celebrate instances of raising concerns as this was integral to its overall commitment to openness and transparency.
- Subject to discussions with the Lead Governor and Convenor of the Governors Forum the Trust would be looking to appoint one of its Staff Governors to the role of Freedom to Speak Up Guardian.
- A nominated manager in each department would be identified to receive reports of concern.

Guys and St. Thomas have had processes in place for some time which have proved successful and work well and include having two Advocates in each department. The Task and Finish Group set up to oversee this work would therefore be looking at replicating those arrangements at STH. The group would present a specific set of proposals to the Board in November, 2015.

Action: Neil Riley

The Board of Directors **NOTED** the progress to date and **AGREED** the timescale for the completion of the action plan.

Delivering the Trust's Corporate Strategy

(a) T3 Programme

Mrs Tracey Scotter, Director of Informatics, was in attendance for this item and gave a brief presentation (copy attached to the minutes) on the preparations undertaken and in progress in the run up to the "Go Live" date of 27th September 2015 for the Lorenzo Electronic Patient Record.

The key aspects of the T3 programme were:

- it would deliver a digital health record and would massively reduce the use of paper in the organisation which in turn would be better for patients and patient care.
- it contained the technical building blocks the Trust required over the next few years and places it in a good place for future development.
- it has been clinically and operationally led with good engagement and involvement from clinical staff.
- it was ambitious and challenging but the organisation has responded well to it.
- it has been delivered on time and on budget and would broadly deliver the original scope

The progress made to date was:

- Data migration had been tested five times and a full dress rehearsal had been undertaken.
- 16 new high level standard operating procedures were in place
- 1300 staff from all areas of the organisation were involved in the programme
- 11000 training sessions had been delivered and the Trust was on target to have 85% of staff trained by 25th September 2015.
- Thousands of clinical forms had been reviewed and standardised.
- Operational Change Managers were placed in each Care Group and all their objectives had been achieved.
- To date the Trust was not 100% green and ready to go on all areas. There were 9 amber areas which were being tracked and would be green by 25th September 2015.

Mrs. Scotter reported that the integrated E-Prescribing Facility would not go live until November 2015 which was always the original plan.

Mrs. Scotter reported that staff were excited by the new technology but were understandably anxious about the massive change.

In answer to a question Tracy Scotter confirmed that a Retreat Plan was in place if required.

The Chairman thanked Tracey Scotter for a concise update and wished everyone well for the "Go Live" day.

STH/187/15

Spend Public Money Wisely

(a) Service Improvement Update

Mrs. B. Joyce, Service Improvement Director and Professor T. Downes, Clinical Lead for Quality Improvement were present for this item and gave a presentation and overview (copy attached to the minutes) of the work of the Service Improvement Department over the last 12 months in addition to presenting the 2014/15 Service Improvement Annual Report. Some of the key points were:

- In 2014, the former Service Improvement team, the Clinical Programmes team and the Programme Management Office were fully integrated into a single, refreshed "Service Improvement Team", under the leadership of the Service Improvement Director, reporting through the Executive Director of Finance.
- In July 2014 to reflect the integrated approach, the Team refreshed its Service Improvement strategy and developed a new shared purpose of, "We aim to help teams improve the quality and efficiency of services for patients and staff."
- 539 staff had attending the 'Introduction to Quality Improvement' courses
- 140 microsystems have worked with an MCA coach.
- There have been 61,653 page views on the MCA Website from 10 countries in the last 12 months.
- The SI team have supported 89 teams in the last 12 months
- 12 formal projects have been supported.
- Engagement was good across the Trust
- Starting to see network teams within Directorates
- Service Improvement was linked into Listening into Action projects and also T3
- Cohort 6 of Microsystem Coaches was full to overflowing.

During discussion the Board felt that the Service Improvement Team needed to increase the awareness of its work with staff internally as it was felt that it currently received more external recognition.

In answer to a question of whether the SI Team had had any impact on the Trust's financial position in terms of savings, the Director of Finance explained that there was no quick fix and it was not a competition but acknowledged that there needed to be improved pace and service improvement had to be mainstreamed. He also stated that the Trust would not be so well prepared going into the future without Service Improvement who helped deliver financial improvements.

The Chairman thanked Becky Joyce and Tom Downes for an interesting update on the work of Service Improvement.

STH/188/15

Chairman and Non-Executive Director Matters

There were no items reported.

STH/189/15

For Approval

(a) **Common Seal**

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

- Renewal of Lease for 10 Beech Hill Road (Nursery)
- Lease and Licence with Boots UK Limited for Unit 1 at Huntsman Entrance of the Northern General Hospital

(b) **Trust Constitution**

The Board of Directors noted the annual review of the Trust's Constitution had been undertaken and some changes had been made as set out in Enclosure F circulated with the agenda papers. The changes had been approved by the Council of Governors on 1st September 2015.

The Board of Directors **APPROVED** Version 3.2 of the Trust's Constitution.

STH/190/15

To Receive and Note

(a) **Declaration of Interests**

The Board of Directors **NOTED** the following declaration made by the Assistant Chief Executive:

- Member of the Nominations Committee at Ampleforth Abbey Trust (from April 2016 onwards).

(b) **Medical Appraisal and Revalidation Annual Report**

The Board of Directors **RECEIVED** and **NOTED** the Annual Report on Medical Appraisal and Revalidation. The Medical Director pointed out that although the appraisal rate had improved it remained below the target level of 95%. The actions being taken were set out in the report.

The Board of Directors **AGREED** that it would be helpful if the Medical Director provided an update to the Board in three months' time.

Action: David Throssell

STH/191/15

Any Other Business

There were no additional items of business.

STH/192/15

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 21st October, 2015, in the Board Room, Northern General Hospital, at a time to be confirmed.