A

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Minutes of the BOARD OF DIRECTORS held on Wednesday, 18TH January 2017, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT:	Mr. T. Pedder (Chair)	
	Mr. T. Buckham	Ms. K. Major
	Sir Andrew Cash	Mr. N. Priestley
	Professor H. A. Chapman	Professor Dame Pam Shaw
	Mr. M. Gwilliam	Mr. M. Temple
	Mrs. A. Laban	Dr. D. Throssell
	Ms. D. Moore	
IN ATTENDANCE:	Mrs. S. Carman	Mrs. J. Phelan
	Mrs. R. Dawson (Minutes)	
APOLOGIES:	Mrs. C. Imison	
	Mr. J. O'Kane	
OBSERVERS:	Six Governors	
	Ms. S. Davies (Public Member)	
	Ms. E. Wadsworth (Public Member)	
	Mr. M. Watts (Journalist)	

At the start of the meeting the Chairman, on behalf of the Board, thanked the Trust's staff who had responded so magnificently to the operational pressures over the previous few weeks. He asked that the Executive Directors ensured these thanks were passed on to everyone in the organisation.

STH/01/17

Declarations of Interests

There were no declarations of interests made.

STH/02/17

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 21st December, 2016, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/03/17

Matters Arising:

(a) Short Term Intervention Team (STIT)

(STH/227/16(a)) The Director of Strategy and Operations updated the Board on the continuing issue of delayed transfers of care. In addition to the joint working with Sheffield CCG and Sheffield City Council, the Trust had also sought support from NHS England during this particularly challenging time.

The Chief Executive reported that the multi-agency team he reported on at the December Board was working well. He reminded the Board that it comprised a combination of staff from the Trust, Sheffield CCG and Sheffield City Council. The purpose of this group was to look at all delayed transfers of care and specific issues to improve flow and there was a multi-agency meeting, or teleconference, three times each week aimed at keeping patients moving through the system.

New pathways were also being explored to try and relieve some of the pressure on the system and a new pathway had been opened up with the Sheffield Health & Social Care NHS Foundation Trust (SHSC), specifically for patients with Dementia. So far six patients had gone through that pathway.

Action: Kirsten Major

The Chairman asked about the position in terms of Norovirus and its impact on current Winter pressures. The Chief Nurse responded to say that there had been some Norovirus in the Trust, with some wards either closed, or part-closed, although levels were no higher than during the same period of the previous year.

(b) Public Health: A Core Business for Acute Trusts

STH/227/16(b)) The Medical Director fed back on the five STH priorities to improve Public health which had been proposed by Dr Ruth Spear following her presentation to the Board of Directors in November 2016. These were: Proud to be smoke free; become a health-promoting hospital (maximising health for staff, patients and visitors); embed secondary prevention in all clinical pathways; commit to work with local partners to move from a service-delivery focus to a population needs focus, and move towards a holistic, social model of heath and patient-centred care. The Chief Executive advised that some of these issues were already priorities for the Trust and the rest were embedded locally via the Sustainability and Transformation Plan (STP) and he would be bringing an update on these issues to the Board in February.

Action: Sir Andrew Cash

STH/04/17

Providing Patient Centred Services:

(a) Clinical Update: Sign up to Safety Campaign

Dr Paul Whiting (Associated Medical Director) and Mr Andrew Scott (Patient Safety Manager) were in attendance for this agenda item and gave a presentation on the Trust's progress against a number of initiatives as part of the Sign up to Safety Campaign.

STH/05/17

Deliver the Best Clinical Outcomes:

(a) Carter Review: Hospital Pharmacy Transformation Programme

The Medical Director presented Enclosure B to the Agenda for the purpose of gaining Board approval for the Hospital Pharmacy Transformation Programme. In February 2016 Lord Carter published his final report to the Secretary of State for Health, identifying unwarranted variation across all of the main resource areas of the NHS.

Recommendation 3 of the Carter report stated: ***"Trusts should, through the Hospital Pharmacy Transformation Programme (HPTP), develop plans by April 2017 to ensure hospital pharmacies achieve their benchmarks such as increasing pharmacist prescribers, e-prescribing and administration, accurate cost coding of medicines and consolidating stock-holding, in agreement with NHS Improvement and NHS England by April 2020; so that their pharmacists and clinical pharmacy technicians spend more time on patient-facing medicines optimisation activities".***

A key requirement of Lord Carter's report was that all trusts were required to submit a Board-approved HPTP plans to NHS Improvement by April 2017. These plans would inform boards, and NHS Improvement regional and national teams, on how trusts would meet their Model Hospital benchmarks and the specific recommendations contained in the Carter final report.

The Board discussed the information outlined in the report and:

- **NOTED** the significant transformation work already undertaken.
- **APPROVED** the Hospital Pharmacy Transformation Programme proposed for STH, before its submission in April.
- **ACKNOWLEDGED** those areas detailed within the report where STH did not yet meet the requirements against the Carter sub-recommendations.
- **NOTED** the risks and issues raised and supported the mitigation actions to address these.
- It was also **AGREED** that the Medical Director would bring an update on this issue to either the Board or the Healthcare Governance Committee, whichever was most appropriate.

Action: David Throssell

STH/06/17

Chief Executive's Matters

The Chief Executive referred to his report (Enclosure B), circulated with the agenda papers, which included the following matters.

- Integrated Performance Report (IPR) (Enclosure D)

  The Chief Executive invited each Executive Director to give a report on their respective areas:

  - Deliver the Best Clinical Outcomes

    The Medical Director highlighted the following matters which had been discussed at the Healthcare Governance Committee:

    - During the reporting period no new CQC Information of Concern notifications had been received.

    - Progress continued to be made against the CQC action plan following the Trust's inspection.

    - One new serious incident had been reported and was currently under investigation, no serious incidents had been closed and seven remained on-going.

- The Integrated Risk and Assurance Report was presented highlighting three areas as rating 20. These were nurse staffing, the Electronic Patient Record (EPR) and care of patients in an inappropriate setting. In addition, six risks had been rated as 16. These were care of older people, under-delivery of planned maintenance and refurbishment of wards, healthcare associated infection, midwifery staffing, IT stabilisation and asbestos management.

- The Hospital Mortality Report highlighted the following:
  - HSMR – most recent 12-month rolling:
    - 1st September 2015 – 31st August 2016 103 (99-107) for all admissions and "as expected" when compared with hospital trusts nationally. HSMR was updated monthly.
  - SHMI – most recent 12-month rolling:
    - 1st April 2015 – 31st March 2016
    - 0.96 (0.90-1.11 over-dispersion control limits of 95%). This was in the "as expected" range and rebased. SHMI was updated three-monthly.

The Chief Nurse highlighted the following points:

- There had been no cases of Trust assigned MRSA bacteraemia recorded for the month of November. The year to date total was two cases.

- There were three Trust attributable cases of MSSA bacteraemia recorded in November; this was better than the monthly trajectory that the Trust had set itself. The full year performance was 44 cases of MSSA against an internal threshold of 28 cases.

- The Trust recorded seven cases of C.diff for November. This was better than the monthly target of 7.25 cases. The full year performance was 66 cases of C.diff against an internal threshold of 52 and the NHS Improvement threshold of 58.

The Director of Strategy and Operations reported on the Trust's activity performance, as follows:

- New outpatient activity was 1.64% below target in November and 5.29% below target for the year to date

- Follow up outpatient activity was 0.51% below target in November; and 3.75% below the target for the year to date.

- Elective activity for November 2016 was 5.66% above the target; for the year to date the Trust was 0.92% below the target.

- Non-elective activity was 1.94% below the contract target in November 2016; for the year to date the Trust was 1.86% below the contract target

- Accident and Emergency activity was 1.66% below target in November 2016; for the year to date the Trust was 0.18% below the contract target.

- The average number of patients who had a delayed transfer of care in November 2016 was 141, compared to 131 in October.

- The number of operations cancelled on the day for non-clinical reasons in November was 142, compared to 154 in October.

- The number of patients on incomplete pathways at the end of November was 45,299 compared to 46,677 at the end of October and 47,759 at the end of September. As at the end of November 43,547 (93.9%) of these had a waiting time of less than 18 weeks (target 92%).

- In November 2016 the local waiting time standard for non-admitted patients was not achieved, with 93.05% of patients being seen within 18 weeks (target 95%).

- The local target for admitted patients was not achieved in November 2016 where 84.69% were seen within 18 weeks (target of 90%).

- No patients were waiting more than 52 weeks in November 2016.

- For diagnostic tests during November 2016, 99.84% of patients were seen within 6 weeks compared to the target of 99%.

- In November 2016 86.35% of patients attending A&E were seen within 4 hours compared to the standard of 95%.

- The percentage of patients whose clinical handover from the ambulance service to A&E took less than 15 minutes had reduced to 63.07% in November from 66.11% in October and 70.64% in September.

- The final position for Cancer Waiting Times for quarter 2 indicated all the standards were being met, apart from the 62 day GP referral to treatment target where the performance was 81.7% across all pathways against the target of 85%. The very strong performance for STH originated pathways was 90.3%. The Director of Strategy and Operations advised that the referring District General Hospitals under-performance varied by pathway and the Trust was working with them to plan the milestones on the more complex pathways, including agreeing referral dates on most of the pathways.

- Employ Caring and Caring for Staff

  - The year to date sickness figure was 4.34 %, the figures were split as follows:
    - Long term 2.63% (YTD)
    - Short term 1.71% (YTD)

  - Sickness absence in November was 5.09%, compared to the target of 4%. This figure had increased from 4.89 % in October. The increase had been caused by a 0.28% increase in short term absence and a 0.08% decrease in long term sick.

  - There were some clinical directorates and corporate directorates hitting the 4% or less absence targets, however a number of directorates had absence figures above 5% and a few were over 7%. Both long term and short term absence figures required focus, which HR Business Partners were providing. Mr Gwilliam **AGREED** to present a full breakdown of sickness performance for December and year to date position with suggested plans to address sickness absence rates to the February FPW Committee.

Action: Mark Gwilliam

- Discussions regarding the Trust's Managing Attendance Policy, which was under review with Trade Union colleagues, are still on-going. The policy in relation to the management of short term intermittent absence had not yet been agreed. A paper was submitted to TEG and further consideration was required. The Chief Executive and Mr Gwilliam planned to meet with a wider group of union representatives on this issue during the following week.

  Action: Andrew Cash & Mark Gwilliam

- The Trust saw a slight decrease in the number of appraisals carried out during the preceding 12 month period, with the rate standing at 83.1%. The 2015 figure for the same month was 89.7%, slightly increasing to 89.8% in December. Managers were working with their HR Business Partners to ensure that the target could be achieved in 2016/17 by realigning the timing of appraisals to avoid peak operational pressures wherever possible.

- There was a slight decrease in compliance levels for mandatory training where the rate decreased from 89.3% to 88.8%.

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 93% and for other care staff against the planned levels was 105.9%. At night these fill rates were 93.1% for registered nurses and 110.3% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for this were outlined in the paper discussed at the Healthcare Governance Committee.

Staff Health and Wellbeing:

- The Flu campaign for 2016/17 commenced with the aim of delivering the CQUIN target of 75% of frontline staff being vaccinated by 31st December 2016. The Trust achieved this target by 23rd December 2016, which was thought to be one of the best performances in the NHS.

- The Chairman asked whether the Trust could identify patients who were eligible for a Flu vaccination who came to the Trust when they had Flu. The Medical Director advised that some work had already been done on this and appropriate patients were being offered the vaccination although it remained the patient's decision whether or not to accept. Ms Major advised that the plan for the next year was to work with the CCG on identifying patients who presented as outpatients who had not been vaccinated. Consideration was also being given to including the Flu Vaccination in a patient's preparation for surgery.

- The Staff Health Assessments Programme had now started and over 800 staff had already requested health assessments.

o Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The month 8 position indicated a £2,444.2k (0.4%) deficit against plan. This was a further improvement of £0.3m in November following the £0.7m improvement in October.
- There was an activity under performance of £10.5m after 8 months with an improvement of £0.3m in November. Following the October position, this was a further significant improvement on performance in the first half of the year. The improvement seen in October was due to specialty recovery plans; the

"Seamless Surgery" initiative and the Lorenzo Improvement Group's work had been sustained in November. It was hoped that this improvement could be maintained for the remainder of the year, although winter pressures could have some impact.

- There was a small, but slightly reduced, overall under spend on pay to the end of November. Bank and agency staffing costs were £7.5m lower than for the same period in 2015 from a combination of payment caps; conversion to fixed term or permanent appointments; additional recruitment; enhanced controls and lower levels of IT Programme expenditure.

- There was a £0.9m under delivery (7.2%) against efficiency plans for the year to date.

- Overall, clinical directorates reported positions £9.7m worse than their forecasted plans at month 8, largely driven by the activity and efficiency positions. Whilst this was a significant concern, the deterioration in October and November was much lower than in previous months.

- The Financial Plan and current position assumed receipt of virtually all the £19.3m of national Sustainability and Transformation Funding (STF) available to the Trust. To receive this, the Trust had to deliver a financial "Control Total" (70%) and service target trajectories (30%). The Control Total was a £5m surplus (equating to an I&E surplus of around £3m) and the service trajectories related to the A&E, RTT and Cancer 62 Day targets. The Quarter 1 STF was received in full and Quarter 2 funding had been received, apart from around £400k. relating to the A&E trajectory and £240k for the Cancer 62 Day target. The Trust had appealed against these losses, given the impact of social care (STIT) issues and late District General Hospital cancer referrals which were outside the Trust's control.

- There were no issues of concern at this stage in respect of the working capital position, balance sheet or capital programme.

- The financial position remained of concern, although there was some encouragement from performance in the last two months. Work continued to improve activity delivery, control expenditure, mitigate contract income losses, improve efficiency and maximise contingencies. Sheffield CCG had agreed to provide £1m of System Resilience funding, but the success of actions to maximise CQUIN income achievement and address Social Care (STIT) issues would also be critical.

o Deliver Excellent Research, Education and Innovation

The Medical Director highlighted the following points:

- 2016/17 "recruitment to trials" performance was on target, as demonstrated by both the total number of patient accruals to portfolio studies and the percentage of clinical trials meeting the National Institute for Health Research (NIHR) 70 day benchmark, which was used nationally as an indicator of efficient study setup.

- The number of patient accruals to portfolio adopted grant and commercial studies for Q2 of 2016/17 was 1734, the year to date total was 3738. This was 83% of the Yorkshire and Humber Clinical Research Network (YHCRN) year to date target at Q2 of 4500, with Sheffield Teaching Hospitals remaining one of the Network's top performers.

- Performance on clinical trials meeting the NIHR 70 day benchmark (from receipt of a Valid Research Application to Recruitment of First Eligible Patient) for Q1 2016/17 was 91%. This was significantly above the NIHR national target of 80%.

- Deep Dive

  The Director of Strategy and Operations referred to the first of the two January Deep Dives, which provided an update on the average length of stay (LOS) for non elective spells.

  Ms Major then referred colleagues to Deep Dive 2, which was on the Single Oversight Framework (the single framework for overseeing providers, allowing NHSI to identify potential support needs as they emerge and tailor support to the specific needs of providers) and Provider Segmentation.

  At the request of Mr Temple, the Medical Director **AGREED** to bring a deep dive on financing from overseas patients to a future Board of Directors meeting.

  Action: David Throssell

- Sustainability and Transformation Plan (SY&BSTP) Update

  The Chief Executive reported that the South Yorkshire & Bassetlaw (SYB) Sustainability and Transformation Collaborative Partnership Board was held on 16th December 2016. Updates on draft local Place Based Plans were presented by the STP Clinical Commissioning Groups for Barnsley, Doncaster, Bassetlaw, Sheffield and Rotherham. Local plans for further engagement and collaboration were underway.

- Working Together: Update

  The Chief Executive advised that an update on progress could be found in the Working Together newsletter, which had been circulated with the Agenda.

  - Committees in Common - Governance

    Following discussions at the December 2016 Board of Directors work would commence on the following:

    - Model Terms of Reference which would set out the scope of decision-making to be delegated to the committees; decisions which would be reserved to the Board of Directors; reporting requirements; membership of the committees and voting arrangements.

    - An overarching joint working agreement setting out details of the working of the CiCs would be required. This would include an outline on key principles of types of joint venture agreements but would not include full drafting of the joint venture agreement.

    - Review of the constitution/SOs/SFIs of each Trust to assess the position regarding:

      - Delegation to committees.
      - Reporting of committee.
      - Other provisions that could affect the arrangements.

The draft papers would be submitted to a future Board of Directors meeting.

Action: Sandi Carman

The Board of Directors supported the suggested direction of travel.

- Sheffield Place Based Plan

The Chief Executive referred to Enclosure E to the Agenda and asked the Director of Strategy and Operations to outline the details in this paper. Ms Major advised that the purpose of submitting this report was to provide the Board with the final version of the Sheffield Place Based Plan.

NHS Sheffield CCG had led the process for completing this Plan with input from all providers in Sheffield.

Key elements of this Plan had been referenced in the Trust's Final Operational Plan, submitted to NHS Improvement in December 2016.

However, there were a number of specific items included in the Plan that had not been included* in the Trust's Operational Plan, such as the aspiration for a reduction of 30% fewer non-elective admissions, 20% less elective admissions, 30% less new outpatient activity (adults) and 35% fewer follow-up activity (adults). These ambitions required more detailed planning and discussion with the local health economy over the planning period to obtain greater clarity, to contribute to how they could be achieved and to ensure that they did not adversely affect the quality and access to local health care services.

As requested, the Board:

- Considered the Sheffield Place Based Plan and supported the core ambitions, w*ith the caveat set out above.**

1. **NOTED** the requirement for detailed implementation plans through the Transforming Sheffield Programme Board on a number of the ambitions contained within the Plan.

The Board also **NOTED** the need for more about Workforce in the plan and more clarity about investing in prevention.

STH/07/17

Spend Public Money Wisely

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

The Director of Finance provided an update on the 2016/17 Capital Programme and 5 Year Capital Plan, referring to the issues outlined in Section 6 of the report submitted as Enclosure F to the Agenda.

As requested, the Board of Directors:

2. **APPROVED** the latest 2016/17 Capital Programme and **NOTED** the progress on resolution of the previously significantly over-committed 5 Year Capital Plan and the continued actions required to maintain a broadly balanced programme position.

3. **NOTED** the list of “probable” and “possible” schemes on the 5 Year Plan at Appendix A which, along with other likely schemes which would emerge over the five year period, would require further consideration and careful prioritisation.

4. **NOTED** the risks outlined in Section 5 above.

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

- Theatre Business Case

The Director of Strategy and Operations and Director of Finance gave a presentation on the Theatres Business Case. The proposal is to build 4 new theatres on Q Floor at Royal Hallamshire Hospital and completely refurbish all of the theatres on A Floor at the Royal Hallamshire Hospital. Total cost of £27.6m, as set out in the 5 year Capital Plan and which will be the biggest single investment since the Robert Hadfield development at the Northern General Hospital.

Following discussion, the Board **APPROVED** the RHH Theatres Business Case.

On a related issue, the Chairman suggested that the Board should hold a session to consider the position in terms of the next generation of technology and where the Trust fit against this. Professor Pam Shaw agreed that joint work between STH and UoS would provide a good example of this.

Action: David Throssell & Sandi Carman

(b) 2017-2019 Operational Plan

The Director of Finance presented Enclosure G to the Agenda, which formed the Final Operational Plan for 2017-19. He reported that the Plan had been submitted to NHS Improvement in December 2016 and the Trust was required to publish a summary version on its website for a wider audience. The Communications Team would produce a summary by the end of January 2017 and ensure it was published as required. The Board, therefore, **NOTED** the approach to developing a summary version of the Final Operational Plan 2017-19.

STH/08/17

Chairman and Non-Executive Director Matters

There were no issues raised by the Chairman or Non-Executive Directors.

STH/09/17

Any Other Business

No additional business was raised.

STH/10/17

Date and Time of Next Meeting

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