



**Minutes of the BOARD OF DIRECTORS
held on Wednesday, 19th April 2017,
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	
	Professor H. A. Chapman	Chief Nurse	
	Mr. M. Gwilliam	Director of Human Resources	
	Mrs. C. Imison	Non-Executive Director	
	Mrs. A. Laban	Non-Executive Director	
	Ms. D. Moore	Non-Executive Director	
	Ms. K. Major	Deputy Chief Executive	
	Mr. J. O’Kane	Non-Executive Director	
	Mr. N. Priestley	Director of Finance	
	Professor Dame Pam Shaw	Non-Executive Director	
Dr. D. Throssell	Medical Director		
APOLOGY:	Mr. M. Temple	Non-Executive Director	
IN ATTENDANCE:	Mrs. S. Carman	Assistant Chief Executive	
	Miss S. Coulson (Minutes)	Business Manager, Board of Directors	
	Mrs. J. Phelan	Director of Communications and Marketing	
	Dr. J. Allwood	FY1 Doctor	} Minute STH/71/17
	Ms. S. Grady	Service Improvement Manager	
	Ms. R. Lockwood	Consultant Geriatrician	
	Mr. P. Skinner	Consultant Colorectal Surgeon	
	Dr. P. Sneddon	Clinical Research Office Director	Minute STH/74/17
OBSERVERS:	Two Governors Eight members of Staff Two members of the public		

The Chairman welcomed everyone to the meeting.

Prior to commencement of the meeting, the Chairman reported that Kirsten Major, Director of Strategy and Operations, had been appointed as Deputy Chief Executive and he wished her well in her new role. He also expressed his strong support to the Trust's Management Team who had the significant task of leading such a large and complex organisation.

Board members supported that view.

STH/68/17

Declarations of Interests

The Assistant Chief Executive declared that she had become a Member of the Joint Independent Audit Committee for the South Yorkshire Police and Crime Commission.

STH/69/17

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 15th March 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/70/17

Matters Arising:

(a) Short Term Intervention Team (STIT)

STH/46/17(a) The Deputy Chief Executive reported that the position had much improved and delays had reduced considerably. The Trust was also seeing a much more sustained pick up of cases from the Sheffield City Council in recent weeks which had relieved pressure. Work continues on actions to provide timely discharge from STH Community Services to Social Care where delays were still challenging. Sheffield City Council had arranged a Workshop on 23rd May 2017 to look at developing a system wide model to which all interested parties had been invited to attend.

In part as a result of the improved position the Trust had achieved the A&E target in the weekend 8th/9th April 2017.

(b) Reporting of Falls in the Integrated Performance Report (IPR)

(STH/50/17) The Medical Director reported on the matter raised at the last meeting regarding the reporting of patient falls in the IPR. Due to a technical error in the spreadsheet the aggregate Trust-wide rating level did not align with the individual Directorate ratings. The matter had now been resolved in the report and checks have been undertaken to ensure that similar errors were not occurring in relation to other metrics within the report. Those checks have confirmed the error was an isolated incident and affected only the data relating to falls.

(c) Staff Survey Results

(STH/49/7(a)) The Director of Human Resources reported that the Action Plan being drawn up from the outcome of the staff survey results would be completed by the end of the month. It would then be discussed at the Human Resources and Organisation Development Committee following which it would be submitted to the Board.

Action: Mark Gwilliam

STH/71/17

Providing Patient Centred Services

(a) Clinical Update: Improving Value in the Care of Frail Older People on a General Surgical Unit

The Chief Nurse introduced the item and the following members of staff were present Paul Skinner, Consultant Colorectal Surgeon, Rosie Lockwood, Consultant in Stroke and Geriatric Medicine, Joe Allwood, Foundation Year 1 Doctor (FY1), and Sharon Grady, Service Improvement Manager, General Surgery.

The Team gave a joint presentation on their journey in developing the older patients' surgical pathway over the last six years. The presentation included patient case studies demonstrating how it had improved patient care.

The pathway had delivered the following improvements:

- a reduction in bed nights
- reduction in the number of readmissions
- discharges to the usual place of residence had increased significantly
- improved experience for patients and carers
- the key was the development of regular formal multidisciplinary team meetings (MDT) throughout the week which enable the team to provide a holistic, multidimensional and multidisciplinary assessment of frail elderly patients working across traditional specialty boundaries.
- staff were motivated and enthusiastic as a result of the multidisciplinary team approach and felt care was more holistic as a result.

It was felt that the pathway could be used as a blue-print for other suitable Directorates and possibly other hospitals.

During discussion the following points were raised:

- Annette Laban asked if the team had received any positive feedback from carers, relatives or General Practitioners. The Team explained that they had received very positive feedback and work was in hand to set up a more formal system to routinely gather feedback from patients, carers and other professionals.
- Candace Imison commented that the significant increase from 72% to 92% of patients being able to be discharged back to their normal place of residence was a huge achievement.
- The Board acknowledged the positive feedback from junior doctors involved in the new way of working which hopefully would encourage more junior doctors to choose frail and older people specialties as a career path.
- The team confirmed that the new pathway could be extended to other surgical wards and work was underway with the Surgical Assessment Centre.
- The Deputy Chief Executive reminded the Board that to roll out this type of pathway across a large number of other suitable specialities would require an increase in the Geriatrician workforce so a phased approach would be appropriate.
- The Medical Director reported that this type of multidisciplinary approach had been well established and tested in the Orthopaedic Directorate. The Team explained that their pathway was slightly different from the orthopaedic/geriatric model as their patients remained in the general surgical directorate.
- Professor Shaw felt that Stroke Care may benefit from implementation of this type of pathway.
- John O'Kane asked Joe Allwood, FY1, for his view on the pathway as a junior doctor. He explained that the multidisciplinary approach provided him with an overview of the agreed care plan for patients and clear direction about how any new clinical problems should be managed. It also gave him the additional confidence to treat this group of patients who often had multifactorial care needs.

- The Chief Nurse asked the nurses for their perspective on the pathway. They stated that the service provided to patients was improved. Patients were assessed as soon as they were admitted to the ward and a plan of care was developed and agreed at the MDT meeting. Staff therefore had greater job satisfaction and feel they are delivering good quality holistic care to patients.

The Chairman thanked the team on behalf of the Board for an interesting presentation and wished them well in their work to continue improve patient care.

STH/72/17

Spend public money wisely

(a) 2017/18 to 2020/21 Capital Programme: Update

The Director of Finance referred to his paper (Enclosure B) circulated with the agenda papers and highlighted the following points:

- The Trust had a satisfactory 2017/18 Capital Programme with sufficient funding in “ring-fenced” budgets to maintain and develop the Trust’s asset base and a number of investments in key strategic developments. The position was better than last year and all resource and expenditure assumptions within the plan had been reviewed which had included a reassessment of the IT investment needs. The current plan was based on those assumptions.
- Total planned capital investment in 2017/18 was just over £41.5m but that would increase to £45.2m when further slippage from 2016/17 was rolled forward.
- There was a small over commitment for 2017/18 but that was unlikely to be an issue given historic levels of slippage. However, the Capital Plan then moved into a steadily growing over commitment from 2018/19 with a cumulative over-commitment of £14.3m over the five Years. It was important to note that that position reflected:
 - Current assumptions about allocations to “ring-fenced” budgets (broadly unchanged except for IT which had been reduced following a reassessment of the capital and revenue requirements).
 - An assumption of £6m per annum for larger strategic schemes although potential demands could exceed that sum.
 - A broad estimate of additional depreciation/internally generated resources arising from the planned revaluation of the estate late in 2017/18.
 - No loan approvals.
 - Insufficient longer-term funding for the likely Weston Park Hospital (WPH) upgrade scheme.
 - No assumptions of I&E surpluses (which would generate additional capital funding).
 - No assumptions of additional national Public Dividend Capital (PDC) funding.
 - No assumptions of slippage in future years.

Funding Solutions will need to be identified for the significant proposed Weston Park Hospital (WPH) upgrade scheme. The Outline Business Case for the WPH update scheme was due to be completed by December 2017. Potential solutions for addressing the funding gap will be part of the Business Case.

- Good planning, prioritisation and scheme management would be crucial in driving progress on schemes and in securing maximum benefits from limited capital and revenue funding.
- Significant schemes already approved/underway in the Capital Programme were:
 - Charles Clifford Dental Hospital Laboratories
 - Cataract Unit - This scheme was currently out to tender.
 - Royal Hallamshire Hospital - C Floor Radiology
 - Royal Hallamshire Hospital Theatres
 - Royal Hallamshire Hospital Minor Operations
 - Royal Hallamshire Hospital Main Lifts

Potential further significant new schemes were identified at Appendix A in the report.

It was noted that the Frailty Unit had been approved and was due to start on site in May 2017 with completion before next winter.

- The key risks for the 2017/18 Capital Programme were set out in Section 4 of the report. However, the Director of Finance highlighted that national restrictions may be applied on how much the NHS could spend on capital.

In conclusion:

- The Trust had a satisfactory 2017/18 Capital Programme with no significant funding pressures, sufficient funding in “ring-fenced” budgets to maintain and develop the Trust’s asset base and a number of investments in key strategic developments.
- The current over-commitment in the 5 Year Plan, the WPH Upgrade scheme and numerous other potentially significant schemes would mean that funding pressures may become more acute in subsequent years and therefore a focus on further funding options needed to be maintained.
- Capital planning/prioritisation and “value engineering” to secure maximum value for money would be equally crucial as would managing any potential revenue funding consequences.
- The Trust would also need to be mindful of potential new national capital controls to ensure that investment plans were not frustrated.

The Chairman queried whether sufficient funding had been allocated to IT. The Medical Director reported that the Trust was moving away from purchasing hardware to outsourcing services and therefore there would be a move from capital requirements to revenue funding in the future.

Tony Buckham queried the meaning of "value engineering". The Director of Finance explained that it was a term used by Estates when considering a scheme and its design and was about driving the best value from the investment

The Board of Directors:

- **APPROVED** the 2017/18 Capital Programme and updated 5 Year Plan as circulated with the Board papers.

- **NOTED** the potentially significant over-commitment in subsequent years which would need to be addressed.
- **NOTED** the risks outlined in Section 4 of the report.
- **NOTED** the importance of capital planning/prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding.
- **NOTED** that quarterly update reports would be provided through the financial year.

STH/73/17

Chief Executive’s Matters

The Chief Executive referred to his report (Enclosure C) circulated with the agenda papers which included the following matters:

(a) Integrated Performance Report (IPR)

➤ Deep Dive - Seamless Surgery

The Medical Director updated the Board on the Seamless Surgery Programme launched in July 2016 as part of the Better Care Programme and the progress made to date.

The key aims/objectives of the project were to improve the efficiency and consistency of all the processes followed from when a patient was first referred through to their discharge.

The following points were highlighted:

- Throughout the programme there was good staff engagement. The engagement approach taken had been to use Listening into Action and Microsystems improvement approach to build widespread engagement. One important point that had come out of the programme had been the crucial role played by non-clinical staff. Those staff had now realised their crucial importance and had shown great enthusiasm.
- Sharing and showcasing cases of good practice through the refreshed Seamless Surgery Board chaired by the Medical Director.
- The Seamless Surgery Dashboard (Appendix 2) was used as a performance tool to identify, understand, congratulate and spread good practice and to also identify inefficiencies and poor practice. The Dashboard was work in progress and would continue to be improved.

The Chairman thanked the Medical Director for a detailed update and felt it would be helpful to receive a further update on progress in a few months' time.

Action: David Throssell

➤ Deliver the best clinical outcomes

The Medical Director highlighted the following points:

- A new format CQC action plan report was presented and approved by the Healthcare Governance Committee (HCGC). The new format allowed users to view high-level, overview information relating to progress against 'must do' and 'should do' actions, or to view more detailed information by using 'filter' and 'drill down' options.

Five serious incidents and one Never Event were reported and were currently under investigation.

Seven serious incidents had been closed and six remained on-going.

- The Integrated Risk and Assurance Report was presented to the HCGC. .
- The Decontamination and Sterilisation Report was presented to the HCGC. The report highlighted that the Endoscopy Decontamination Units had attained accreditation with the British Standards Institute. An options appraisal and a full business case for the replacement of major decontamination equipment in the Endoscopy Decontamination Unit at the Northern General site was being drawn up and would be presented to the Capital Investment Team.

The Chief Nurse highlighted the following points:

- There had been no cases of Trust assigned MRSA bacteraemia recorded for the month of February 2017. The year to date total was two cases.
- There were two Trust attributable case of MSSA bacteraemia recorded in February 2017 which was better than the monthly trajectory that the Trust had set itself. The full year performance was 52 cases of MSSA.
- The Trust recorded 11 cases of C.diff for February 2017 which was worse than the monthly target of 7.25 cases. The full year performance was 103 cases of C.diff against an internal threshold of 72 and a NHS Improvement threshold of 80.

The Chief Nurse stated that the Trust had a ten point action plan to address the C.Diff rate but pointed out that the current level of cases could be a seasonal issue. She also stated that the Trust benchmarked relatively well against peer organisations and that natural variation should be expected.

She explained that deep cleaning was also carried out bay by bay.

➤ Provide patient-centred services

The Chief Nurse highlighted the following points:

- 89% of complaints were responded to within 25 working days.

- The Friends and Family Test (FFT) scores for patients recommending STH as a place for treatment in February 2017 were 95% for inpatients; 85% for A&E and 94% for maternity services.
- The FFT score for response rates was 30% (target 30%) for inpatients; 26% (target 20%) for A&E and 21.30% (target 20%) for maternity services.

The Deputy Chief Executive highlighted the following points:

- Elective activity for February 2017 was 2.16% above the contract target and the year to date performance was 0.11% below the contract target.
- Non-elective activity was 1.17% below the contract target in February 2017 and the year to date performance was 1.87% below the contract target.
- A&E activity was 2.44% below target in February 2017 and the year to date performance was 1.26% below the contract target.
- As reported previously there were two patients who had been waiting more than 52 weeks at the end of February 2017.
- As reported previously the final quarter 3 (October to December 2016) position for cancer waiting times showed all but the 62 day GP referral to treatment target were met where the performance was 78.9% against the target of 85% for all pathways and for STH only pathways was 86.4%.

The current position (as at 23rd March 2017) on cancer waiting times for quarter 4 was that all cancer targets were being met with the exception of the GP 62 Day target (85%). The performance on that target was 77.69% for all pathways but 83.77% for STH only pathways without applying the new breach allocations rules.

➤ Employing caring and cared for staff

The Director of Human Resources highlighted the following points:

- The sickness absence rate for February 2017 was 5.04 % compared to a target of 4%. That was an improvement from January 2017. February 2017 saw a 0.02% reduction in short term absence (from 2.56 % to 2.54%) and a 0.31% reduction in long term absence (from 2.8% to 2.49%).

The year to date sickness absence rate was 4.59%. Long term sickness absence (2.75% year to date) and short term sickness absence (1.84% year to date).

- The number of appraisals carried out was 85.2%. Managers were working with HR Business Partners realign the timing of appraisals to avoid peak operational pressures wherever possible.
- Compliance levels for mandatory training had improved increasing from 89.3% to 90.5% which was the first time the target had been achieved since monitoring began in August 2015.
- The annual turnover rate for Trust staff remained at 7.89% with the lowest turnover rate for a staff group being 4.4% for healthcare scientists.

Dawn Moore asked if the Trust's annual turnover of staff level at 7.80% benchmarked well with other Trusts. The Director of Human Resources reported the Trust's turnover rate was better than other organisations whose rates were in the region of 10%.

- The percentage of temporary staff was 9.92% which was an increase from January 2017 when it stood at 9.84%.

The Chief Nurse highlighted the following point:

- Safer staffing - Overall, the actual fill rate for day shifts for registered nurses was 89.5% and for other care staff against the planned levels was 107.7%. At night these fill rates were 91.1% for registered nurses and 118.5% for other care staff.
- Spending public money wisely

The Director of Finance highlighted the following points:

- The second half of the year had been much better than the first half and February 2017 had been a good month and the Trust had over performed on activity.
 - The quarter one Sustainability Transformation Funding (STF) was received in full and quarter 2/3 funding was received in full after a successful appeal except against deductions relating to the A&E trajectory and for the Cancer 62 Day target. For quarter 4 STF payments would be solely based on Control Total delivery which based on the draft Financial Accounts the Trust expected to achieve.
- Delivering excellent research, education and innovation

There was a presentation later on the agenda on research and development.

The following points were raised during discussion:

- Candace Imison asked where the Trust was in relation to ambulatory pathways. The Deputy Chief Executive reported that the Trust was doing a significant amount of work on that as part of the emergency care programme and consideration was being given to running a pilot in A&E where every patient coming in would be assigned with a GAP (Glasgow Admission Prediction) score. She also reported that SchAAR had undertaken a lot of work in that area.
- John O'Kane queried why new outpatient activity for February 2017 was particularly low. The Deputy Chief Executive reported that it was a consequence of the Trust undertaking a piece of work on review appointments during January and February 2017.

(b) Five Year Forward View

The Chief Executive gave a short presentation on the next steps of the Five Year Forward Review.

- National priorities identified for the service specifically in 2017/18 were:
 - Deliver financial balance across the NHS
 - Improve A&E performance
 - Strengthen access to GP and primary care services
 - Improve cancer and mental health services
- The Chief Executive reported that the Trust had worked extremely hard to achieve the 18 week target and did not want to lose ground plus it maintained a quality of service for patients.
- Annette Laban pointed out that, as Chair of the Waiting Times Performance Overview Group, she saw the incredible work Clinical Directorates were doing to achieve the current waiting times and felt it was the right thing to do for both staff and patients to try and keep waiting times as low as possible.

The Board of Directors fully supported this position.

(c) NHS England Mandate

The Department of Health had published its mandate to NHS England for 2017/18, refreshing the Arm's Length Body's objectives alongside its budget for the coming year.

(d) NHS Litigation Authority (NHSLA)

From April 2017, the NHSLA had changed its name to NHS Resolution and would be more involved in incidents at an earlier stage.

(e) Communications

There were a number of teams representing the Trust at the Health Service Journal's Patient Safety Awards and Value in Healthcare Awards including the General Surgery and Geriatric Medicine Department's Older Surgical Patients Pathway who gave a presentation earlier in the meeting.

STH/74/17

Deliver excellent research, education and innovation

(a) Research Activities: presentation

Dr. Peter Sneddon, Clinical Research Office Director, was in attendance and updated the Board by way of a presentation on research activities since his last update in January 2017. The presentation covered the following areas:

➤ Annual Directorate Performance Review 2016/17

The third annual review of Directorates performance had been completed by a panel of six reviewers who looked at their Research Strategies and performance metrics and had also set new targets for 2017/18. The outcome of that review was approved by the STH Research, Innovation and Education Committee on 27th March 2017.

The outcome of the Directorate Review was that a further seven Directorates were awarded funding for clinical time to support research:

- OSCCA and Pharmacy had both been awarded 1.0 PA to support the delivery of their research.
- Ear, Nose and Throat, Laboratory Medicine, Ophthalmology, Vascular Services and Specialised Rehabilitation had each been awarded 0.5 PA to support the delivery of their research

➤ STH National Research Performance Metrics

The trend analysis showed that STH continued to improve research performance as a result of several factors including more active recruitment by STH Directorates and more efficient R&D setup processes.

In 2014/15 the number of patients recruited by STH to NIHR studies was 7786; that number increased to 8578 patients in 2015/16 and so far 9915 patients had been recruited into trials in 2016/17. In 2016/17 the % of STH trials meeting the NIHR 70 day benchmark for was 90% (national target 80%).

In terms of return on investment STH had received £3,989,328 in research investments and had seen a return of £5,020,367. STH had 766 active clinical trials. Funding had been appropriately allocated based on the Directorate performance review and that would be same for 2017/18.

➤ Life Sciences Industrial Strategy Board

The HMG's Industrial Strategy Green Paper was launched on 23rd January 2017 and was based around ten pillars one of which was "investing in science, research and innovation".

Dr. Sneddon would be attending meetings of the Life Sciences Industrial Strategy Board chaired by Professor Sir John Bell.

➤ Effect of Brexit on clinical research in the NHS

- Potential loss of EU research funds must be offset by other means
- The UK must remain part of the EU Clinical Trials system to ensure that it remained an attractive location for clinical research.

During discussion the following points were made:

- John O'Kane pointed out that Diabetes and Endocrinology accounted for a large part of the investment return and asked what would happen if that level of performance fell in the future and if that was the case were there plans in place to mitigate it. Dr. Sneddon confirmed that Directorates looked at the long term picture when producing their Research Strategies and it was also part of the performance review discussions.
- The Medical Director commented that the Trust had difficulty in attracting new researchers as they all tended to go to London based organisations so it was very important to invest any surplus funding to attract new researchers to the Trust.
- Dr. Sneddon pointed out that the allocation of resources to Directorates would enable them to develop the researchers of the future.

(b) University Matters

Professor Dame Pam Shaw, Non-Executive Director, referred to the joint report from the Sheffield and Hallam Universities (Enclosure D) circulated with the agenda papers. She supported the paper by way of a presentation and highlighted the following points:

➤ Sheffield University

- New Appointments
 - Professor Allan Pacey had been appointed the new Head of the Department of Oncology and Metabolism and would take up office on 1st October 2017.
 - Professor John Brazier had taken over as the new Dean of SchARR with effect from 1st April 2017.
 - Two new Honorary Professor appointments had been made to Professor Mark McAlindon, Academic Directorate of Gastroenterology, and Professor Jadip Ray, Honorary Professor in the Ear, Nose and Throat Directorate.
 - Two new Senior Clinical Lecturers in Gastroenterology had been appointed, Dr. Imran Azis and Dr. Matt Kurien
- The new Donald Heath Pulmonary Hypertension Centre was to be launched in July 2017 and would be located in the Royal Hallamshire Hospital.
- The NIHR were visiting Sheffield on Wednesday 12th April 2017 for an introductory visit for the Biomedical Research Centre in Translational Neuroscience.
- An advertisement was about to be placed for up to ten new Senior Research Fellows in cancer research, funded through Yorkshire Cancer Research. A mix of senior clinical and non-clinical researchers was being sought.
- The 4Ward North Clinical Training Academy was getting underway. The Academy was funded by the Wellcome Trust as a collaborative academy across the Universities of Leeds, Manchester, Newcastle and Sheffield. The academy will train 25 clinical PhD fellows over the next 5 years as part of a £5M joint award.
- The Times Higher Education Student Experience Survey 2017 published on 23rd March 2017 had ranked the University of Sheffield top three overall for student experience and joint first for library services.
- The University had increased its ranking in the Sunday Times list of 100 Best Not-for-Profit Organisations to work for from 33 to number 25 in 2017.
- Further to the government announcement of new medical training places, it had been confirmed that Sheffield would receive 18 extra student places for the 2018/19 intake.

➤ Sheffield Hallam University

- Professor Laura Serrant had been appointed Chair of the Chief Nursing Officer for England's BME Strategic Advisory Group.
- New projects included:
 - Novel regenerative therapy for disc degeneration
 - Physical activity monitoring for paediatric Type 1 diabetes
 - Professor Karen Sage had been awarded a postgraduate fellowship on dysphagia screening and management in acute stroke and the effect on stroke associated pneumonia.

STH/75/17

Chairman and Non-Executive Director Matters

There were no matters raised by the Chairman and Non-Executive Directors.

STH/76/17

For Approval/Ratification

(a) **Policy on External Audit Undertaking Non Audit Work**

The Director of Finance referred to the Policy on External Audit Undertaking Non Audit Work (Enclosure E) circulated with the agenda papers. He reported that the policy had been approved by the Audit Committee and the Trust Executive Group. The aim of the policy was to ensure the External Auditors remained independent, whilst enabling the Trust to access relevant advice and expertise when required.

The Board of Directors **RATIFIED** the Policy on External Audit Undertaking Non Audit Work.

STH/77/17

Any Other Business

There were no additional items of business raised.

STH/78/17

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 17th May, 2017, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be confirmed