



**Minutes of the Meeting of the BOARD OF DIRECTORS  
 held on Wednesday, 20<sup>th</sup> September 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
Prof. H. A. Chapman	Chief Nurse
Mr. M. Gwilliam	Director of Human Resources
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Deputy Chief Executive
Ms. D. Moore	Non-Executive Director
Mr. J. O'Kane	Non-Executive Director
Mr. N. Priestley	Director of Finance
Prof. Dame Pam Shaw	Non-Executive Director
Mr. M. Temple	Non-Executive Director
Dr. D. Throssell	Medical Director

**APOLOGY:**

Mrs. C. Imison	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	Director of Communications and Marketing

Mr. R. Dyde	Item STH/162/17
Dr. P. Sneddon	Item STH/167/17

**OBSERVERS:**

Seven Governors  
 Two members of the public

**STH/159/17****Declarations of Interests**

Sandi Carman, Assistant Chief Executive, declared that subject to final confirmation she had a part time role as a Non Executive Director with the South Yorkshire Housing Association which she would include on the Trust's Declaration of Interest Register.

**STH/160/17****Minutes of the Previous Meeting**

The Minutes of the Previous Meeting held on Wednesday 19<sup>th</sup> July, 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

## STH/161/17

### Matters Arising

#### (a) Continuity Planning in the light of recent tragic events

(STH/140/17) The Chief Executive reported that Chairs and Chief Executives across South Yorkshire and Bassetlaw had discussed this matter and had reinforced the collaboration of the plans in the event of any major incident.

He reported that the Trust was well prepared in terms of its staff and the population it served.

The revised Trust Major Incident Plan would be submitted to the Board of Directors in December 2017.

**Action: Kirsten Major**

The Deputy Chief Executive reported that staff preference was to undertake a mix of table top exercises and real exercises (within the Trust) the latter of which would be more difficult to arrange. However the Trust was in the process of planning such exercises. The Trust was also due to take part in a table top exercise involving multi agencies during December 2017.

#### (b) "Give a Go Week"

(STH/140/17(b)) The Deputy Chief Executive reported that a full update on the "Give it a Go Week" was presented to the Finance and Performance Committee earlier that week in the form of a summary including graphics of the learning from all of the 96 projects.

The Service Improvement Director and Team were now working with Ward Teams to develop Action Plans.

The Deputy Chief Executive reported that the initiative had been a success and she had received good feedback from staff and the plan was to repeat it annually.

The Chairman stated that it was a good initiative and he had also received good feedback. He also commented that it dovetailed with Listening into Action.

Martin Temple reported that the update to the Finance and Performance Committee had been well received and there was a real sense that an individual could make a difference.

The Deputy Chief Executive stated that the "permission to fail" aspect of the initiative was a particularly helpful feature as it also celebrated what did not work as well as what did.

#### (c) Delayed Transfers of Care (DTC)

(STH/142/17) The Deputy Chief Executive showed a slide which demonstrated the improvement that had been made over the last six months in reducing DTC.

The Chairman reported that the Trust had received a letter from the Secretary of State for Health extending his congratulations on the Trust's performance to date. However the Chairman pointed out that the congratulations should be extended across the whole system as the improvements made had been a joint effort.

## **STH/162/17**

### **Providing Patient Centred Services**

#### (a) Clinical Update: Mechanical Thrombectomy Update

The Medical Director introduced the item and Dr. Richard Dyde, Consultant Interventional Neuroradiologist, gave a presentation on Mechanical Thrombectomy. The key points to note were:

- In the context of an ischaemic stroke mechanical thrombectomy was used to treat a blockage in a large blood vessel in the brain
- The procedure had to be undertaken in a certain 'Time window' as a delay in treatment results in dead brain tissue
- Prior to recent research into mechanical thrombectomy the main active therapy was 'Intravenous Thrombolysis' using drugs given via a vein to break down the clot. Unfortunately those drugs were not always effective in breaking down blood clots.
- In Sheffield 12 cases have been carried out so far, 9 of which were in 2017. There had been no procedural related complications and recanalisation was achieved in 10 of the 12 patients and the clinical outcomes were good and were currently being audited in detail.
- The Sheffield service was run over split sites Monday to Friday, 8am to 4pm by three interventional neurologists, 5/6 nursing staff and 9 radiographic and anaesthetic staff.
- The challenge was to deliver a 24/7 service. The cost would be high for a relatively small number of patients although there would be significant savings to primary care as a high percentage of patients recover and go back to living a normal life. The following developments would be required to deliver a 24/7 service:
  - The establishment of a regional service with a sufficiently large catchment population (e.g. South Yorkshire/North Derbyshire/Lincolnshire)
  - The development of close working relationships between relevant clinicians at STH FT and the District General Hospitals.
  - The implementation of a robust repatriation pathway after patients had been treated at STH FT.
  - The establishment of appropriate protocols with the Ambulance Service.
  - Training of the additional staff needed to run the service.

Dr. Dyde stressed that it was early days in the development of the service and there was a significant amount of work to do to take it forward.

It was noted that Mechanical Thrombectomy was not a formal commissioned service at present though NHSE had produced a draft service specification.

The Chairman thanked Dr. Dyde for an excellent presentation.

## **STH/163/17**

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

The Chief Executive referred to his report (Enclosure B) circulated with the agenda papers and reported on the following matters:

- Integrated Performance Reports (IPR) for June and July 2017

The Chief Executive invited each Director to provide an update on their areas of responsibility.

- Deep Dive

The Chief Nurse presented the Deep Dive report on Community Services Patient Experience in the July IPR. She explained that the report had been produced by Community Services staff and was a comprehensive overview of all patient experience feedback on community services which sat within the Combined Community and Acute Care Group.

The report demonstrated that there was a great deal of good practice within Community Services by engaging with users of the services and learning from patient feedback to improve and shape services.

The Chief Nurse explained that community services were made up differently across the country and therefore it was extremely difficult to benchmark data including Friends and Family outcomes.

She felt that it was extremely worthwhile to collect the various types of patient feedback which in some cases had led to change.

- Deliver the Best Clinical Outcomes

The Medical Director highlighted the following points which had been discussed at the Healthcare Governance Committee from both the June and July 2017 reports:

- The CQC Action Plan continued to be monitored by the Healthcare Governance Committee
- Six Serious Untoward Incidents had been reported in June and July 2017.
- The Committee received a routine Fire Safety update which provided assurances that there was no high-risk cladding on any of the Trust's buildings and that there were robust systems and processes in place in relation to fire prevention and management.
- The Quarterly Trust Mortality Report was presented to the Committee.
- The Committee received the Trust Clinical Audit Programme (TCAP) 2017/18. There were currently 311 clinical audit projects underway across the Trust within the TCAP. Only five of the 311 projects were delayed beyond their completion dates.
- There had been a significant improvement in the number of incidents not approved within 35 days and the July 2017 figures were the best for several years.
- In July 2017 the Trust was slightly below the standard in the Safety Thermometer of 95% of patients receiving harm free care although it was noted that performance was improving.

The Chief Nurse highlighted the following points:

- There have been zero cases of Trust assigned MRSA bacteraemia recorded in June or July 2017. The year to date total was one case.
  - There were seven Trust attributable case of MSSA bacteraemia recorded in June 2017 and two cases in July 2017. The full year performance is 26 cases of MSSA against an internal threshold of 14 cases.
  - The Trust recorded 11 cases of C.diff for June 2017 and one case in July 2017. The full year to date performance was 26 cases of C.diff against an internal threshold of 26 and a NHS Improvement threshold of 29.
- Providing Patient Centred Services

The Chief Nurse highlighted the following points:

- 93% of complaints were responded to within 25 working days in June 2017 and that performance improved in July 2017 to 99%
- The Friends and Family Test inpatient score for June and July 2017 was 96% which was better than the internal target of 95%.
- The Friends and Family Test A&E score for was 88% in June 2017 and 90% in July 2017 which was better than the internal target of 86%.
- The Maternity score for June was 97% which was better than the internal target of 96%. However performance dipped a little in July 2017 with a score of 95% which was slightly under the internal target.
- There were no mixed sex breaches in June or July 2017. The internal target was zero.

The Deputy Chief Executive highlighted the following points:

- Activity was below plan in June and July 2017 with the exception of Accident and Emergency which was 0.7% above target in July 2017. August 2017 had been a positive month. The Trust's performance against the Sustainability and Transformation Fund trajectory was being monitored very closely.
- Ambulance turnaround had improved in June 2017.
- The number of operations cancelled on the day for non-clinical reasons was 75 in June 2017 and fell to 60 in July 2017.
- The percentage of patients who had been waiting less than 18 weeks for their treatment was 96.0% in June 2017 and 95.8% in July 2017 which was better than the national target (92%). The percentage of patients receiving their treatment within 18 weeks was slightly below the local targets at 87.2% for admitted patients and 94.8% for non admitted patients in June 2017 and 86.9% for admitted patients and 94.5% for non admitted patients in July 2017 (compared to the targets of 90% and 95% respectively).
- At the end of July 2017, the number of patients who were waiting more than six weeks for their diagnostic test was 96.23% which was below the target of 99%.

- Employ Caring and Care for Staff

The Director of Human Resources reported that there had been a month on month

improvement in sickness rates and performance was at its best for many years. He highlighted the following points from the July report:

- Sickness absence was below target at 3.70 %.
- Short term absence had decreased from 1.38 % to 1.32%. Long term absence had decreased from 2.34 % to 2.14%.
- The Trust had seen an increase in the number of appraisals carried out over the past 4 weeks with the rate moving to 87.4%.
- Compliance levels for mandatory training were at 89.8%.
- Annual turnover rate was 7.12% and the lowest turnover rate was 5.67% for Healthcare Scientists.

The Chief Executive requested that figures for retention rates be included in future reports as that would be a key issue in coming years.

**Action: Mark Gwilliam**

The Chief Nurse highlighted the following point:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 90.2% and for other care staff against the planned levels was 116.3%. At night those fill rates were 92.1% for registered nurses and 124.9% for other care staff.
- The flu vaccinations had arrived and the Communications Team would now begin the Trust-wide flu vaccination communications campaign. The national target was 75% but the Director of Human Resources reported that the aim was to do better than that.

▪ Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 3 position showed a £4,098.4k (1.6%) deficit against plan and the position as Month 4 showed a £5,704.4k (1.7%) deficit against plan before contingencies which maintains the challenging start to the year.
- The Financial Plan and current position assumed receipt of all of the £18.6m of national Sustainability and Transformation funding (STF) available to the Trust. To receive that the Trust had to deliver its financial “Control Total” and, if that was met, then 30% of the STF depended on achieving A&E 4 hour target trajectories and other plans. The Control Total was a £4.2m deficit (equating to the Financial Plan deficit of £6m).

The Trust had achieved its trajectories in Quarter 1 and had received the Quarter 1 funding (15% of the annual sum). Quarter 2 was still to be determined and was extremely challenging.

- The main areas of work going forwards were:
  - drive activity delivery
  - control expenditure
  - mitigate possible contract income losses
  - improve efficiency and maximise contingencies

Each area of work would be monitored by the Finance and Performance Committee.

- A special Management Board Briefing on the financial position had been held on Friday 6th September 2017 and a further meeting had been arranged on Friday 4th October 2017.

- Director of Innovation

Professor Wendy Tindale had been appointed as Director of Innovation and would be supported in that role by the Clinical Research and Innovation Office.

- Accountable Care System (ACS)

South Yorkshire and Bassetlaw ACS has been designated 'outstanding' by NHS England and NHS Improvement. The first Sustainable Transformation Plan progress dashboard published at the end of July 2017 marked the partnership against a number of key areas in working together to improve the health and care of everyone across Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The Dashboard would be presented to the public Board meeting in November 2017.

**Action: Andrew Cash**

- Eye Centre

The construction of a new £6.7 million state-of-the art Eye Centre at the Northern General Hospital was underway. The purpose built unit would provide a 'one stop shop' for specialist eye care for thousands of cataract patients every year and was due to open in April 2018.

- Patient Led-Assessment of the Care Environment (PLACE)

The Trust had received praise for ward cleanliness, the quality of food and the condition and appearance of facilities from staff, the public and patients who performed assessments to ensure high standards were met. The Patient Led-Assessment of the Care Environment (PLACE) gives the public, staff and patients the opportunity to be inspectors in a bid to drive improvements in care settings. .

- 'Cashless' parking option launched

A new 'pay by app' parking option has been launched which allowed visitors and patients to pay for parking on their mobile phone as well as also 'top-up' their parking time via the app without going back to the car park if they should need to stay longer than anticipated.

- Free Wi-Fi for patients, staff and visitors

After listening to feedback from staff and patients the Trust had launched a free Wi-Fi service across all five sites available to all patients and staff within the Trust.

- Staff and teams recognition awards

The Trust had been shortlisted for a number of HSJ Awards including:

- Improving environmental and social sustainability – STH Catering Department
- Staff engagement

- Using technology to improve efficiency- ePAQ-PO: Pre-operative assessment “one-stop”.

The winners would be announced on 22nd November 2017.

- NHS Testbed showcased at NHS Expo

Last week the Perfect Patient Pathway NHS Testbed, which was hosted by STH, was a key contributor at the NHS Expo. The exhibition showcased how the NHS was innovating to improve the care and experience for patients. Steven Stevens, NHS England Chief Executive had also signalled NHS England’s intent to continue to develop the successful Test Bed Programme as the NHS goes into its 70<sup>th</sup> year.

- Devices for Dignity

Devices for Dignity MedTech Co-operative, which was hosted by STH and works with leading universities, industry partners and patients, was one of only eleven organisations across the country to have successfully secured funding to become an innovative research co-operative. With a key focus on ‘Living my life well for longer’, the innovative research co-operative would act as a research centre of expertise to build and develop capacity in the NHS so that new, potentially life-changing medical technologies can be manufactured, developed and used by patients.

- Organ Donation week (4<sup>th</sup> -10<sup>th</sup> September 2017)

The Trust proudly supported Organ Donation Week.

- Annual Members Meeting

The Annual Members Meeting was to be held in the Medical Education Centre at the Northern General Hospital. The format was similar to previous years with registration and a marketplace of various themed stalls from 10.30am with the AMM commencing at 12 noon. The meeting would followed by a light lunch and the opportunity to listen to presentations on the following themes – Perfect Patient Test Bed, Dementia Matters and Life in a Trauma Centre.

## **STH/164/17**

### **Governance**

- (a) Fit and Proper Person Declarations for Executive Directors and Non-Executive Directors

The Assistant Chief Executive referred the Enclosure C circulated with the agenda papers and explained that in accordance with the Fit and Proper Persons Policy and procedure all post holders associated with the Trust’s Board of Directors were required to complete an annual self-declaration in relation to their personal position.

She reported that the self-assessments for all individuals had been completed and would be retained on the individuals’ personal file. All returns had been reviewed and no issues had been identified which would impact on the individual’s ability to perform their duties as a member of the Board.

The Board of Directors **NOTED** that all Non-Executive, Executive Directors and Senior Managers that attend the Board had completed a self-declaration form for the year 2017/18.

(b) Working Together Committee in Common: Terms of Reference and Joint Working Agreement – for approval

The Assistant Chief Executive presented the Terms of Reference for a new Committee of the Board of Directors that would support collaboration and timely response for Working Together initiatives together with the Joint Working Agreement for approval. The key points to note were:

- Sheffield Teaching Hospitals Committee in Common would form part of the Trust governance structure to enable it to work effectively with other Working Together organisations to implement change. Reporting directly to the STH Board of Directors, the Committee would sit alongside existing Committees of the Board such as Healthcare Governance and Human Resources and Organisational Development.
- Each Working Together Trust would establish its own Committee to work in common with other Working Together organisations. The Board of each Trust within the Working Together Partnership remained a sovereign entity and would be sighted on any proposals for service change and all proposals with strategic impact.
- Subject to Board approval the intention was to introduce the Committee in Common from November 2017.
- The Terms of Reference would be reviewed annually.

The Chief Executive referred the Board to item 6.4 in the Terms of Reference and 4.4 in the Joint Working Agreement both of which related to the Meeting Lead being on a rotational basis for a period of six months. He felt that this was a matter that the Chairs and Chief Executives needed to consider further as having a Meeting Lead consistently changing after a short period would not be helpful and he felt that there should be a permanent Meeting Lead. Therefore, subject to the agreement of the other Working Together Chairs and Chief Executives the Terms of Reference may need to be revised in due course.

The Chairman reported that the Chairs were meeting in the near future and he would raise the matter then.

The Board of Directors:

- **APPROVED** the Terms of Reference for Sheffield Teaching Hospital NHS Foundation Trust Committee in Common and the Joint Working Agreement circulated with the agenda papers.
- **NOTED** and **APPROVED** the above possible amendment to the Terms of Reference

**STH/165/17**

**Summary of Directorate Strategies 2017-2020**

The Deputy Chief Executive referred to Enclosure E circulated with the agenda papers which provided the Board with a summary of the updated Directorate strategies.

She explained that Clinical Directorates had been asked to update their strategies to set out what needed to happen to make services sustainable and she reported that they had stepped up to that challenge.

A small working group had been set up that comprised a subset of the Trust Executive Group and Business Planning Team members to review the strategies. A summary of the key priorities within each strategy was set out in Appendix 1 of Enclosure E. The following themes had come out of the review:

- Required clarity over Accountable Care System and Accountable Care Partnership.
- A comprehensive level of engagement with staff had taken place to produce the revised strategies.
- Workforce challenges
- The need for additional corporate support

The Deputy Chief Executive reported that business planning for 2018/19 had now started and she wanted Directorates to build on the strategies in the business planning process.

There was a general discussion about whether it was felt that the financial position constrained Directorates' ambitions when developing their strategies and whether staff were sufficiently encouraged enough in their thinking. The Deputy Chief Executive felt that there were some quite bold ideas in some of the updated strategies.

Annette Laban reported that it was exciting and refreshing to see some very innovative ways of working by Directorates coming out of the work of the Waiting Times Group. Directorates were looking at ways of delivering more in a different way and the allocation of workforce was driving some of the new ways of working.

The Medical Director emphasised that not all transformation had a cost attached to it. As an example he mentioned the Safety Huddles which took place on a number of wards and which had led to a reduction in falls and better communication within teams.

#### **STH/166/17**

##### **Chairman and Non-Executive Director Matters**

- Martin Temple reported that he had attended the North Chairs Networking Event on 14<sup>th</sup> September 2017 on behalf of the Chairman.
- Martin Temple reported that the Finance and Performance Committee had received an IT update at their meeting earlier that week.
- Pam Shaw reported that the Motor Neurone Team had been awarded three awards in the BMA announcements earlier that week which was very positive news for the Trust.

#### **STH/167/17**

##### **Deliver excellent research, education and innovation**

###### **(a) Research Activities: presentation**

Dr. Peter Sneddon, Clinical Research Office Director, was in attendance and gave a presentation on research activities which focussed mainly on the Life Sciences Industrial Strategy (copy attached to the minutes). He highlighted the following points:

- Professor Simon Heller was currently developing the Research Strategy for 2018 - 2020 which included innovation.

- National Performance Metrics - 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 further increased to 11,490 in 2016/17.

In 2016/17 the percentage of STH trials meeting the NIHR 70 day benchmark was 90% (national average 77%)

In 2016/17 the percentage of STH trials meeting Referral to Treatment metric was 52% (national average 52%)

- STH was awarded £1.45 million over five years from January 2018 for the Devices for Dignity MedTech Co-operative.
- The UK Life Sciences Industrial Strategy was a very important development and was launched by Jeremy Hunt, Secretary of State for Health, and Greg Clark, Secretary of State for Business, Energy and Industrial Strategy, on 30<sup>th</sup> August 2017. It was about collaboration between the NHS and industry for the benefit of UK patients and therefore the NHS was front and centre of the strategy. The vision was to "Build our life science industry into a global hub that makes the UK the home of clinical research and medical innovation".

The Strategy had five key themes:

- Science: Continued support for the science base, maintaining strength and international competitiveness.
- Growth: An environment that encourages companies to start and grow, building on strengths across the UK, including expansion of manufacturing in the sector.
- NHS: NHS and industry collaboration, facilitating better care for patients through better adoption of innovative treatments and technologies.
- Data: Making the best use of data and digital tools to support research and better patient care.
- Skills: Ensuring that the sector has access to a pool of talented people to support its aims through a strong skills strategy.

Over the past few years the Trust had significantly improved its capacity and delivery of clinical research and therefore was well placed to engage with the potential opportunities of the new UK Life Sciences Industrial Strategy by:

- expanding the current STH portfolio of industry collaborations
- engagement through NHTA partners
- further developing STH's capacity in innovation
- being the regional host for the YH CRN, YH CLAHRC

During discussion the Chairman expressed his concern about how all the different aspects of the UK Life Sciences Industrial Strategy would be pulled together. Pam Shaw shared that concern and noted that it was being developed around "Care 2050". She reported that some scoping exercises had been undertaken and the plan was to set up a small Executive Group to look at it and pull it together.

Peter Sneddon reported that the Research and Innovation Committee were looking at Care 2050, the new Research Strategy and the UK Life Sciences Industrial

Strategy in a co-ordinated approach and would lead the work to be undertaken and to ensure that people were working in the same direction.

The Chief Executive suggested that a high level paper on research activities including the UK Life Sciences Industrial Strategy should be presented to the Private Board.

**Action: Andrew Cash**

### **STH/168/17**

#### **For Approval/Ratification**

##### (a) **Corporate Seal**

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

- Lease with Blatchford & Sons (provider of prosthetic and orthotic services to the Trust) for space within the M&SRC Building at the Northern General Hospital (see Appendix 1)
- Three Contracts between Sheffield Teaching Hospitals NHS Foundation Trust and ANSA Elevators Ltd. for works to refurbish a number of passenger and goods lifts at the Royal Hallamshire Hospital:
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and ANSA Elevators Ltd. for works to install a firefighting passenger lift (No. 10) within an existing empty shaft at the Royal Hallamshire Hospital
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and ANSA Elevators Ltd. for works at the Jessop Hospital for the full replacement of two bed passenger lifts and two passengers lifts (Nos. 45, 46, 47 & 48)

### **STH/169/17**

#### **Any Other Business**

No additional items of business were raised.

### **STH/170/17**

#### **Date and Time of Next Meeting**

The next meeting of the Board of Directors would be held on Wednesday 18<sup>th</sup> October 2017 in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital at a time to be confirmed