



Minutes of the Meeting of the BOARD OF DIRECTORS
held on Wednesday 15th November 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. C. Imison	Non-Executive Director
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Deputy Chief Executive
Prof. C. Newman	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

APOLOGIES:

Mrs. D. Moore	Non-Executive Director
Mr. J. O'Kane	Non-Executive Director

IN ATTENDANCE:

Mrs. S. Carman	Assistant Chief Executive	
Miss S. Coulson (Minutes)	Business Manager, Board of Directors	
Mrs. J. Phelan	Communications and Marketing Director	
Dr. A. Gillespie	Consultant Gynaecological Oncologist	} STH/210/17
Ms. J. Tyack	Cancer Services Manager	
Ms. S. Clarke	Named Professional for Safeguarding Children	} STH/212/17
Dr. V. Kirkbride	Named Doctor for Safeguarding Children	
Ms. C. Nicholson	Lead Nurse Central Nursing	
Dr. A. Gibson	Deputy Medical Director	} STH/213/17
Ms. N. Hartley	Deputy Director of Human Resources	
Mrs. B Joyce	Service Improvement Director	
Ms. J. Lowe	Head of Staff Engagement	

OBSERVERS:

Ms. C. Boote	Care Quality Commission
Five Governors	
Three members of the public	

The Chairman welcomed Chris Newman, Non Executive Director, to his first meeting and also Carole Boote from the Care Quality Commission (CQC) who was observing the Board meeting as part of the CQC Well Led Review process.

STH/208/17

Declarations of Interests

No declarations of interests were made.

STH/209/17

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 18th October 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/209/17

Matters Arising

(a) **Diagnostic Test Demand**

(STH/188/17) The Deputy Chief Executive updated the Board on the current position. She explained that actions were in place across all diagnostic services to improve the current position. Those actions included the provision of additional sessions, ongoing recruitment and review of demand and securing support from other local centres. She was also pleased to report that a new member of staff had been appointed in Dexa Studies.

The Deputy Chief Executive reported that there were still workforce challenges in echocardiography and a fuller report on the echocardiography position would be presented to the Board of Directors in December 2017. That report would include an update on the work being undertaken with partners across South Yorkshire who were also experiencing challenges in delivering the target for this particular diagnostic test.

Action: Kirsten Major

The Deputy Chief Executive confirmed that there was no spare capacity in the surrounding District General Hospitals but the Trust was looking at new and imaginative ways to tackle the problem.

The challenges had been discussed with the Sheffield Clinical Commissioning Group.

Chris Newman stated that it was difficult to manage the demand for echocardiograms as it was now seen as a routine test which provided a huge amount of information and reassurance. The time and effort to undertake the test was huge. The Medical Director felt that electronic requesting may help a little in that it would be possible to see if a patient had recently undergone the same test.

Annette Laban reported that she had recently been on a Consultant interview panel and the successful appointee had some innovative ideas of how to manage and tackle the problem.

The Chairman requested that it was important to keep the focus on Echocardiography demand and requested that feedback was provided at future meetings.

Action: Kirsten Major

(b) Sheffield Clinical Commissioning Group (SCCG) Consultation

(STH/188/17) The Assistant Chief Executive reported that arrangements had been made for the SCCG to attend the Council of Governors Meeting on 6th December 2017 as part of the consultation exercise on their proposals for urgent primary care in the city.

STH/210/17

Providing Patient Centred Services

(a) Clinical Update: Cancer Waiting Times

The Deputy Chief Executive introduced the item and explained that the presentation to be given by Alan Gillespie, Consultant Gynaecological Oncologist/Associate Medical Director (Cancer) and Jill Tyack, Cancer Services Manager was to support the Deep Dive on Cancer Waiting Times in the Integrated Performance Report. She explained that a similar deep dive into cancer waiting times had been undertaken approximately a year ago and had prompted a lot of discussion and interest by the Board on how cancer targets worked and the complexity of the services that the Trust provided. Therefore it was felt it would be helpful to invite Alan and Jill to today's Board meeting to talk about cancer waiting times.

Alan Gillespie gave a presentation which covered the following areas:

- The Trust as a Cancer Centre
- Cancer Waiting Time Standards, Definitions and Operational Targets
- Cancer Waiting Times (as set out in the Deep Dive in the Integrated Performance Report)
- Service Improvement Work Programme
- Challenges to Future Performance
- Assurance to the Board

Some of the key points to note were:

- The Cancer Waiting Time Standards were complicated. However their main driver was that patients were seen and treated quickly.
- There were 4500 patients per quarter on pathways and referrals continued to increase.
- From 2011 to 2016 the Cancer Centre achieved all the Cancer Waiting Time targets. The only exception to that performance was the overall 62 Day Target.
- The Trust had an outstanding reputation nationally and a number of other organisations had contacted the Trust for advice.
- The National Cancer Breach Allocation Guidance was launched in April 2016. The purpose of the guidance was to provide a fair system of treatment and breach allocation guidance between referring and treating Trusts and to promote joint working between providers and commissioners. In the intervening period the South Yorkshire, Bassetlaw and North Derbyshire Cancer Alliance launched a Cancer Inter-Provider Transfer Policy in May 2017. That policy was designed to bring a fairer alignment of breaches and to improve care to patients. Kirsten Major and Alan Gillespie were members of the Cancer Alliance.

- The Trust worked closely with the SCCG and representatives of the SCCG were invited periodically to attend meetings of the Trust's Cancer Executive.
- The South Yorkshire Cancer Alliance continued to encourage other providers and commissioners in the region to follow the same model as in Sheffield.
- The aim was that every patient should be treated quickly and through continuous service development and improvement patient care would improve.
- The services under the most pressure in terms of volumes of patients were Urology, Upper and Lower Gastrointestinal and Lung.

The Board raised the following points:

- There was a discussion on late referrals from District General Hospital and the failure to meet the 62 Day target and whether District General Hospitals were changing their processes following the implementation of the Inter-Provider Transfer Policy. Dr. Gillespie explained that the Cancer Alliance was undertaking a significant amount of work in this area with Clinical Commissioning Groups and providers at a very senior level. The outcomes would be performance managed through the new system. However some improvement was already being seen.
- The Board queried what the impact of increased activity would be on staffing levels. Jill Tyack reported that the Department was always looking at different ways of working and models. Work would also continue to recruit to vacancies.
- Annette Laban stated that cancer targets, and in particular the 62 Day Cancer target, had been discussed at most Board meetings for many years and the Trust had endeavoured to work with District General Hospitals regarding late referrals and she hoped that the national guidance would further focus attention on the matter.
- There was a discussion about how well the NHS was set up to deal with patients living longer with cancer.

The Chairman thanked the Alan Gellespie and Jill Tyack for an extremely interesting and detailed presentation.

The Chairman felt that this matter should be brought back to the Board at an appropriate time for assurance that the new protocols were working. The Board noted that the minutes of the Cancer Alliance should be submitted to a relevant Trust Committee.

STH/211/17

Chief Executive's Matters

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

- Integrated Performance Report

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

- Deliver the Best Clinical Outcomes and the Healthcare Governance Committee (HCGC)

The Medical Director highlighted the following points:

- The Care Quality Commission (CQC) Insight dashboard had been launched and included the 'composite indicator' score, which was derived from 12 key performance indicators. Regular engagement meetings with the CQC continued to take place and during the last meeting positive feedback had been received regarding the Trust's work in relation to delayed transfers of care. The well-led review process had commenced at a number of Trusts.
- The HCGC received a presentation providing an update on progress in relation to the "Sign Up To Safety" work. Significant progress was noted in relation to key workstreams including the successful introduction of Safety Huddles on 26 wards. The Safety Huddles involved all disciplines of staff. A business case was currently being prepared to support the further progression of key areas of this work.
- Four new Serious Untoward Incidents (SUIs) were reported. One incident had been de-logged, as on further investigation the matter was not considered to be a SUI. Eight incidents were closed during the period and ten incident reports had been completed and submitted to the CCG.
- The Yorkshire and Humber Emergency Preparedness Resilience and Response Assurance report was presented to the HCGC. Following a self-assessment against the 52 Standards, the Trust had a 'substantial' compliance level, with 50 green, two amber and no red standards. Where individual standards had been assessed as amber an improvement plan was required to show that plans were in place to appropriately address all the Core Standards.

The Deputy Chief Executive reported that since the discussion at the HCGC NHS England had visited the Trust's Accident and Emergency Department and Infectious Diseases. Feedback on the visit was awaited. However from the Trust's perspective the visit went well and NHS England appeared reassured about the processes in place.

Regular meetings led by NHS England would be held with STH and other organisations.

- An abbreviated Mortality Update report was presented to the HCGC in addition to the report presented in July 2017. As no new SHMI data had been released since the July report, the abbreviated report only covered only HSMR score which remained 'as expected' at 103.1.

The Chief Nurse highlighted the following points:

- There had been zero cases of Trust assigned MRSA bacteraemia recorded for the month of September 2017 and the year to date total was one case.
- There was one Trust attributable case of MSSA bacteraemia recorded in September 2017 and the full year performance was 34 cases of MSSA against an internal threshold of 21 cases.
- The Trust recorded six cases of C.diff for September 2017. The full year to date performance was 40 cases of C.diff against an internal threshold of 39 and an NHS Improvement threshold of 44.

The Trust had seen a number of cases of sapo virus which had affected both staff and patients and had resulted in one ward being temporarily closed. The symptoms of sapo virus were similar to those of norovirus.

- Providing Patient Centred Services

The Chief Nurse highlighted the following points:

- 97% of complaints were responded to within 25 working days.
- Friends and Family Test (FFT) inpatient score inpatient for September 2017 was 96% which was better than the internal target of 95%.
- FFT A&E score for September 2017 was 87% which was better than the internal target of 86%.
- The FFT Maternity score for September 2017 was 97% which was better than the internal target of 96%.
- Mixed sex accommodation – the Trust reported zero breaches in September 2017 against an internal target of zero. The Trust continued to manage the position very closely.

The Deputy Chief Executive highlighted the following points:

- Activity Performance for September 2017:-
 - Referrals received were below the baseline level included in the Trust's plan
 - New outpatient activity was 6.6% below the contract target and the year to date performance was 3.0% below target.
 - Follow up outpatient activity was 0.8% below the contract target and the year to date performance was 1.9% above target.
 - Accident and Emergency activity was slightly over target (0.5%) and was 0.5% below target for the year to date.
 - Elective activity for was 2.6% below the contract target and was 1.4% below for the year to date.
 - Non-elective was 1.3% below the contract target and was 0.6% below for the year to date.
- The average number of patients who had a delayed transfer of care in September 2017 was 55 compared to previous months i.e.75 in August, 74 in July, 88 in June, 87 in May and 100 in April.
- The number of operations cancelled on the day for non-clinical reasons in September 2017 was 78 compared to 47 in August, 60 in July, 75 in June, 57 in May and 73 in April. The Deputy Chief Executive reported that the decline was down to the performance in one specialty and was due to some unforeseen events which had affected that speciality.
- In September 2017, 89.80% of patients attending A&E were seen within four hours compared to the Sustainability & Transformation Fund agreed trajectory of 90.00% and the national target of 95%. It was noted that the Trust exceeded the 95% target on seven days.
- The percentage of patients who had been waiting less than 18 weeks for their treatment was 95.7% which was better than the national target (92%). The

percentage of patients who received treatment in September 2017 and had waited less than 18 weeks was 86.9% for admitted patients and 94.0% for non-admitted patients (compared to the local targets of 90% and 95% respectively).

- At the end of September 2017, there were no patients waiting over 52 weeks for treatment.
 - At the end of September 2017 the number of patients who were waiting more than six weeks for their diagnostic test was 91.24% which was below the target of 99%. A matter that had been discussed earlier in the meeting and was being addressed.
 - The percentage of outpatient appointments cancelled by the hospital and cancelled by patients remained higher than the national bench mark. Candace Imison expressed her views about the current position. The Deputy Chief Executive explained that there were different issues for different teams as to why appointments were cancelled.
 - The percentage of appointments booked by GPs through the e-Referrals Service was 30.87%.
- **Employ Caring and Cared for Staff**

The Director of Human Resources reported the following:

- Sickness absence for September 2017 was 3.67% with a year to date position of 3.67% compared to the Trust target of 4.0%.
- The year to date short term absence rate had remained at 1.28%. The year to date long term absence rate had decreased from 2.42% to 2.37%.
- The appraisal rate had fallen slightly from 87.65% to 86.3%. The target was 90% and the Director of Human Resources was confident that it would be achieved.
- Compliance levels for mandatory training were on track and stood at 90.3%.

Candace Imison felt that the Trust should celebrate its performance on mandatory training.

- Annual turnover rate was 7.75% and the lowest turnover rate was 5.43% for Healthcare Scientists.
- The retention rate for the Trust was 87.7%, which was above the target of 85%. That figure related to staff with 12 months or greater service.
- The flu vaccination programme was progressing well and to date 6175 (57.4%) front line staff had been vaccinated. To reach the target of 70% a further 1355 staff would need to be vaccinated and the Director of Human Resources was confident that the target would be achieved.

The Chairman asked if it would be possible for a Governor to sit on the WRES Working Group. The Director of Human Resources confirmed that would be acceptable and the Chairman agreed to provide him with the name of a Governor.

Action: Tony Pedder/Mark Gwilliam

The Chief Nurse highlighted the following points:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 88.9% and for other care staff against the planned levels was 112.4%. At night those fill rates were 91.9% for registered nurses and 121.0% for other care staff.

The Chief Nurse explained that the position was a reflection of the national position in terms of supply and recruitment. However the Trust was in a better position than other organisations and retained its registered nurses well. The Trust also worked closely with both Universities in Sheffield.

The Trust had been invited to share its good practice with other organisations and was taking part in a NHSI Retention Masterclass in London on 23rd November 2017. The Chief Nurse emphasised that it was important for the Trust to continue to be flexible in the employment contracts it offers although it had to strike the right balance with the needs of the organisation.

- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 6 position showed a £2,920.7k (0.6%) deficit against plan after release of £5m of planned contingencies. Excluding contingencies, it was a further slight improvement on trend but maintained the disappointing performance year-to-date.
- There was a cumulative activity over-performance against plan of £0.5m at Month 6 which represented a £0.3m improvement in September 2017. It was noted that that represented a significant over-performance against commissioner plans.

The Director of Finance emphasised that the Trust had worked extremely hard to make the organisation work efficiently. The Board of Directors fully supported the on-going work.

- There was an overspend of £0.8m (0.3%) on pay to the end of September 2017, which was a small improvement on the August 2017 position. Medical staffing remained the main pressure area largely due to agency costs to fill critical vacancies. Bank and Agency costs were £1.6m lower than for the same period in 2016.
- The Quarter 1 Sustainability and Transformation Funding (STF) had been received and it was assumed that the Quarter 2 STF had also been achieved. However, the first two quarters only represented 15% and 20% respectively of the annual sum as the STF was weighted more towards the latter quarters.

- Deliver Excellent Research Education and Innovation

The Medical Director reported the following points:

- STH's performance for 2017/18 for recruitment to trials was on target.
- Wendy Tindale had been appointed Director of Innovation.
- Discussions had taken place at the Joint Education and Research Committee about how to move forward a number of areas such as Care 2050 and UK Life Sciences agenda.

- A full update on research matters would be presented at the December 2017 Board meeting.
- Northern Health Science Alliance

The NHSA has been successful in its bid for a Science Innovation Audit (SIA) for a Northern Powerhouse in Health Research (NPiHR).
- South Yorkshire and Bassetlaw Accountable Care System

More than 100 governors from across the Foundation Trusts within the South Yorkshire and Bassetlaw Accountable Care System (ACS) attended a conference at the New York Stadium in Rotherham on Friday 27 October 2017. The feedback received had been good.

Three similar events were planned on the following dates:

 - 26th January 2018 - for Councillors and MPs
 - 6th April 2018 - for Non Executive Directors
 - 8th June 2018 - All the above three groups would come together
- Hospital Services Review

The review commenced in June 2017 and would run over a ten month period. The final report would be published at the end of April 2018 and would make recommendations on how challenged services could be made sustainable.
- Communications

The Chief Executive highlighted that the Annual Thank You Awards were held on Wednesday 8th November 2017 and it had been a very successful evening.

STH/212/17

Annual Report for Safeguarding Children

The Chief Nurse referred to the Annual Safeguarding Children Report 2016/17 (Enclosure C) circulated with the agenda and Vincent Kirkbride, Named Doctor Safeguarding Children, Caroline Nicholson, Lead Nurse Central Nursing and Sharon Clarke, Named Professional for Safeguarding Children gave a detailed presentation to support it.

The presentation covered the following areas:

- The Trust's current arrangements for safeguarding children.
- To provide assurance that the Trust meets standards for safeguarding children
- To demonstrate key achievements in safeguarding children in 2016/17
- To identify key priorities to improve processes, policies, audits, training and assurance in 2017/18

Some of the key points were:

- The Trust met its statutory requirements to safeguard children.
- There had been a considerable increase in safeguarding activity across the Trust in 2016/17.

- The Trust was able to provide assurance to the Sheffield Clinical Commissioning Group and the Sheffield Safeguarding Children Board by complying with all external audits and having a robust programme of internal audits.
- The Trust had fully co-operated with all investigations, including Serious Case Reviews and Learning Lessons Reviews which included the completion of action plans to improve systems, processes and individual practice.
- The Trust had improved its compliance with safeguarding children training requirements and work was on-going to build on that achievement in 2017/18.
- Objectives for the coming year had been identified to enable the safeguarding children team to build on the progress made in 2016/17.

The following points were raised during discussion:

- The Chairman asked if Sheffield linked in with other regions within South Yorkshire given the recent high profile incidents. The Team reported that Sheffield had good links with other South Yorkshire regions through the Sheffield Safeguarding Children Board and the meetings that they attend.
- Annette Laban reported that good work was being done in specialised dentistry at Charles Clifford Dental Hospital.
- Currently there were two separate Boards for Safeguarding Children and Adults and the Board queried whether the two should be integrated. The Team reported that it would be a challenge to merge to the two Boards but the Chief Nurse confirmed that she had raised it with Jayne Hayward who was the Chair of both Boards.
- It was important to raise awareness of this work in the community.

The Chairman thanked the team for an extremely interesting and detailed presentation.

STH/213/17

Delivering the Trust's Corporate Strategy

(a) Our People Strategy

The Deputy Chief Executive introduced the item and referred to the "Our People Strategy - Making it Personal" (Enclosure D) circulated with the agenda and Andrew Gibson, Deputy Medical Director, Nicola Hartley, Deputy Director of Human Resources, Becky Joyce, Service Improvement Director and Jaki Lowe, Head of Staff Engagement were in attendance.

Becky Joyce and Nicola Hartley gave a presentation to support the strategy. The key points were:

- The vision of the strategy was simple "to create a brilliant, personal place to work" by attracting, developing and engaging all staff and volunteers from all backgrounds to transform the lives of our patients and the public.
- An extensive programme of engagement and consultation had underpinned the development of the strategy with thousands of staff having contributed through surveys, hard to recruit focus groups, an organisational cultural diagnostic, a large scale "diagonal slice" workshop, lunchtime consultations in the canteens, various workshops with specific staff (i.e. junior doctors and BME staff members) and through gathering leadership views from each of our professional groups..

- The strategy has been updated to reflect comments from the Trust Executive Committee and Human Resources and Organisational Development (HROD) Committee.
- The strategy had ten inter connected themes:
 - Promoting Well-Being
 - Attraction, Recruitment, Retention
 - Helping me to do my job productively
 - Reward and Recognition
 - Promoting and Valuing Difference
 - Workforce Redesign, Innovation and Planning
 - Training for the Future
 - Talent Management and Development
 - Team-work and Leadership for Excellence
 - Culture, Improvement, Engagement

The following points were made during discussion:

- The Board asked about next steps. The Team stated each of the ten aims of the strategy would have an Operational Plan and those plans were in the process of being worked up.
- The Board asked if there was a Dashboard against which progress could be monitored. The Team stated that there were three overriding indicators i.e. staff advocacy, staff engagement and staff motivation with other indicators sitting beneath them. It was agreed that some KPIs would be presented to the HROD Committee.

Action: Mark Gwilliam/Kirsten Major

- Candace Imison was concerned that the Trust was facing some major workforce issues and she did not pick up a sense of that urgency in the strategy.
- Chris Newman stated that in any consultation it was important to communicate back the deliverables to the staff.

It was agreed that Our People Strategy - Making it Personal should be kept of the agenda of both the Board and HROD Committee and a reporting mechanism should be put in place.

Action: Mark Gwilliam

STH/214/17

For Approval

(a) Corporate Seal

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

- Lease Renewal for 10 Beech Hill Road
- Lease renewal with UK Neqas at the Northern General Hospital
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and T & C Williams (Builders) Ltd. for works to provide a new GP Centre at the Northern

General Hospital. (Contract Value was £897,450.00 and formed part of the 2015/16 Capital Programme)

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Britcon (UK) Limited for works to construct new care parks at the Northern General Hospital (Contract value was £699,209.00 and formed part of the 2016/17 Capital Programme)
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Jarvale Construction Limited for works to refurbish Huntsman Ward 1 to form a new Frailty Unit at the Northern General Hospital (Contract value was £1,245,916.00 and formed part of the 2015/16 Capital Programme)

(b) Board of Directors Terms of Reference

The Assistant Chief Executive reported that an annual review of the Board's Terms of Reference had been undertaken and the only changes made were to the membership and names of Board Committees.

The Board of Directors **APPROVED** the revised Terms of Reference for the Board of Directors.

STH/215/17

Chairman and Non-Executive Director Matters

On behalf of the Board of Directors and also as Chairman of the Organ Donation Committee, Annette Laban wished to record her thanks to the Critical Care Team and in particular the Accident and Emergency Department Staff for all the hard work and effort the staff had put into organ donation which had resulted in an increase in the number of organs retrieved. She emphasised that the work and discussions involved in such cases were particularly stressful and time consuming for staff.

STH/216/17

Any Other Business

There were no additional items of business.

STH/217/17

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 20th December, 2017 in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital