



**Minutes of the Meeting of the BOARD OF DIRECTORS
 held on Wednesday 20th December 2017,
 in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire 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
Mrs. D. Moore	Non-Executive Director
Prof. C. Newman	Non-Executive Director
Mr. J. O'Kane	Non-Executive Director
Mr. N. Priestley	Director of Finance
Mr. M. Temple	Non-Executive Director
Dr. D. Throssell	Medical 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	
Ms. L. Booth	Occupational Therapist	} Item STH/232/17
Ms. A. Clay	Physiotherapist	
Ms. J. Grimes	Band 6 Sister	
Mr. I. Kennen	Matron	
Ms. J. Marsden	Deputy Nurse Director	
Mr. T. Wilkins	Clinical Services Manager	
Ms. E. Robinson	Physiotherapist	
Christina Herbert	Lead Nurse Safeguarding Adults	Item STH/235/17

OBSERVERS:

Three Governors
 One member of staff

STH/229/17**Declarations of Interests**

No declarations of interests were made.

STH/230/17

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 15th November 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record subject to removal of Pam Shaw from the list of those present and the correction of a minor typographical error on page 11.

STH/231/17

Matters Arising

(a) Diagnostic Test Demand

(STH/209/17(a)) The Deputy Chief Executive explained that the Trust was continuing to progress work to help support delivery of the diagnostic test standards within six weeks.

The Deputy Chief Executive reported that she was confident that the Trust would deliver the trajectory for Sleep Studies by January 2018. In terms of DEXA scans the Trust had overcome the immediate challenges and was now addressing the waiting list requests. In parallel to tackling the immediate problems, the Trust was undertaking a more fundamental study on how to ensure the service was sustainable in the future. The Deputy Chief Executive emphasised that, although there was still a lot of work to do, she was confident that there were no clinical risks posed by the DEXA scanning issues and that the plans in place would recover the position and make the service more resilient in the future.

The position in Echocardiography was complicated and the Trust Executive Group had considered a detailed paper setting out a range of actions including the appointment of a Consultant Cardiologist with a special interest in Echocardiography. The Deputy Chief Executive reported that a significant amount of work was underway to address the challenges and the Trust had implemented processes to ensure that the most urgent cases were carried out without delay. She explained that surrounding centres were also challenged due to national staff shortages and the Trust was working closely with them.

An Echocardiography Recovery Group had been established within the Elective and Diagnostics Workstream of the Accountable Care System, chaired by Richard Jenkins, Barnsley CEO. The first meeting was held on the 16th November 2017 and STH was represented by a number of key staff. The intention was to ensure that capacity across South Yorkshire and Bassetlaw was utilised to ensure equitable access for patients.

The Trust had also introduced a standard whereby requests for echocardiograms within the organisation could only be made by a Consultant.

Annette Laban, Chair, Waiting Time Performance Overview Group (WTPOG), stated that the Trust had an action plan and the WTPOG had also tasked the Clinical Director for Cardiology to explore any other appropriate options which could help the issue.

(b) Sheffield Clinical Commissioning Group (SCCG) Consultation

(STH/209/17(b)) The Chief Executive reported the following:

- The SCCG consultation had been extended to the end of January 2018.
- The Trust was in discussion with the SCCG following their formal presentations to the Trust Executive Group, Board of Directors and the Council of Governors and would produce a response to the Consultation by the due date.
- The SCCG had now shared their models with the Trust and the Trust Executive Group was meeting with Executives from SCCG during the first two weeks of January 2018 to discuss the consultation process.
- A paper setting out the Trust's response would be brought to a future Board of Directors meeting.

Action: Andrew Cash

During discussion the following points were raised:

- Martin Temple felt that the SCCG presentation to the Board had not provided enough robust evidence for change.
- Changing the behaviour of the public was very difficult and it needed to be well developed and evidenced.

(c) Workforce Race Equality Standards (WRES) Working Group

(STH/211/17) The Chairman reported that Martin Hodgson, Governor, had joined the WRES Working Group. The Chief Executive reported that the group had held its first meeting which had gone well and further meetings were planned.

(d) Our People Strategy: Reporting Mechanism

(STH/213/17) The Chief Executive reported that the Government had released their Draft Workforce Strategy for consultation through Health Education England (HEE). The consultation period concluded at the end of June 2018 and the final strategy would be published in July 2018. The Trust's Our People Strategy was approved recently by the Board and work was underway to ensure it reflected the direction set out in the HEE's draft strategy. That work would be progressed through the Human Resources and Organisation Development Committee.

The Director of Human Resources reported that a piece of work would be undertaken to compare both documents to ascertain if there were any gaps. The matter would be taken through the Human Resources and Organisation Development Committee.

Action: Mark Gwilliam

The Chief Executive emphasised that workforce would be top priority for this Trust and the NHS in the next five years.

During discussion the following points were made:

- The key to the Trust's Our People Strategy would be about being imaginative and develop innovative ways to attract staff to want to come and work for the Trust and to remain at the Trust to progress their career.
- To look at a holistic approach to our staff to develop career pathways.
- The organisation needs to feel personal to the employee and a good place to work.

STH/232/17

Providing Patient Centred Services

(a) Clinical Update: Nurse Integrated Therapy Project

The Chief Nurse introduced the item and the following members of staff were in attendance:

- Joanne Marsden, Deputy Nurse Director
- Ian Kennen, Matron
- Tom Wilkins, Clinical Services Manager
- Lily Booth, Occupational Therapist
- Alex Clay, Physiotherapist
- Jude Grimes, Band 6 Ward Sister
- Evie Robinson, Physiotherapist

The Team gave a joint presentation on the Nursing with Integrated Therapy and Re-enablement for Improved Care project which had been piloted on Ward H2 at the Royal Hallamshire Hospital for the last 18 months. The aim of the project was to bring benefits to patients by Nursing and Therapy staff working in an integrated way. The project had been driven by feedback from patients and the desire to test different staffing models.

The benefits of the project were seen by the patient, staff and the organisation:

- patients received improved care, a better experience, an earlier discharge and an improved condition on discharge.
- staff felt empowered, enhanced their own skills as well as developing multi-professional skills. The staff also gained job satisfaction by delivering a high quality service.
- The ward had seen a reduction the number of patient falls, pressure ulcers and Delayed Transfers of Care.
- The Therapists (Physiotherapist and Occupational Therapist) were based on the ward.

A project was also being run on Brearley 5 at the Northern General Hospital and a joint evaluation report would be produced for the two projects.

Joanne Marsden, Deputy Nurse Director, explained that it would be difficult to evaluate the project on Ward H2 since a number of other changes had taken place on the ward during the period of the project which had also had an impact on the running of the ward.

The Chief Nurse stated that it may be necessary to re-run an evaluation if the project was to be rolled out in other areas. She stated that there were a number of wards expressing an interest in this way of working.

The Chairman thanked the team for an informative and interesting presentation.

STH/233/17

Chief Executive's Matters

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

- Integrated Performance Report (IPR)

The IPR was taken as read but each Executive Director gave a brief update on their areas of responsibility:

- Deep Dive

The Director of Human Resource presented the Deep Dive on Managing Attendance as set out in the report. The key points to note were:

- Supporting staff to be healthy and well was a key priority. As well as being the right thing to do for our employees it also had an impact on absence rates which in turn supported service delivery.
- A broad range of work had been undertaken including increasing the offer available to staff in terms of their health and wellbeing, as well as the introduction of a new Managing Attendance Policy. As a result of these combined initiatives there has been a positive impact on absence rates for 2017/18 as shown below:
 - Trust absence rates were at their lowest against the last three years' data.
 - The long term absence rates in 2017 have been lower than in 2014/15 and 2015/16. In September and October 2017, the long term absence rates were lower than in the last three years' data.
 - There was a significant decrease in short term absence in the first and second quarters on 2017/18. Although absence rates were likely to increase during winter months the Trust was in a strong position to achieve the 4% target for the year.
- The Trust would continue to improve attendance by developing its culture through involvement and compassionate leadership. That work was underpinned in the Trust's People Strategy which had a focus on supporting employees back to work and prevention through health and wellbeing.

During discussion, Candace Imison reported that during a ward visit she had recently discussed the Managing Attendance Policy with the Senior Nursing Staff and they were very supportive of the policy as it was helping them to address some of their sickness issues.

- Deliver the best clinical outcomes

The Medical Director highlighted the following points from discussions at the Healthcare Governance Committee (HCGC) in October 2017:

- The CQC Insight dashboard was currently being reviewed and a proposal regarding regular summary reports would be provided to the Committee in November 2017. Work had also commenced to identify data for populating the Provider Information Request (PIR).
- An update on the CQC Action Plan (arising from the 2015 CQC inspection) was presented and it was noted that seven actions had been completed in the last quarter. Additional detail would be provided in the next quarterly report to provide an outline of progress against each outstanding action from the start to the current position. The HCGC had a very good overview of what the outstanding actions were.

The Medical Director reported that all Trusts were to be inspected again by April 2019 and therefore the Trust could expect to receive an inspection at any time. In order that the Trust was well prepared work towards the inspection had already commenced. The Trust was reviewing the template it was required to submit prior to an inspection with a view to populating it advance where possible as well as beginning to gather together the documentation on the request list.

- Two new serious incidents were reported and four incidents were on-going. It was noted that a new Oxygen Prescribing Policy was ready to be submitted for ratification and that, in support of the policy, a new staff training package was also available.

The Trust had requested that one incident be de-logged as on further investigation it was found not to be a serious incident.

The Trust had identified a number of issues regarding the administration of Oxygen Therapy. A full investigation had been carried out and the matter discussed at the HCGC. The matter had been referred to the Healthcare Safety Investigation Branch as it was felt that the concern was with the equipment used to deliver oxygen and therefore potentially involved other organisations.

- The Resuscitation Committee Annual Report highlighted the introduction of new resuscitation equipment at the Central Campus and Northern Campus along with the standardisation of equipment across community settings. A new Standard Operating Procedure had been agreed for attendance at cardiac arrest calls at Weston Park Hospital.

The Chief Nurse highlighted the following points:

- There has been one case of Trust assigned MRSA bacteraemia recorded for the month of October 2017 and the year to date total was two cases.
- There were six Trust attributable cases of MSSA bacteraemia recorded in October 2017 and the full year performance was 40 cases of MSSA against an internal threshold of 24.5 cases.

- The Trust recorded four cases of C.diff for October 2017 and the full year to date performance was 44 cases against an internal threshold of 45.4 and an NHS Improvement threshold of 51.
- The Trust had started to see a rise in the number of cases of Norovirus and at present two wards were affected and had bays closed.
- The Trust had also started to see a rise in Flu cases and in response had opened a Respiratory Ward at the Northern General Hospital. Flu pathways were now active.

It was noted that currently 60% of staff had taken up flu vaccination. The vaccination programme runs until February 2018.

- Providing Patient Centred Services

The Deputy Chief Executive highlighted the following points:

- Elective activity for October 2017 was 0.1% below the contract target and was 1.0% below for the year to date.
- Non-elective activity for October 2017 was 2.9% over the contract target and was 0.6% over for the year to date.
- The average number of patients who had a delayed transfer of care in October 2017 was 61 compared to recent months:
 - 55 in September
 - 75 in August
 - 74 in July
 - 88 in June
 - 87 in May
 - 100 in April
- The number of operations cancelled on the day for non-clinical reasons in October 2017 was 92 compared to 78 in September 2017.
- The percentage of outpatient appointments cancelled by the hospital and cancelled by patients remained higher than the national bench mark.
- The percentage of patients that did not attend for their outpatient appointments was better than the national bench mark.

- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 7 position showed an improved position with a £1,315.5k (0.2%) deficit against plan after release of contingencies. That represented a £1.6m improvement from Month 6, split broadly equally between an improvement in the operating position and the further benefit from released contingencies (£5.8m year to date).
- There was a cumulative activity over-performance against plan of £3.2m at Month 7 which represented a £2.7m improvement in October 2017. The strong

activity position had driven the improved financial position but would have compounded the significant over-performance against Commissioner plans.

- The Trust had received notification that it was to be allocated £2.9 million from the new winter monies (£1.9 million for things it was already doing and £1 million for new things to be put in place).
 - To date month 8 looked to be a steady month and the position was looking more slightly comfortable than it was a few months ago.
 - The Trust would continue to work on maximising contingencies.
- South Yorkshire and Bassetlaw Accountable Care System (ACS) Update

The Chief Executive reported that the Hospital Service Review was progressing well.

The Chief Executive reported that following the Autumn Budget, capital funding had been allocated to develop specific schemes within in South Yorkshire and Bassetlaw. Discussions were ongoing regarding the individual allocations and subsequent capital scheme developments.

- Research and Innovation

The Life Sciences Sector deal was published on 6th December 2017. The aim of the deal was to help ensure new pioneering treatments and medical technologies were produced in the UK, thereby improving patients' lives and driving economic growth (linked to the Industrial Strategy). This will involve substantial investment from private and charitable sectors and significant commitments in research and development from the Government.

The Trust was pleased to note the inclusion of the Sheffield Olympic Legacy Park development within the Life Sciences Sector Deal.

The Trust would need to start thinking about how it would work even more closely with local industry. This matter would be brought back to the Board in due course.

Action: Andrew Cash

STH/234/17

Deliver the best clinical outcomes

- (a) Learning from Deaths Report: April to June 2017 (Quarter 1)

The Medical Director referred to the Learning from Deaths Report (Enclosure C) circulated with the agenda papers. He explained that it was the first of such reports presented to the Board on deaths in the Trust's care. The report would now be to be produced quarterly as a requirement of the Learning from Deaths Guidance from April 2017.

The report considered:

- All deaths subject to a Medical Examiner Review
- All deaths subject to a Structured Judgement Review (a validated standardised method which scores the overall care given to deceased patients on a scale of one to five)

- All deaths judged more likely than not to be due to a problem in the Trust's care
- Key learning points from the overall review process

The key findings were set out in the report.

The Learning from Deaths Guidance required Trusts to have in place an infrastructure for all deaths to be reviewed. The Medical Director reported that the Trust was well placed to comply with that requirement for the key reason that it had a Medical Examiner in post. Currently the Medical Examiner reviewed all deaths at the Northern General Hospital but it was recognised that it would be necessary to implement the same comprehensive system at the Royal Hallamshire Hospital.

The Medical Director reported that Dr. Gibson, Deputy Medical Director, was the national Clinical Lead for Mortality with the Royal College of Physicians and had been involved in training staff to undertake Structure Judgement Reviews (SJR). It was noted that more cases would be reviewed by SJR in the future.

The Trust Executive Group had approved the proposed model with the following actions:

- Extend the Medical Examiner system to the central campus
- Provide time and funding for clinicians to undertake SJRs (the Trust already had a cohort of trained staff)

The mandate was for Trusts to produce a quarterly report by December 2017 (this report) and once that had happened comparative data would be available.

The Board of Directors **NOTED** the Learning from Deaths Report for the period 1st April 2017 to 30th June 2017 (Quarter One).

STH/235/17

Annual Report for Safeguarding Adults 2016-2017: presentation

The Chief Nurse introduced the item and Christina Herbert, Lead Nurse Safeguarding Adults, was in attendance. Christina presented the Annual Safeguarding Adults Report.

The report:

- outlined the responsibilities to the Sheffield Adult Safeguarding Board (SASB), Sheffield Adult Safeguarding Partnership (SASP) and Learning Disabilities Partnership Board.
- highlighted the management structure and named professionals.
- described relevant policies and procedures.
- detailed the external reviews and audits involving the Trust.
- identified how progress with education and training was monitored.

Christina supported the report with a presentation which covered the following areas:

- Governance and Assurance
- Categories and Themes covered
- The main duties and responsibilities of the Safeguarding Adults Team
- The multi-agency partnerships and forums involved in Safeguarding Adults
- Activity Data
- Key achievements in 2016-17
- Emerging areas of work

- Key priorities for 2017-18

The Board noted that:

- Significant further progress had been made during 2016-17 on embedding the safeguarding responsibilities and increasing awareness in the organisation.
- The work of the STHFT Adult Safeguarding team continued to grow with significant work streams having been added in the last three years, specifically relating to the PREVENT agenda, Modern Slavery and Human Trafficking, and FGM data collection.

Following the presentation, there was a general discussion regarding safeguarding issues including staff awareness and training. The Board welcomed the news that work was taking place to assess the appropriateness of integrating the Children's and Adults Safeguarding Teams given the overlap of the agendas.

The Chairman emphasised that this was an extremely important area of work and thanked Christina Herbert for her presentation.

STH/236/17

Deliver excellent research, education and innovation

(a) Research Activities

The update on Research Activities (Enclosure E) circulated with the agenda papers was taken as read but the Medical Director highlighted the new STH Research Strategy 2018 - 2020 (appended to the update) and the structure that sat behind it.

The Medical Director also highlighted a few of the achievements from the 2015-2017 Research Strategy:

- Research Leads had been appointed in all directorates and 15 clinical directorates had successfully applied for academic status.
- All Clinical Directorates had submitted an annual report including metrics and key performance indicators and that had allowed the Clinical Research Office (CRO) to allocate research funding according to performance.
- The Clinical Research and Innovation Office (CRIO) continued to support researchers whilst ensuring a framework for continuing good and efficient governance, responding to new regulatory requirements and ensuring the Trust was compliant with standards of MHRA, FDA and HTA.
- The Clinical Research Academy has appointed six fellows over the last two years who were being supported by University of Sheffield School of Health and Related Research (SchARR) to develop and submit research proposals.
- The Trust Medical Physics Department with the CRO have further developed a research management IT system which facilitates the registration and management of new research proposals and enables the sharing of key data across the Trust, with external sponsors (including commercial) and other bodies.

- CRO provides research training opportunities for patients, public and staff informally on a case by case basis, and by hosting regular events, online training and workshops to support staff and the public.

Candace Imison stated that she welcomed the close alliance with innovation but felt that the links to the wider South Yorkshire Network could be more evident in the strategy.

(b) Universities Update

Professor Chris Newman, Non-Executive Director, presented the joint report from Sheffield University and Sheffield Hallam University (Enclosure F) and highlighted the following matters:

- The University of Sheffield Medical School had submitted an application to HEFCE on 22nd November 2017 for 50 additional undergraduate medical student places per year which would increase home student numbers to 288. The application was supported by STH and more than 15 other partner organisations across the region. The outcome would be announced in March 2018.
- Yorkshire Cancer Research (YCR) Senior Fellowships - Following interviews in July, 2017, three new YCR Senior fellows were due to take up their positions over the next few months.
- The fundraising campaign for the new MRI-PET Scanner launched less than 12 months ago was going extremely well and was already more than half way towards reaching its target of £2m. The scanner would be ordered before Christmas and the plan was that it would be in situ within 2019.
- Professor Chris Whitty, Head of NIHR and Chief Scientific Adviser for the Research and Development Portfolio of the Department of Health, would be delivering the Sir Arthur Hall Memorial Lecture on Thursday 15th February 2018 at 6.00 pm in the Student's Union Auditorium. Board members wishing to attend should contact Professor Newman.

Action: All to note

STH/237/17

For approval/ratification:

(a) Review of Trust Constitution

The Assistant Chief Executive reported that the annual review of the Trust Constitution had been completed and a number of amendments had been made and were listed in the Executive Summary (Enclosure G) circulated with the agenda papers.

She also reported that the amendment proposed by the Council of Governors at their meeting in December 2017 had been incorporated.

The Board of Directors **APPROVED** Version 5 of the Trust's Constitution.

The Assistant Chief Executive would notify NHS Improvement of the revised version.

Action: Sandi Carman

(b) Anti-Fraud, Bribery and Corruption Policy

The Board of Directors **RATIFIED** the Anti-Fraud, Bribery and Corruption Policy.

STH/238/17

Chairman and Non-Executive Director Matters

No matters were raised.

STH/239/17

Any Other Business

No matters were raised.

STH/240/17

Date and Time of Next Meeting:

The next Board or Directors meeting would be held on Wednesday 17th January 2018 in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be confirmed.

Signed:.....
Chairman

Date: