



**Minutes of the Meeting of the BOARD OF DIRECTORS**  
**held on Tuesday 24<sup>th</sup> April 2018,**  
**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. Dame Hilary Chapman	Chief Nurse
Mrs. A. Gibbs	Director of Strategy and Planning
Mr. M. Gwilliam	Director of Human Resources and Staff Development
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. J. O'Kane	Non-Executive Director
Mr. N. Priestley	Director of Finance
Mr. M. Temple	Non-Executive Director
Dr. D. Throssell	Medical Director

**APOLOGY:**

Mrs. D. Moore	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	Communications and Marketing Director
Prof. J. Ray	Consultant ENT Surgeon and Neurotologist (Item STH/80/18(a))

**OBSERVERS:**

Ms. C. Morgan	Programme Director, Chief Executive's Office
Ms. R. Joyce	Programme Director, Sheffield Accountable Care Partnership
Four Governors	
One member of staff	
Two members of the public	

The Chairman welcomed everyone to the meeting.

**STH/77/18****Declarations of Interest**

No Declarations were made.

## **STH/78/18**

### **Minutes of the Previous Meeting held on Wednesday, 21<sup>st</sup> March 2018**

The Minutes of the Previous Meeting held on Wednesday, 21<sup>st</sup> March, 2018, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting.

## **STH/79/18**

### **Matters Arising**

(a) **Sheffield Clinical Commissioning Group (CCG) Consultation: Update**

(STH/53/18(b)) The Deputy Chief Executive reported that the Trust had been invited to take part in a Workshop on 9<sup>th</sup> May 2018 and she was currently finalising the Trust attendees.

(b) **Diagnostic Test Demand**

(STH/53/18(c)) The Deputy Chief Executive reported that the DEXA Recovery Plan was going well and was on target to deliver 99% performance by the end of July 2018 and staff were working extremely hard to deliver it.

In terms of echocardiography, the Deputy Chief Executive reported that the Trust Executive Group (TEG) had agreed a range of actions and the recovery plan was on track but remained challenging. The aim was to deliver the recovery plan by the end October 2018.

Annette Laban reported that she had seen both recovery plans at the Waiting Times Performance Overview Group (WTPOG) and they were very comprehensive but acknowledged the plans remained challenging.

(c) **Junior Doctors Forum**

(STH/56/18)(a)) It was **AGREED** that the Medical Director would circulate the dates of the Junior Doctors Forum to the Board of Directors who would be more than welcome to attend.

**Action: David Throssell**

## **STH/80/18**

### **Providing Patient Centred Services**

(a) **Clinical Update: Innovations and Research in Sheffield Ear Nose and Throat (ENT)**

The Medical Director introduced the item and Professor Jaydip Ray, Consultant ENT Surgeon and Neurotologist and also the Communications Lead (ENT) National Institute for Health Research. Professor Ray gave an interesting and informative presentation on the innovations in ENT within Sheffield including the following:

- Invisible Hearing Solution
- Balance & Falls Assessments
- Wearable Sensors (Test Bed)
- Augmented/Virtual Reality
- New Laryngeal Dystonia
- 3D modelling

Following the presentation there was a general discussion including:

- How the service would continue to develop and whether, given recent developments in treatment, it may become less of a hospital based service in the future.

Professor Ray felt that was absolutely the case and providing treatment in the community would be more resource friendly.

- Relationships with General Practitioners – Professor Ray confirmed that his department was very engaged with General Practitioners and had an active relationship with them which included sharing information and best practice.
- Professor Ray confirmed that the Trust had links with the other major providers of ENT services including Nottingham, Manchester and University College London.
- The ENT Specialty had strong support from the Clinical Research Unit, Test Bed Centre, Insigneo, Sheffield Centre for Health and Related Research plus others.

The Chairman thanked Professor Ray for an interesting and informative presentation.

## **STH/81/18**

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

The Chief Executive presented his written report (Enclosure B) circulated with the agenda papers and highlighted the following topics:

- Deep Dive – Non Elective Length of Stay

The Deputy Chief Executive presented the Deep Dive Report and explained that it provided a summary of the Trust's performance against key length of stay (LOS) metrics and the programme of work across key specialities to reduce patient length of stay.

The report presented a whole range of data and highlighted the importance of the impact on the wider inpatient service. The report also outlined the priorities for the coming year such as:

- Single clerking which would involve a change in how Medical Consultant staff and doctors in training work at the front door.
- Further development of consistent standards for all assessment units with visible metrics
- Continuing to engage the wider organisation to ensure that the 10 SAFER principles were implemented consistently across the Trust and that there was connectivity between the ward based transformational work, the Delayed Transfer of Care Programme and the 4-hour standard.

The Board felt it was a good and comprehensive report and the following points were raised during discussion:

- Was there an opportunity for errors to occur as a result of single clerking? The Deputy Chief Executive assured the Board that although the aim was to 'write it

once', the information would be checked many times as patients went through their treatment.

It was noted that in due course there would be an electronic template for clerking in patients which would contain mandatory fields to ensure that all relevant information was collected.

- Candace Imison felt that the Trust's top three areas, bed nights, stroke and septicaemia needed to be reflected clearly in the action planning and current programmes of work.

The Deputy Chief Executive explained that, although not referred to in this report the Trust, had done a huge amount of work around the Stroke Service and pathway. It was noted that recently the Stroke Rehabilitation Service at the Royal Hallamshire Hospital had been moved out into a community setting. She also reported that work around the Safer Bundle had been concentrated in Respiratory Medicine and specifically the pneumonia pathway.

- Integrated Performance Report

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

- Deliver the best clinical outcomes

The Medical Director highlighted the following points including matters discussed at the Healthcare Governance Committee (HCGC):

- In preparation for the CQC Inspection the Trust had now submitted the Provider Information Request (PIR).
- An update on the CQC Action Plan was presented. Seven actions had been completed during the previous quarter. A deep dive review of progress against outstanding actions was being undertaken and would be presented to the HCGC in March 2018.
- The CQC Insight Report for December 2017 was presented to the HCGC. The report was published on a quarterly basis and provided an overview of the Trust's performance including any changes in performance since the previous quarter, along with a themed deep dive and the topic for this quarter was national audits.
- The HCGC received the Fire Safety Annual Report and the Committee was assured that procedures for the management of fire risk were fully embedded across the Trust.
- The Decontamination Report was presented and highlighted that Endoscopy Decontamination Units at the Northern General and Royal Hallamshire Hospitals had achieved accreditation against BS EN ISO 13485:2016 quality standard.
- A position statement in relation to nasogastric tube placement was presented. A review had been undertaken to identify any themes or potential for national learning. Guidelines and training in relation to the placement/insertion of nasogastric tubes are in place and in use across the Trust, and it was confirmed that these align to national guidance

The Chief Nurse highlighted the following point:

- The Trust recorded seven cases of C.diff in February 2018, against a threshold of seven cases in the month. The full year to date performance was 76 cases of C.diff against an external threshold of 80 and not 73 as incorrectly stated in the report.

In answer to a query, the Chief Nurse stated that the plan was to close the last winter ward by the end of April 2018 as planned.

➤ Provide patient-centred services

The Deputy Chief Executive highlighted the following points:

- Accident and Emergency activity was over target (2.3%) in February 2018 and was 0.4% below target for the year to date.
- The average number of patients who had a delayed transfer of care in February 2018 was 137, compared to 147 in January 2018.
- 138 operations were cancelled on the day for non-clinical reasons in February 2018 compared to 147 in January 2018.
- Regrettably, three patients who had their operations cancelled on the day of admission for non-clinical reasons were not readmitted within 28 days. However all those patients had now received their treatment.
- In February 2018, 80.44% of patients attending A&E were seen within four hours compared to the Sustainability & Transformation Fund agreed trajectory of 90.0% and the national target of 95%.
- 51.40% of ambulance handovers occurred within 15 minutes, compared to 65.10% in January 2018 and 15.20% of ambulance handovers took more than 30 minutes.
- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of February 2018 was 95.35% which was better than the national target (92%). The percentage of patients who received treatment in February 2018 and had waited less than 18 weeks was 89.57% for admitted patients (local target 90%) and 94.07% for non-admitted patients (local target 95%).
- As reported at the February 2018 Board meeting, the cancer waiting time targets were achieved for Q3 of 2017/18 apart from the 62 days from referral to treatment (GP referral). STH performance for non-shared pathways in Q3 was 84.2% (threshold 85%). The performance for Q3 2017/18 was 78.5% without reflecting the new Breach Allocation Guidance and reallocations (threshold 85%).

The Director of Strategy and Planning reported that the position in Q4 had improved and the Trust was working closely with colleagues in other organisations on a shared recovery plan for the 62 days from referral to treatment target. The draft recovery plan would be ready at the end of April 2018. She also reported that the new cancer waiting time standards had been published last week and she would bring these to a future Board meeting.

**Action: Anne Gibbs**

The Director of Strategy and Planning informed the Board that there was some fragility in head and neck cancer services in surrounding hospitals and the Trust was working with providers and commissioners to mitigate any risk.

- The percentage of referrals received from GPs through the e-Referrals Service in February was 62.87%. The target for delivery was 100% from 1st May 2018.

Annette Laban stated that the Trust would need to keep a careful watch on the number of 'Do Not Attends' to see if the number increases as a consequence of making booking appointments much easier and accessible. The Deputy Chief Executive confirmed that was in hand and Operational Directors had been asked to watch out for trends.

The Chief Nurse highlighted the following points:

- Complaints - 92% of complaints were responded to within the agreed time frame.
  - Friends and Family Test scores for February 2018 were:
    - Inpatient - 96.7% which was above the internal target of 95%.
    - A&E - 84.0% which was slightly below the internal target of 86%.
    - Community - 90.2% which was below the internal target of 95%.
    - Maternity - 96.3% which was above the internal target of 95%.
  - Mixed sex accommodation – the Trust reported zero breaches in February 2018 against the national standard of zero. The Chief Nurse emphasised that it was a remarkable achievement given the pressures the Trust had been under during the winter period.
- Employing caring and cared for staff

The Director of Human Resources and Staff Development highlighted the following points:

- Sickness absence in February 2018 was just above the target at 4.50 % but was an improvement on 4.88 % in January 2018. That figure broke down into:
  - Short term absence - 2.25% (2.48% in January 2018)
  - Long term absence - 2.25% (2.40 % in January 2018)
- The year to date figures were:
  - sickness absence was better than target at 3.98%. This had increased very slightly from year to date in January 2017 which was 3.95%.
  - short term absence had increased from 1.45 to 1.48%.
  - long term absence had increased slightly from 2.49% to 2.51%.
- The number of appraisals carried out remained at 88%. Compliance levels for mandatory training were at 90.4%.
- Annual turnover rate had maintained at 7.8 %. The staff group with lowest turnover rate in February 2018 was for Healthcare Scientists (5.66%) and the staff group with the highest turnover was Additional Clinical Services (9.34%)
- Retention figures for the Trust were 88.4% which was above the target of 85%

The Chief Nurse highlighted the following point:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 87.3% and for other care staff against the planned levels was 108.5%. At night these fill rates were 90.4% for registered nurses and 120.6% for other care staff.
- Spending public money wisely

The Director of Finance highlighted the following points:

- The Month 11 position showed a deficit against plan of £81.4k after release of contingencies which represented a £73.3k deterioration from Month 10. Without the release of contingencies that would have been a £0.9m deterioration against the financial plan.
  - There was a cumulative activity over-performance against plan of £8.6m at Month 11, which represented a £0.7m improvement in February 2018. The strong activity position over the last five months had driven the Trust's improved financial position, although the level of over-performance in February 2018 was lower, probably due to the impact of poor weather at the end of month. The Commissioner contract challenges relating to richer case-mix had now all been resolved.
  - There was an overspend of £1.2m (0.2%) on pay to the end of February 2018, a marginal decrease from the January 2018 position. Medical staffing remained the main pressure area with a £7.5m overspend, Bank and Agency costs were £4.7m lower than for the same period last year.
  - There was a £1.2m under delivery against efficiency plans for the first 11 months of the year.
  - Overall, Directorates reported positions £5.9m worse than their plans at Month 10, a slight increase from the Month 10 position.
  - 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. The Quarter 3 STF had been received excluding the A&E Trajectory funding (value £1.7m). The final quarter represented 35% of the annual sum and the A&E performance trajectory (value £1.9m) would not be achieved. However, the Trust may be able to gain from STF Incentive and Bonus funds if it achieves/improves on its year-end control target.
  - Discussions were taking place on the production of the Trust's Annual Accounts 2017/18.
- Imaging Services ISAS Accreditation

The Trust's Imaging Services had been successful in achieving accreditation for the prestigious Imaging Service Accreditation Scheme (ISAS) which helps ensure that patients consistently receive high quality services delivered by competent staff working in safe environments.

The Board extended its congratulations and thanks to Dr Sue Matthews, Clinical Director and her team for all their hard work and success on this significant achievement.

- South Yorkshire and Bassetlaw shadow Integrated Care System (SY&BsICS)

The Planning Guidance and Financial Guidance to support it had been published.

The Hospital Services Review was nearing completion and the report would be published on 8<sup>th</sup> May 2018.

- Working Together Partnership Vanguard

Janette Watkins, Programme Director for the Working Together ACC Vanguard, had now retired from the NHS and the Chief Executive expressed his thanks to her for all she achieved both in her role at STHFT and latterly in leading the Working Together and Vanguard Provider programmes.

As the funding for the Vanguard was coming to an end, there were plans to align the Vanguard projects, such as ENT and Pathology, to the shadow Integrated Care System workstreams. The pathology project would come to the Board in September/October 2018.

**Action: Andrew Cash**

- Sheffield Accountable Care Partnership

The Sheffield Accountable Care Partnership was still in the set up stage and a further report was included for information.

- Social Care

The social care green paper would be published summer 2018.

- Awards

The Trust had been awarded the Catering Team of the Year by the Hospital Caterers Association (HCA). The award was presented in recognition of the STH catering team's journey of commitment to improving services to patients and staff through driving changes in the areas of social, economic and environmental sustainability over the last few years. That included improved collaboration with wards on delivering more tailored, personalised services to patients leading to reductions in food wastage and increased patient satisfaction levels.

The Board extended its congratulations to the Catering Team on winning this prestigious award.

## **STH/82/18**

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

- (a) Organ Donation Committee

Annette Laban reported that she had recently chaired the quarterly meeting of the Organ Donation Committee and she was pleased to report that the number of organ donations had doubled in the current year which meant that 100 patients received organ transplants. She pointed out that it was a fantastic achievement and was testament to the dedication and commitment of staff in particular those working in the Emergency Department and the Critical Care Units. She also acknowledged the support and commitment that the Chaplaincy Service was providing to both staff and patients.

## **STH/83/18**

### **For Approval**

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

The Board of Directors **APPROVED** the affixing of the corporate seal to the following contracts/leases:

- Agreement for Lease, Lease and Licence for Alterations with ISS Mediclean Limited for a new Coffee Shop in the Chesterman Building at the Northern General Hospital
- Agreement for Lease, Lease and Licence for Alterations with ISS Mediclean Limited for a new Coffee Shop on A Floor at the Royal Hallamshire Hospital
- Agreement for Lease, Lease and Licence for Alterations with AMT for a new Coffee Shop on B Floor at the Royal Hallamshire Hospital

The Assistant Chief Executive pointed out that provision of the new retail facilities would generate additional income for the Trust. However as a result of the new share agreement put in place there would be a reduction in the funds to the Charitable Funds Management Committee but she emphasised that the Trust would work closely with the Charities to assist with that funding gap.

## **STH/84/18**

### **Any Other Business**

#### (a) **70<sup>th</sup> Anniversary of the NHS**

The Chief Executive reported that there would be a service for all health care organisations across Sheffield in the Sheffield Cathedral at 6.45 pm on 5<sup>th</sup> July 2018.

There would also be a number of the events taking place on 5<sup>th</sup> July 2018 and throughout the year to commemorate the occasion.

## **STH/85/18**

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

The next meeting of the Board of Directors would be held on Tuesday 22<sup>nd</sup> May 2018 in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.