



**UNADOPTED Minutes of the Meeting of the BOARD OF DIRECTORS
held on Tuesday 30 April 2019
in the Undergraduate Common Room, Medical Education Centre, Northern General
Hospital**

PRESENT:

Mr. T. Pedder	Chairman
Mr. T. Buckham	Non-Executive Director
Mrs. A. Gibbs	Director of Strategy and Planning
Mr. M. Gwilliam	Director of Human Resources and Staff Development
Dr. D. Hughes	Medical Director
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Chief Executive
Mr. C. Morley	Chief Nurse
Prof. C. Newman	Non-Executive Director
Mr. J. O'Kane	Non-Executive Director
Mr. N. Priestley	Director of Finance
Ms. S. Wright	Non-Executive Director

PARTICIPATING DIRECTORS:

Mrs. S. Carman	Assistant Chief Executive
Mr. M. Harper	Chief Operating Officer
Mrs. J. Phelan	Communications and Marketing Director

IN ATTENDANCE:

Miss R. Winterbottom	Business Manager, Board of Directors (Minutes)
Ms. J. Green	Corporate Governance Manager

APOLOGIES:

Mrs. C. Imison	Non-Executive Director
Mr. M. Temple	Non-Executive Director

OBSERVERS:

Two members of staff
Two Governors
One member of the public

Prior to commencement of the meeting the Chairman welcomed the observers. He also welcomed Shiella Wright, to her first meeting as a Non-Executive Director.

STH/70/19

Declarations of Interest

There were no declarations made.

STH/71/19

Minutes of the Previous Meeting held on Tuesday 26 March 2019

The Minutes of the previous meeting held on Tuesday 26 March 2019 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting subject to the following minor amendments:

- The first paragraph on Page 1 should read “Prior to the commencement of the meeting the Chairman welcomed the observers including Shiella Wright who had been appointed as a Non-Executive Director with effect from 1 April 2019.”
- The first paragraph on Page 2 should read “The Chairman was extremely sad to report that Jennifer Booth, Patient Governor had passed away and extended the Board’s condolences to Jennifer’s family and said that she would be sadly missed by all her friends and colleagues.”
- STH/62/19 Matters Arising (Page 2): The first paragraph should read “Medical Examiners’ Accommodation, (STH/30/19) The Medical Director reported that two options had been identified for the Medical Examiners’ Accommodation and they were being worked through and he was optimistic that the issue would be resolved in the near future.”
- STH/64/19 Chief Executive’s Matters, Provide Patient Centred Services (Page 5): The third bullet point around mixed sex accommodation, the fifth sentence should read: “It was highlighted that the area in which the breach had occurred was a high acuity area which was normally exempt from mixed sex rules – it was because the area was used for lower acuity patients that the breach had been notifiable.”
- STH/64/19 Chief Executive’s Matters, Spending public money wisely (Page 6): The first bullet point should read “The Month 10 position showed a £1,486.0k (0.2%) surplus against the Financial Plan which represented a £1.7m improvement in January 2019.”

STH/72/19

Matters Arising

Report on A&E performance and improvement

(STH/64/19) The Board agreed to carry this item forward to the next public meeting in May 2019.

Report on cancer performance

The Director of Strategy and Planning stated that she would bring a paper on cancer performance to the May 2019 meeting which also outlined changes to cancer waiting times targets.

STH/73/19

Providing Patient Centred Services

(a) Clinical Update: Maternity Continuity of Carer

The Chief Nurse introduced the item and Ms. Paula Schofield, Head of Midwifery and Nurse Director, gave a presentation on the implementation of a “Continuity of Carer” model in Sheffield.

The key points to note were:

- “Continuity of Carer” was one of seven themes set out in the 2016 government produced “Better Births: Improving outcomes of maternity services in England - A Five Year Forward View for maternity care” document.
- A Cochrane Review had provided the evidence base for midwife-led continuity models of care. Ms. Schofield highlighted the Cochrane Review had been based on low risk women and explained that 61.4% of the Sheffield Teaching Hospitals casemix fell into high risk categories (categories 4 and 5).
- The NHS Improvement target was for 20% of women to be booked on a continuity model of care by March 2019. This target had been achieved.
- Paula Schofield noted a challenge that this target was set to increase to 51% by the end of 2020/21 and that by 2024 75% of women from BAME communities should be on this model of care. As a result of these increased targets women from higher risk categories would also need to be included.
- The women involved in the pilot are due to give birth in August/September 2019. An audit of the model would take place in the autumn to review the outcomes for, and experiences of, these women. The audit would also look at the impact on the midwives involved.

The following questions were asked:

The Chairman asked a question around whether quality was being maintained. Paula Schofield confirmed that quality was maintained; there was commitment to high quality care principles and working was within existing parameters of safety and quality.

The Chairman also asked whether current staffing levels were sufficient to support this team based model of care. Ms. Schofield reported that staffing levels were good. There was a low vacancy level and around six student midwives applying for every new post. It was also highlighted that this was possible to implement due to the capacity created by a recent decline in births in Sheffield, but that this is effectively being undertaken without a funding stream to the organisation.

The Chairman also asked about the availability of locations for teams to be based. The Chief Nurse explained that there was a need to identify clinical spaces for teams to work. It was noted that this may require some additional funding to pay for space.

Referencing that the evidence base for the model was low risk women, the Chief Executive noted that there would be a need to apply caution to operationalising the model in higher risk groups and questioned whether there was any shared learning from other Trusts or national feedback on the impact on higher risk women of the model. Ms. Schofield stated that she had

undertaken some benchmarking and there appeared to be no consistent approach to implementing the model.

Further questions were raised and discussion held around the challenges with the model including the potential for there to be less continuity in antenatal care because of the team approach. The Board agreed that the outcomes from the pilot and evidence from implementation in higher risk groups would be important to review to inform wider implementation.

The Chairman thanked Paula Schofield for an interesting presentation.

STH/74/19

Chief Executive's Matters

The Chief Executive presented her report and highlighted the following matters:

(a) Integrated Performance Report

- Deep Dive – Length of Stay

The Medical Director highlighted the following points:

- People need to be in hospital as long as is necessary. If a person stays in hospital for too long then there is a risk of deconditioning and hospital acquired infections.
- If length of stay is reduced then capacity in terms of beds and staff increases.
- In the last 12 months there has been a focus on improving pathways and removing delays once the patient becomes medically fit for discharge.

The Medical Director set out the key actions for the next 12 months to achieve further improvement:

- Focus on high quality board rounds
- Embed and roll out Red2Green
- Single Clerking
- Embed SAFER principles
- Focus on elective surgery
- Develop metrics through the Flow Oversight Group

In discussion it was confirmed that practices were in place to ensure that actions to reduce length of stay would not lead to increased readmissions. The focus of the actions was efficient delivery of high quality care.

The Board requested an update on progress against these actions from the Medical Director in 12 months' time.

Each Executive Director gave a brief report on their areas of responsibility:

- Deliver the best clinical outcomes

The Chief Nurse highlighted the following points:

- There were no cases of Trust assigned MRSA bacteraemia recorded for the month of February 2019.
- There were 11 Trust attributable cases of MSSA bacteraemia recorded in February 2019. The Chief Nurse provided assurance that this was being closely monitored. It was also confirmed that decolonisation work had started in March 2019.
- The Trust recorded seven cases of C.diff in February 2019.
- Provide patient-centred services

The Chief Nurse highlighted the following points:

- 94% of complaints met the agreed response timeframe.
- The feedback scores from the Friends and Family Survey for February 2019 were all better than the internal targets with the exception of Community which was 91% (target for Community is 95%)
- There were no mixed sex accommodation breaches reported in February 2019.

The Chief Operating Officer highlighted the following points:

- The activity performance for February 2019 was:
 - Referrals received were above the baseline level included in the Trust's plan
 - New outpatient activity was 0.7% below the contract target. The year to date performance was 1.2% above target.
 - Follow up outpatient activity was 2.2% above the contract target. The year to date, performance was 2.7% above target.
 - Accident and Emergency activity was 8.0% above the target and was 4.8% over target for the year to date.
 - Elective activity was 0.4% above the contract target and was 1.6% below target for the year to date.
 - Non-elective activity was 0.4% above the contract target and on target for the year to date.
- The average number of patients who had a delayed transfer of care in February 2019 was 62 compared to 46 in January 2019. Despite the increase from January the Chief Operating Officer noted that the numbers delayed transfers of care were maintained at a relatively low level.
- 96 operations were cancelled on the day for non-clinical reasons in February 2019 compared to 118 in January 2019.
- Six patients who had their operation cancelled on the day of admission in February 2019 for non-clinical reasons were not readmitted within 28 days. However, all six patients have subsequently had their operation. The Chief Operating Officer explained that the Standard Operating Procedure had been revised to enable better tracking of patients who

have had their operation cancelled. Previous cancellation was a consideration should there be a risk of a second cancellation.

- 86.62% of patients attending A&E were seen within four hours in February 2019 compared to a local target of 88.7% and the national target of 95%.
 - 56.76% of ambulance handovers occurred within 15 minutes in February 2019 compared to 57.60% in January 2019; 3.05% of ambulance handovers took more than 30 minutes in January 2019 compared to 2.12% in January 2019.
 - The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of February 2019 was 92.54% which met the national target (92%). The percentage of patients who received treatment in February 2019 and had waited less than 18 weeks was 84.38% for admitted patients (local target 90%) and 89.11% for non-admitted patients (local target 95%).
 - The percentage of referrals received from GPs through the e-Referrals Service in February 2019 was 99.98%.
- Summary of the Healthcare Governance Committee meeting held on 18 February 2019

The Medical Director highlighted the following points from the meeting:

- The Occupational Health and Safety Audit Report had been presented. The audit found that the Trust demonstrated good practice in Occupational Health and Safety management but required an increased focus on a systematic approach.
- There had been a discussion around progress with digital interoperability in the city. It was noted that progress required more focus to increase the pace of change.
- An update on the Quality Report for 2018/19 was presented including review of the 13 quality objectives. It was agreed that four quality objectives would be developed for 2019/20.
- The Hospital Transfusion Committee Annual Report was also presented.

The Director of Strategy and Planning highlighted the following point:

- With regard to the 62 day referral to treatment (GP Referral) and 31 day subsequent treatment (surgery) targets, while still some way from the target the Trust had seen an improvement in performance in Quarter 4.
- Employing caring and cared for staff

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

- Sickness absence in February 2019 was above target at 4.44%. The year to date sickness absence was 4.00%.
 - Short term absence had decreased from 2.2% in January 2019 to 2.0 in February 2019.
 - Long term absence had decreased from 2.6% in January 2019 to 2.5% in February 2019.
 - For the period March 2018 to February 2019, the Trust has achieved 89.6% for the number of appraisals carried out which was below the target of 90%.
 - For the period March 2018 to February 2019 compliance levels for mandatory training were at 90.4% against a 90% target.
- Spending public money wisely

The Director of Finance highlighted the following points:

- The Month 11 position showed a £2,474.6 (0.2%) surplus against the Financial Plan which represented a £1m improvement in the February 2019 position.
 - There was an activity over-performance of £1m in February 2019 giving a cumulative over-performance of £7.3m for the year to-date. There were over performance in all areas in the month. However, the issues around the high level of income loss for MRET and Emergency Readmissions within 30 days (£2.4m above plan and £9.8m in total) remain.
- Delivering excellent research, education and innovation

The Chairman noted that the update on delivering excellent research, education and innovation would be covered under a later substantive agenda item. See STH/77/19 for update.

The Chief Executive gave the following updates:

- Consultant Meeting

The Chief Executive and the Medical Director had met with 56 Consultant colleagues over the last month at four sessions. At the sessions the Chief Executive had the opportunity to outline her emerging priorities. The meetings were well received and included wide ranging discussions about the priorities and several other topics of interest.

- Clinical Director Recruitment

Following notification from Dr Nicholas Barron that he would be stepping down from his role as Clinical Director of Operating Services, Critical Care and Anaesthesia Care Group when his term expires next month, a

discussion took place at TEG in February 2019 where it was agreed to split Operating Services, Critical Care and Anaesthesia into two Directorates – Critical Care and Theatres. There will be one Clinical Director for each Directorate. Recruitment to the two Clinical Director posts is underway.

Recruitment is progressing to Clinical Director vacancies in Renal Services and Ophthalmology.

The Board will be updated as and when appointments to the Clinical Director posts are made.

- South Yorkshire and Bassetlaw Integrated Care System (ICS)

A report from the Chief Executive of SY&B ICS had been shared with the papers for the meeting.

- Sheffield Accountable Care Partnership

An overview of the Sheffield Accountable Care Partnership (ACP) had been provided by the Programme Director and had been shared with the papers for the meeting. The ACP team are working with workstream leads and partner organisations to draft the refreshed 'Shaping Sheffield' plan. The Trust had provided comments back to the ACP team and it is anticipated that the draft plan will be presented to the Board.

- Brexit

The Trust will continue to monitor the national Brexit developments.

- Award

The Trust's Organisational Development team had won the BMJ Award 2019 for 'Innovation in Quality Improvement Team' for the Trust's Flow Coaching Academy which it runs in partnership with the Health Foundation.

Congratulations were extended to the Organisational Development team.

STH/75/19

Annual Report from the Guardian of Safe Working

The Medical Director introduced Dr Guy Veall who gave a presentation on the Guardian of Safe Working Annual Report. Dr Veall highlighted that the replacement junior doctor and dentist contract has now been in place for two years. The presentation included the data on junior doctor exception reporting.

The key points were:

- The vast majority of exception reports come from F1 doctors. The Trust will continue to focus on supporting this group in particular.
- It was recognised that as a Directorate General Medicine and Care of the Elderly had worked hard to bring down exception reports in their Directorate. Their success would need to be translated to other Directorates.

- It is important that the Trust provides high quality employment and training to attract and retain Junior Doctors.
- Dr Veall reported a positive and energised feeling from the Junior Doctors' Forum. The Board asked Dr Veall to assure the Junior Doctors' Forum that they were highly valued. Dr Veall invited Board members to attend a future meeting of the Forum.

The Chairman thanked Dr Veall for an interesting presentation.

STH/76/19

Final Operational 2019/20 Plan

The Director of Strategy and Planning reported that the Final Operational Plan for 2019/20 had been submitted to NHS Improvement on the 4 April 2019. The Director of Strategy and Planning explained that she would work with the Communications and Marketing Director to develop a public facing easy read version.

The Board confirmed they were happy with the plan as submitted to NHS Improvement on 4 April 2019.

STH/77/19

Deliver excellent research, education and innovation

Professor Chris Newman highlighted the following points from the Sheffield Hallam University Briefing Report provided by Professor Alison Metcalfe the Vice Chancellor for Health and Wellbeing:

- The Advanced Wellbeing Research Centre is now built externally and is on track for completion in autumn 2019.
- A new Director is now in post as Professor Robert Copeland commenced his new position on 22 April 2019.

Professor Newman highlighted the following points from the University of Sheffield update for the Board:

- The Neurosciences, Healthy Lifespan, Energy and Sustainable Food cross-faculty research institutes go live on the 29 April 2019.
- Professor Dame Pam Shaw will be stepping down from her role as Vice President for the Faculty of Medicine, Dentistry and Health. A recruitment process is underway to appoint a successor. The Chief Executive commented that she had been asked to be involved in the recruitment process for Professor Dame Pam Shaw's successor.

STH/78/19

Research Activities: presentation

The Clinical Research Office Director Dr Peter Sneddon delivered a presentation on the Annual Review of the Trust's Directorates research performance. 16 of the 24 Directorates had been awarded Academic Directorate status by the Research, Innovation and Education Committee on 18 March 2019.

The Chairman asked a question around the potential risk to UK access to EU grants as a result of Brexit. Dr Peter Sneddon felt that there was a risk that the UK would not be able to participate as fully in access to EU grants.

The Chief Executive noted that 6 of the Directorates had not seen a return on their research investment in 2018/2019. Dr Peter Sneddon explained that it was necessary to look at more than one year in isolation but agreed that if there was no long term return on investment this would need to be reviewed. It was noted that it was important to consider impact on patient benefit as well as return on investment.

The Chairman thanked Dr Sneddon for an interesting presentation.

STH/79/19

Yorkshire and Humber Local Clinical Research Network Annual Delivery Plan and Financial Plan

The Assistant Chief Executive presented the 2019/20 Annual Plan and Financial Plan for the Yorkshire and Humber Local Clinical Research Network and asked the Board to discuss and approve the plans.

The Assistant Chief Executive noted the reduced allocation for 2019/20 (£25,854,022) which is a reduction of 0.9% from 2018/19.

The Assistant Chief Executive highlighted 3 key areas of improvement:

- This year all four Vision 2021 (strategic) sessions will be devoted to the workforce - Michelle Moran, Chief Executive of Humber Teaching Hospital has recently taken over as Chair of the YHCRN Partnership Group.
- Following a workforce review here is now a full complement of senior management in place within the YH CRN.

The Board **APPROVED** the 2019/20 Annual Plan and Financial Plan for the Yorkshire and Humber Local Clinical Research Network

STH/80/19

Chairman and Non- Executive Director Matters

From a recent back to the floor visit, Annette Laban reported positive feedback from staff about the Booking Hub. The Director of Strategy and Planning agreed to arrange some dates for Non-Executive Directors to visit the Hub. The Board requested that an update from the Hub be brought back to the Board in due course.

Action: Anne Gibbs / Michael Harper

STH/81/19

Corporate Seal

The Board of Directors **APPROVED** the affixing of the corporate Seal and **SIGNED** the following documents relating to A Floor Theatres Phase 3:

- Design and Build Contract between STH NHS Foundation Trust and Henry Boot Construction Limited relating to A Floor Theatres Phase 3.

- Bills of Quantities

STH/82/19

Any Other Business

No additional items were raised.

STH/83/19

Date and Time of Next Meeting

Tuesday 21 May 2019 in Seminar Room 1, Clinical Skills, R Floor, Royal Hallamshire Hospital at a time to be confirmed

Signed
Chairman

Date