



Minutes of the BOARD OF DIRECTORS held on Wednesday 17th December, 2014, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT:

	Mr. T. Pedder (Chair)	
Sir Andrew Cash		Mr. J. O'Kane
Professor H. A. Chapman		Mr. V. Powell
Mr. M. Gwilliam		Mr. N. Priestley
Mrs. A. Laban		Mr. M. Temple
Ms. K. Major		Dr. D. Throssell
Ms. D. Moore		Professor A. P. Weetman

IN ATTENDANCE:

Mr. A. Challands		Mrs. J. Phelan
Miss S. Coulson (Minutes)		

Ms. P. Brooks	}	Item STH/284/14
Ms. R. Brown		
Mr. M. Cobb		
Dr. P. Lawson		
Ms. M. Yates		

Dr. Peter Sneddon	Items STH/287/14 (a) and (b)
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Dr. Caroline Pickstone	}	Item STH/287/14(b)
Dr. Alison Layton		
Dr. Simon Howell		

APOLOGIES:

Mrs. S. Harrison	Mr. N. Riley
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OBSERVERS:

6 Governors	3 Members of Staff
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STH/280/14

Declarations of Interests

No declarations of interest were made.

STH/281/14

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 19th November 2014 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/282/14

Relevant Matter(s) Arising

(a) **Sheffield Safeguarding Children Board: Child Sexual Exploitation Review**

The Chief Nurse reported that Sheffield had come out very well in the external review of child sexual exploitation in the City. There were no immediate actions for health from the review. However the Chief Nurse emphasised that work was

ongoing to continue to improve services and arrangements for safeguarding children.

STH/283/14

Clinical Performance

(a) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report (Enclosure B) circulated with the agenda papers and highlighted the following topics:

- Care Quality Commission (CQC) Inspection Planning - The Trust was not in the next group of acute care providers to be inspected between January and April 2015 but would be inspected some time before December 2015. However in readiness for the inspection the Trust was focussing on the collation of the evidence required to show compliance with the CQC Key Lines of Enquiry. The collation of such information would be extremely time consuming and therefore it made good sense for that preparation work to be undertaken beforehand.

As CQC visits can be very daunting for staff they would be provided with action cards of how to respond and what action to take if the CQC arrive on site. The mock inspections organised by the Trust had also been very helpful in preparing staff for a CQC inspection.

The Trust would monitor the outcome of CQC inspections of other organisations to see what issues were be picked up and the reports were also a useful source of intelligence.

- Serious Untoward Incidents - The following three incidents had been closed:

- Kidney Transplant Post-Op Management
- Orthopaedic Surgical Site Infections
- Pressure Ulcer

The following two new incidents had been reported and were being investigated:

- Insertion of Wrong Lens
- Delayed Diagnosis of a kidney tumour

- Incident Reporting - The Trust had been identified as having a low incident reporting rate to the National Reporting and Learning System.

A significant amount of work was taking place within the Trust to increase reporting levels. As an example, the Datix Incident Reporting Tool was now web- based rather than paper based.

- Complaints - The Trust's response time performance had improved and was 86% in September 2014 compared to 78% in August 2014.

The Board noted that the Healthcare Governance Committee undertakes a deep dive into Complaints and Feedback Dashboard.

The Board of Directors **NOTED** the Healthcare Governance Summary.

(b) Infection Control Report

The Chief Nurse presented the Infection Prevention and Control Update (Enclosure C) circulated with the agenda papers and highlighted the following key points:

- The Trust had recorded 1 case of MRSA bacteraemia during November 2014. The Post Infection Review process was currently determining the cause of this bacteraemia. There was also 1 case in arbitration following a Post Infection Review.
- C. Diff - The Trust had recorded 5 positive samples for November 2014 making a year to date performance of 68 cases against an internal threshold of 52 and a Monitor threshold of 63. A detailed Action Plan was in place and monitored by the Healthcare Governance Committee on a monthly basis.
- Monitor were using the number of cases of *C.diff* with lapses in care to determine whether the Trust was meeting its governance requirement in respect of *C.diff*
- Discussions were ongoing with NHS Sheffield Clinical Commissioning Group about the Contract Penalties and how they would be applied if the Trust breached its contract target
- MSSA performance was off trajectory against the MSSA plan. The year to date performance was 30 cases against an internal threshold of 28.
- The Trust had seen an increase in the number of cases of Norovirus and one ward had bays closed.
- Cases of Flu were on the rise and were adding to the pressure the Trust was already under. The Trust had seen 48 positive cases of Flu in the last week compared to only 7 cases in the week before then.

The Director of Human Resources reported that to date the uptake of flu vaccination by front line staff stood at 64% which was 2% above last year's rate at the same time of the year. Staff continued to be encouraged to take up flu vaccination.

The Board of Directors **RECEIVED** and **NOTED** the Infection Control Report.

STH/284/14

Provide patient centred services

(a) Merger of Directorates and progress with joining up of Acute and Community Pathways: Presentation

Penny Brooks, Clinical Director, Combined Community and Acute Care Group, Ruth Brown, Operations Director, Combined Community and Acute Care Group, Mark Cobb, Clinical Director, Professional Services, Peter Lawson, Clinical Director, Care of the Elderly and Mandy Yates, Nurse Director were in attendance for this item.

The Director of Strategy and Operations explained that the above members of staff had been asked to attend today's meeting to update the Board on the progress and experience to date of the merger of Geriatric and Stroke Medicine, Community Services and Professional Services Directorates into the new Combined Community and Acute Care Group.

The Group gave a joint presentation and the key points to note were:

- The merger of the three Directorates offered them lots of opportunities to work differently but together.

- Two Developments sessions had been held for the Senior Clinical and Management Leadership Team. The Team shared stories, agreed goals, identified ways of engaging and communicating, explored future configuration of services and shared the new Care Group Executive's approach and developed a shared philosophy.

The sessions had really helped staff to understand the vision and to agree what the next steps were.

- The first three months had been exciting and challenging at the same time.
- Change would happen gradually as the Group looked at how working practices could be improved and to make them work in a more seamless way.
- Put patients at the centre.
- Staff engagement was crucial.
- The new Care Group provided the opportunity to change patient pathways to make them more seamless.
- Problem solving was now done as a Group rather than by individual Directorates.
- In answer to a question, Penny Brooks explained that the metrics of success in a year's time would be:
 - Services better aligned
 - Services better integrated
 - Patients will flow better and experience seamless care
 - Reduction in length of stay on the Care of the Elderly and Stroke Wards
- Ruth Brown reported that the Care Group worked well with Social Care in terms of Active Recovery. Although she reported that there were more and more signs of them struggling. One of the biggest challenges for the Care Group was access to social care and social workers and the Group was keeping a close eye on that issue. Attempts were being made to arrange a better dialogue with Social Care.
- The Trust was seeing a high level of patients with mental health problems as facilities reduced in the Community.

The Chairman thanked the team for their presentation and wished them success going forwards.

(b) Friends and Family Test (FFT): Update

The Chief Nurse presented the FFT results for November 2014 (copy attached to the Minutes). She highlighted the following key points:

- The Maternity Response Rates were disappointing and had decreased from 21.5% in October 2014 to 10.9% in November 2014. The possible causes from that drop were being investigated but one of the main issues was that maternity patients were being asked four times for their opinion on the Trust's services. So whilst the score for satisfaction of maternity services was very high

confidence in the score was limited because it was based on a low number of returns.

- Accident and Emergency at the Northern General Hospital had a good response rate in line with the national average (18.4%).
- An FFT Co-ordinator had been appointed for 2 days a week and their priorities would be to:
 - work with staff to increase response rates in A&E and inpatient areas in order to achieve the CQUIN
 - improve Maternity Services response rates
 - increase the awareness of FFT to patients, staff and the local community
- The scores showed that the vast majority of patients would recommend the Trust to friends and family.
- Following analysis of A&E FFT comments the top two negative themes were waiting times and staff attitude. An action plan to make improvements would be drawn up and agreed with A&E colleagues.
- Further to discussion at previous Board meetings the Chief Nurse reported that the Trust planned to get in touch with the Design Council regarding A&E joining the Design Council Programme in order to improve patient experience.

(c) Update on the Nursing Workforce and the Monthly Nurse Staffing Report

The Chief Nurse referred to her written reports on the Nursing Workforce and Nurse Staffing Levels (Enclosure D and E) circulated with the agenda papers. She explained that Paper D was an update on the Nursing Workforce and was a 6 monthly report and compared the Trust's current funded establishment against required staffing establishments determined by in the Safer Nursing Care Tool. The second paper (Enclosure E) was the regular monthly Nurse Staffing Report.

She explained that the 6 monthly report (Enclosure D) set out the outcomes of the June 2014 assessment of staffing levels using the Safer Nursing Care Tool (SNCT) and other methodologies to triangulate the results. The key points to note were:

- The report provided an overview of Nurse staffing within ward areas. Although the Chief Nurse emphasised that the report was a snapshot of patients' needs and staffing levels at a point in time and those needs change daily.
- The report also outlined the developments made to the SNCT and set out the recommendations for action.
- The report was scrutinised in depth by the Healthcare Governance Committee in order to identify any trends and areas where there were particular problems. The general rule was that a problem would need to be identified in three consecutive reports for it to be determined a trend and before the Trust would make any significant changes.
- The overall results for the Trust in June 2014 were very favourable and indicated that the authorised funded establishment (AFE) for inpatient beds was 2546.4 Whole Time Equivalents (WTE). The SNCT data suggested that the required AFE was 2549.1 WTE giving a shortfall of 2.67 WTE (0.1%) across the Trust
- The Board of Directors approved an additional investment of £1.5million in April 2014 as part of an ongoing commitment to ensure appropriate staffing levels

continue to be maintained in line with the nurse staffing assessments undertaken.

- Active on-going recruitment was underway to fill vacancies and identified additional posts required. Although the Chief Nurse emphasised the challenges the Trust faced in that area and explained that the Trust's vacancy position changed on a daily basis. She also pointed out that the Trust's retention rates were favourable compared with national rates.

In answer to a question regarding recruiting nurses from overseas, the Chief Nurse explained that that was not a priority for the Trust because overseas nurses' qualifications were not as comprehensive as for UK nurses and it could take as long as 9 months to register a person to work in the UK. She also pointed out that, depending on the country of origin, the retention of overseas nurses was not good. The areas that did better in retaining staff from overseas were those with International Airports e.g. Manchester, London.

In partnership with Sheffield Hallam University the Trust was running a "Return to Practice" Programme to attract former nurses back into the profession. The Trust was attending career fairs, refreshing its internet site and job adverts to ensure that it was seen as an attractive employer.

The Board of Directors **APPROVED** the recommendations set out on Pages 19/20 in the report.

The key points to note from the Monthly Staffing Report (Enclosure E) were:

- For each of the 72 clinical inpatient areas, the optimal number of hours of nursing or midwifery staff time required for day shifts and night shifts had been calculated for the month and the actual fill rate had been recorded.
- Overall the actual fill rate for shifts for Registered Nurses was 95.6% and for other care staff against planned levels was 94.7% during day shifts. Overall the actual fill rate for shifts for Registered Nurses against planned levels was 93.7% during night shifts and for other care staff the actual fill rate was 102.7%.
- The report detailed those areas where there was a variance of greater than 15% between actual fill rates and planned staffing levels. The reasons for the variance were given and any actions being taken were detailed. Some wards flagged up because they had a small workforce.
- The greatest area of concern was Huntsman 6. It was flagging up as a problem on registered nurses on both days and nights. The Chief Nurse reported that it remained challenging to recruit nurses to that area.

The Board of Directors **NOTED** the content of the report and **AGREED** the actions proposed were appropriate to maintain optimal levels of staffing.

STH/285/14

Financial and Operational Performance

(a) **Report from the Director of Finance**

The Director of Finance present his Finance Report (Enclosure F) circulated with the agenda papers and highlighted the following points:

- The difficult national service/financial position in 2014/15.
- The Trust's Month 7 financial position which had not changed significantly from the Month 6 position and the key actions and issues which would determine the ultimate outturn position.

- There were no issues of concern regarding the Trust's balance sheet, working capital or Capital Programme positions at this stage. However, it should be noted that there was recently some press interest in the level of cash balances held by some (generally very large) Foundation Trusts, presumably in the context of the general financial challenges faced within the acute provider sector. The Trust was correctly identified as having balances of £76.2m at 31st March 2014. However, £20m of that was already committed in the Trust's (over-committed) Capital Plan and when other commitments, e.g. Research & Development funding, provisions, etc. were also taken into account, the Trust had around £30m of uncommitted cash balances (which equated to 11 days worth of Trust expenditure. That level of cash balance had been built up over the 10 years of being a Foundation Trust and it had always been felt necessary to have that level of financial resilience given the Trust's responsibilities to staff, patients and suppliers. Monitor's Continuity of Service Risk Rating also required the Trust to have that level of working capital resilience.
- The threats to the Trust's 2015/16 financial position from under-delivery of efficiency plans/unsatisfactory Directorate financial positions.
- On 26th November, 2014 the "2015/16 National Tariff Payment System: A Consultation Notice" issued by Monitor. The key points contained in that appeared to be:
 - A 3.8% National Efficiency Target (a marginal reduction on the 4% in previous years).
 - An increase in the Marginal Rate Emergency Tariff from 30% to 50%.
 - The introduction of a 50% marginal price for Specialised Services activity commissioned by NHS England over 2014/15 contract levels. This matter would be picked up in the January 2015 Finance Report.

The Board of Directors **NOTED**:

- The difficult national service/financial position in 2014/15.
- The Trust's Month 7 financial position and the key actions and issues which would determine the ultimate outturn position.
- The threats to the Trust's 2015/16 financial position from under-delivery of efficiency plans/unsatisfactory Directorate financial positions and the current proposals in the "2015/16 National Tariff Payment System: A Consultation Notice".

(b) Report from the Director of Strategy and Operations:

The Director of Strategy and Operations presented the performance and Activity Report (Enclosure G) circulated with the agenda papers. The key points to note were:

- Accident and Emergency activity was 2.7% above target in October and was 2.2% above for the year to date. In October, 2014, 92.3% of attendances were seen within 4 hours, giving a year to date performance of 95.1%.
- The current position was that the Trust would not achieve the A&E 4-hour wait target in Quarter 3.
- The Trust was hoping to use the Christmas period to try and recalibrate the position in an attempt to start 2015 and Quarter 4 in a better position.
- The cancer targets for Q2 were achieved. The current position for Q3 was that at this stage the target for 62 days for GP referral to treatment was not being met at 82% compared to the target of 85%.

(c) 18 Week Wait Performance

The Director of Strategy and Operations referred to the update on the Trust's 18 Week Wait Performance (Enclosure H) circulated with the agenda papers and highlighted the following points:

- The average waiting time for patients receiving care at the Trust was 8 weeks.
- The Trust continued to meet all the cancer treatment waiting time standards – the prioritisation of those urgent pathways could at times impact on the Trust's 18 week performance in non-cancer, non-urgent diagnoses.
- In October, 2014, the required national waiting time standard for non admitted patients was achieved for the first time this financial year, with 95.2% of patients being seen within 18 weeks (target 95%). That improvement had not yet been achieved for admitted patients where 88.8% were seen within 18 weeks compared to the target of 90%.
- The number of incomplete pathways remained above the national waiting time standards, with 92.5% waiting less than 18 weeks (the target was 92%).
- The Trust had continued to receive more referrals than expected throughout the year so far, and despite that had consistently delivered more inpatient and outpatient activity than target.
- The number of 18 week pathways which had been closed in the second quarter of the year was higher than in the first quarter and that improving trend continued into October 2014.

The Board of Directors **RECEIVED** and **NOTED** the update on the Trust's 18 Week Wait Performance.

STH/286/14

Our Staff

(a) Listening into Action: presentation

The Chief Executive reported that he had now held the 'Big Conversations' events which comprised 8 sessions each lasting 2 hours and were attended by 600 members of staff. He was extremely pleased with the progress so far and the next steps were to:

- hold 2 more Big Conversation events for Hotel Services Staff
- collect all the feedback, collate it and prioritise it into 24 themes for action
- select some "quick wins"
- identify 24 teams to take forward the changes over the next 20 weeks

As part of the communications campaign and the need to harness the staff's enthusiasm and roll it out to other areas, the Communications Department would:

- publicise the results of the 'Pulse Check' in the New Year
- circulate the comments and ideas considered at the Big Events and the selected themes to be taken forward
- explain the reasons why some of the ideas could not be taken forward

A further presentation would be given to the January 2015 meeting which would include the comments raised at the Big Conversations and the results of the Pulse Check.

Action: Andrew Cash

The Board of Directors agreed that it would be extremely interesting to hear from one of the teams identified to work on one of the big projects and arrangements should be made for them to attend a future Board Meeting.

Action: Andrew Cash/Neil Riley

STH/287/14

Deliver excellent research, education and innovation

(a) Research and Development Update

Dr. Peter Sneddon, Clinical Research Office Director, presented an update on Research activities (copy attached to the Minutes). The presentation covered the following areas:

- Implementation the Trust's research Strategy 2015 – 2018 and the Performance and Operating Framework
- Improvements in the Trust's research performance and national rankings – STH was now ranked 15 out of 58 providers.
- Review of the Trust's deliverables as Host of the NIHR Clinical Research Network for Yorkshire and Humber

(b) Yorkshire and Humber Clinical Research Network – 6 Month Accountability Report: presentation

Dr. Caroline Pickstone, Chief Operating Officer CRN, Dr. Alison Layton, Joint Clinical Director, CRN, Dr. Simon Howell, Joint Clinical Director, CRN and Dr. Peter Sneddon, Clinical Research Office Director, were in attendance for this item.

Dr. Simon Howell gave a presentation (copy attached to the minutes) on the work of the Yorkshire and Humber Clinical Research Network (Y&HCRN)

The Chief Executive stated that the key aim was to make sure that the Y&HCRN achieved the performance metrics and improved on the previous year's performance. As the host the Trust was required to performance manage the Y&HCRN and also to make sure that research was embedded into the culture of the organisation.

Alison Layton stated that the Network would welcome any ideas on how they could become more visible within the Trust and to raise the awareness that research was an important part of the organisation.

The aim was to be able to offer all patients to go into an appropriate clinical trial.

Dr. Sneddon pointed out that the Trust's Research Website had been redesigned and the patient's part of it was excellent.

The Chairman thanked the team for an interesting presentation.

(c) University Matters

Professor Weetman presented the joint report from the Universities of Sheffield and Sheffield Hallam (Enclosure I) circulated with the agenda papers. He stated that the Sheffield Hallam report was circulated for information and he highlighted the following topics for the University of Sheffield's report:

- Insigneo - He was delighted to announce that the expression of interest submitted by Professors Jim Wild and Paul Griffiths and their colleagues in

response to a call from the MRC: Enhancing U&K's Clinical Research Capabilities and Technologies had reached the final stage and had been successful. They had been awarded a £10 million grant which was the largest MRC grant received by the University. The grant would allow research and development of technology for clinical lung imaging using state of the art techniques developed in Sheffield to help clinicians identify early signs of lung disease.

- GMC Accreditation Visit - The visit took place on 17th/18th November, 2014 and the initial feedback was that:
 - no requirements had been identified
 - 10 areas of strength had been identified
 - 5 areas were identified which could be improved. One of which was clinical capacity issues and meetings had been arranged with David Throssell, Medical Director, arrange to discuss that matter.
- Professor Weetman would be standing down as Pro-Vice Chancellor at the end of May 2015 after 7 years in the post. A recruitment process for his successor had begun. The University would also be seeking to appoint a new Dean of the School of Dentistry to replace Professor Speight who was to step down in August 2015.

During discussion it was queried where nursing development at Sheffield Hallam was picked up. The Chief Nurse stated that it was included in the Nursing Report and reference was made to the "Return to Practice Programme" and the programme to assist Support Workers to enter nurse training amongst others. It was agreed that Professor Weetman would ask Professor Karen Bryan, Pro Vice-Chancellor and Dean of the Faculty of Health and Wellbeing, Sheffield Hallam to include this and the education agenda in her future reports to the Board.

Action Tony Weetman

Research Outcome Results - Professor Weetman reported that it would be necessary for him to leave the Board meeting early as he was attending a meeting to find out the Research Outcome Results. He hoped that the University would do at least as well as previous results.

STH/288/14

Chief Executive's matters

Dalton Review: Examining new options and opportunities for providers of NHS care

STH/289/14

Chairman and Non-Executive Directors' matters

The Chairman reported that together with the Medical Director and the Assurance Manager he had held a useful meeting with Labour MPs at which they had been briefed them on current issues.

STH/290/14

For Approval/Ratification

(a) Terms of Reference (TOR)

The Assurance Manager reported that the TOR for the Board of Directors and the Board of Directors' Nomination and Remuneration Committee had been reviewed and

updated as part of the housekeeping exercise of governance documents to ensure that they were in line with the 2012 Health and Social Care Act. He also explained that the Fit and Proper Persons Test (FPPT) had come into force at the end of November 2014 as a regulation of the 2012 Health and Social Care Act. The Assistant Chief Executive had started work to understand the implications of the FPPT and it was anticipated that changes would need to be made to the above TOR as well as the Council of Governors TOR.

The Chairman asked that the Nomination and Remuneration Committees of the Board of Directors and Council of Governors were cross referenced in both sets of TOR.

The Board of Directors **APPROVED** the Terms of Reference for the Board of Directors and the Board of Directors' Nomination and Remuneration Committee

STH/291/14

Date and Time of Next Meeting:

The next meeting of the Board of Directors in public would be held on Wednesday 21st January, 2015, in the Board Room, Northern General Hospital at a time to be confirmed.