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Sheffield Teaching Hospitals NHS
NHS Foundation Trust
In hospital and in the community
proud to make a difference

Minutes of the BOARD OF DIRECTORS held on Wednesday 18th February, 2015, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital

PRESENT:	Mr. T. Pedder (Chair)	
	Sir Andrew Cash	Ms. D. Moore
	Professor H. A. Chapman	Mr. J. O'Kane
	Mr. M. Gwilliam	Mr. V. Powell
	Mrs. S. Harrison	Mr. N. Priestley
	Mrs. A. Laban	Dr. D. Throssell
	Ms. K. Major	
IN ATTENDANCE:	Miss S.Coulson (Minutes)	Mr. N. Riley
	Mrs. J. Phelan	
	Ms. P. Brooks (Item STH/32/15)	
	Ms. J. Lowe	
	Ms. J. Fletcher (Item STH/35/15)	
APOLOGIES:	Mr. M. Temple	Professor A. P. Weetman
OBSERVERS:	5 Governors	
	4 members of the public	
	1 Management Trainee	

STH/27/15

Declarations of Interests

No declarations of interest were made.

STH/28/15

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 15th January 2015 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/29/15

Relevant Matter(s) Arising

(a) Prime Minister's Challenge Fund

(STH/22/15) The Chief Executive explained the background and context of the application.

In late 2014, the Joint Provider Executive Board (JPEB) had come together including the Sheffield GP Provider Board, representatives of STH, the other two Sheffield FT's, Sheffield City Council, GP Collaborative and the Voluntary Sector. The Board met on a monthly basis and its aim was to promote integrated care

working with the Commissioning Executive Board to create new models of care and more care in the community.

Its first task was to focus on the Prime Minister's Challenge Fund which was about improving access to NHS services and moving towards a 7-day service 24 hours a day.

The bid focussed on three areas:

- Create extended opening hours for the 87 GP practices in Sheffield and to create three Satellite Units e.g. week days 8.00 am to 6.30 pm; enhanced services would be provided by the Satellite Units from 6.30 pm to 10.00 pm; Weekends 10.00 am to 6.00 pm.

  The satellite units would be set up and run by the four GP provider companies (Rivelin Health, Primary Provider Limited, Central Care Sheffield Ltd, and North Provider Company) and would function collectively and in partnership with the GP Collaborative. The locations of the satellite units had been informed by demand analysis of A&E attendance, Out of Hours data and the Walk in Centre activity, population density, disease prevalence and morbidity.

- Joining up Urgent Care and Out of Hours Care: The "Wrap Around" – This was the area where the Trust's involvement came in. In order to ensure GPs could access services easily and quickly the "wrap around" proposal was to:

  - Access 7 days a week to urgent rehabilitation with the Active Recovery Service
  - Enhance access to the community nursing service 8:00am-10:00pm, 7 days a week
  - Increase investment in the Single Point of Access (SPA) to expand capacity to assess and triage to ensure that GPs can refer patients with a timely response. The current SPA service did not include mental health support and the intention was to test the effectiveness of including it.
  - Develop rapid assessment and social care provision within the Active Recovery Service, including rapid access to social care and voluntary services (including a voluntary out of hours admission prevention service).
  - Develop a rapid primary care response team to support practices in how they deal with calls for urgent home visits and follow up of emergency admission discharges on the same day. This will enable more efficient use of primary care team time within the community providing further appointments and access for patients in hours.
  - Continue support of an on-going pilot to increase access to liaison psychiatry for primary care, with weekend access to consultant psychiatrists and the Older Peoples Weekend Home Treatment Team.
  - Enhance pharmacy service to include out of hours and weekends extended to provide access to health and social care professionals from 8:00-10:00pm seven days a week. This service would link to community pharmacists.

- Better use of technology:

  - Improved information sharing and access to patient clinical information
  - Linking of primary care, social services and mental health records
  - Enhanced patient self-management through Interactive Web based Information and e-Consultation.

The Board and Executive Team had supported the bid. The Chief Executive emphasised that the bid was ambitious but it would take the Trust and health services in Sheffield forward to a different model of care particularly for primary care services. All 87 GP practices in Sheffield were involved and supportive.

The outcome of the bid would be known in the next 4-6 weeks.

During discussion the following points were made:

- It was a good bid and it was important for the Trust to support it. However it was felt that culture change and communication with both practitioners and the general public needed more emphasis. Work on communicating the options to the public needed to start as early as possible whether that was led by the Trust or the Clinical Commissioning Group.

- The new model needed to link to the 5-Year Forward View implementation plan in Sheffield.

- It would also provide the opportunity for the Trust to look at enhancing urgent care provision on the Northern General Hospital site by developing an Urgent Care Centre under the new Helipad site. Work was currently underway on producing a business case for that development which would be presented to the Board in due course.

- Considerable thought needed to be given about how the new model of care would be funded in the future given that the Prime Minister's Fund was for only one year (2015/16). It was important for the Trust to be clear about the recurrent funding position.

- The overriding issue for the Trust was to manage the increasing urgent care admissions.

- The success of better use of Information Technology would be a key part to the success of the plan.

The Board was pleased with progress to date and welcomed a further update in respect of the success of the bid in due course.

STH/30/15

Deliver the best Clinical Outcomes

(a) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report and highlighted the following points:

- Information of Concern

  - Cardiac Surgery Review: The review was commissioned by the Trust in response to an 'Information of Concern' to the Care Quality Commission (CQC). The review being undertaken was comprehensive and the external reviewers had one more day scheduled to visit the Trust and conduct staff interviews. The reviewers would then produce their report in the next four weeks or so.

  - The CQC had contacted the Trust with four additional concerns which had been raised with them directly relating to:

- A&E Department: - concern about the booking-in of ambulance patients, and queries over nurse staffing levels during times of high activity.
- Huntsman Block - query regarding the nurse to patient ratios and the actual staffing levels and any impact or concerns relating to patient safety.
- Raising concerns at work - staff member concerns about how Whistleblowing was addressed within the Trust
- Investigation management - Specific concern regarding a case involving the monitoring and management of clinicians in relation to incident investigation

All reports were currently being investigated and detailed responses would be provided to CQC and a summary provided in the compliance report.

- CQC Preparation - The Trust had been given a Band Five rating in the Intelligent Monitoring process, which was deemed 'low risk'. The following four areas for improvement had been highlighted:

  - PROMs for patients who receive a hip replacement
  - Readmissions following elective surgery
  - Low levels of incident reporting
  - Whistleblowing concerns

  In response to a question regarding how CQC scored 'Information of Concern', the Medical Director explained that it was solely a scoring system relating to the number of concerns the CQC received.

  In terms of Whistleblowing, the Trust would be looking in detail at the Freedom to Speak Up Report published in the last few days which would require the Trust to review its processes and policies. It was noted that, for whatever reason a number of staff had chosen to take their concerns outside the organisation and the reasons for that needed to be considered and addressed.

- CQC Readiness - All the evidence for the key lines of enquiry had now been obtained from Directorates. The data provided would be used to create a heat map describing compliance across the Trust and to identify areas on which the Trust needed to focus. Support had also been gained from the Internal Audit Department to assist with the Mock Inspection planned for the end of March 2015. It was important that staff were supported and properly prepared as inspections would involve up to 80 inspectors and could be intimidating for staff.

- Child Sexual Exploitation (CSE) Services Overview Report - The report was presented to the Healthcare Governance Committee. There was only one recommendation in relation to health services which was being addressed by the NHS Sheffield Clinical Commissioning Group.

  A new investigation into CSE in Rotherham was being carried out and therefore the HCGC would keep this matter on their agenda and would look at the findings of that investigation when available.

- Serious Untoward Incident (SUI) - One SUI had been reported

  Steroid Injection and Imaging to Incorrect Hip - The patient was consented for a left hip steroid injection and was placed on the table by a clinical imaging assistant with the patient's right hip to the side of the table where the consultant

would be working. A Radiographer was called into the room and proceeded to screen the right hip as the consultant injected the local anaesthetic. The Consultant realised the error immediately and informed the patient. An apology was given and permission was obtained to undertake the procedure on the correct hip. The additional radiation dose to the right hip was approximately 24 uSv, the equivalent to four days average natural background radiation. Processes were under review to prevent a recurrence.

The Medical Director reported that the patient had not suffered any harm.

- Thrombosis Committee - As of April, 2014, the VTE risk assessment of adult inpatients was no longer a national CQUIN target. However, as it was clinically extremely important that VTE risk assessments were carried out, and as the requirement for VTE RA was also embedded in the NHS contract for the Trust, it was imperative that the Trust continued to meet the target of 95%. That also applied to the requirement to undertake root-cause analysis of hospital associated thromboses. As of January, 2014, the thrombosis prevention team had undertaken the completion of all root cause analyses which had resulted in an improved return rate as well as an improvement in the quality of returns. Root cause analysis had been extended to patients dying of VTE in the community if they had a recent hospital admission.

  Clinicians now had access to the recommended Warfarin dosage for all patients managed by the STH anticoagulation clinic, as it was now available via the ICE results reporting system.

- Complaints - The overall Trust response time for responding to complaints within 25 working days was 82% in November 2014 which was below the 85% target. Work to improve this performance was ongoing.

STH/31/15

Financial and Operational Performance

(a) Report from Director of Finance

The Director of Finance presented his written report (Enclosure D) circulated with the agenda papers and highlighted the following points:

- 2014/15:

  - There was a deterioration in the Month 9 financial position but the position had remained stable in overall terms over the last 3 months and was only a fraction under where it needed to be in December 2014.
  - The key on-going financial management actions which would determine the ultimate 2014/15 outturn position remained to drive the Efficiency Programme; to progress the work with financially challenged Directorates and secure good general Directorate financial performance; to contain operational and cost pressures; to manage contractual issues and deliver contract targets; to deliver CQUIN schemes; and to maximise contingencies. Maintaining elective activity levels through the winter, minimising contract penalties and securing an “Infrastructure Payment” from NHS England to compensate for inadequate tariffs for the Trust’s most complex work would be crucial to the ultimate outturn position. Discussions with NHS England on that matter were ongoing..
  - January and February 2015 had been difficult months although the January 2015 financial work had still to be completed.

- 2015/16:

  - Internal financial planning for 2015/16 was continuing and Directorate 2nd Cut Plans were submitted at the end of January 2015. They showed schemes to deliver £22.7m of efficiency savings which was better than expected but was still some way short of what was required. Modelling of activity requirements in 2015/16, which was crucial for service and financial planning, had progressed well and showed a further significant increase in workload for the Trust.

  - External issues were a huge concern. Work continued to quantify the implications of the "2015/16 National Tariff Payment System: A Consultation Notice" and other information released regarding 2015/16 financial arrangements. The current assessment was:

    - The 3.8% National Efficiency Target which equated to £24m if the CCG exempts certain community services critical to admission avoidance and effective discharge, and £25m if not.
    - A £3m loss on the tariff movements, effectively on admitted care.
    - The loss on the proposed introduction of a 50% marginal price for Specialised Services activity commissioned by NHS England over 2014/15 contract levels had now been assessed at around £15m based on expected growth in 2015/16, although that was still subject to further assessment with the commissioner.
    - A likely reduction in System Resilience funding of at least £3m compared to the current year.
    - A reduction of £2.6m on Undergraduate Medical Education funding.
    - A continuing failure of tariffs to recognise the very high costs of treating the most complex patients in tertiary hospitals and no progress to-date in securing a compensating "Infrastructure Payment".
    - A potential shortfall of funding within tariffs for inflation and pressures.
    - Potential further contracting losses given the apparent NHS England stance on a number of areas.
    - More penal contract penalties regarding performance targets, e.g. on the A&E 4 Hour target, and rules prohibiting their reinvestment in the Trust.

    Work continued to identify further significant efficiency savings for 2015/16 but the Trust's 2015/16 financial position was looking extremely difficult given the proposals in the "2015/16 National Tariff Payment System: A Consultation Notice", other national decisions and likely commissioner contracting positions.

    The final Tariff details, following the consultation process, had been due to be issued by the end of January 2015. However, as 75% of providers (measured by share of supply) formally objected to the proposed tariff, Monitor was legally required to reassess the position. The objections seemed largely to relate to the 3.8% National Efficiency Target, the 50% marginal payment for specialised services growth and the level of funding for inflation and pressures. The outcome of Monitor's further considerations would not be known for some time but would clearly be critical to the Trust's prospects for 2015/16.

The Director of Finance explained the options that Monitor may take:

- Refer the whole matter to the Markets and Competition Authority.
- Reconsider the tariffs and then go out to formal consultation again, although that would take some months to do. The default position would be to use the 2014/15 tariffs in the interim. The other option emerging was to use a voluntary tariff and although he was not sure how that would work he would support that option.

In answer to a question the Director of Finance estimated that the Trust's deficit could be in the region of £25 - £30 million.

Following discussion the Board:

- **AGREED** that the Trust needed to influence national discussions wherever it could.

- **AGREED** that the Trust would not compromise on quality and performance and must maintain its reputation and do the best for patients.

- **NOTED** the need to finalise the other elements of the 2015/16 Financial Plan which would be presented to the Board in March 2015 for approval.

- **NOTED** the Trust's Month 9 financial position and the key actions and issues which would determine the ultimate outturn position.

- **NOTED** the challenge of delivering further significant efficiency savings in 2015/16; the serious threat to the Trust's 2015/16 financial position from the proposals in the "2015/16 National Tariff Payment System: A Consultation Notice", other national decisions and likely commissioner contracting positions; and the formal objection by providers to the 2015/16 Tariff consultation which required Monitor to reconsider the proposals.

(b) Report from Director of Strategy and Operations

The Director of Strategy and Operations presented the Activity and Access Report (Enclosure E) circulated with the agenda papers and highlighted the following points:

- The Trust achieved the target for non admitted pathways with a performance of 95.6% against the target of 95%. The target for incomplete pathways was also met, achieving 92.7% against the target of 92%.
- The target for 18 week admitted pathways was not met in December 2014 with a performance of 88.8% against a target of 90% although it was an improvement from November's performance of 87.8%.
- New outpatient activity was 7.5% above target in December 2014 and was 6.0% above for the year to date.
- Follow up activity was 1.1% below target in December 2014 and was 0.5% below target for the year to date. That reflected the heightened attention on timely 'first' pathways, but it remained important for Directorates to balance RTT and 'planned' activity for optimal patient care.
- The level of elective inpatient activity was 0.2% below target in December 2014 and 1.3% above for the year to date.
- In December, 2014, there were 90 operations cancelled on the day for non clinical reasons compared to the target of 75. The year to date total was 783

against a target of 675 which equated to 0.85% of all planned operations for the year to date.

- Non elective activity was 4.3% above target in December, 2014, and was 2.6% above for the year to date.
- At any one time in December, 2014, there were on average 43 patients whose discharge from hospital was delayed for non clinical reasons compared to 48 during November, 2014.
- Accident and Emergency activity was 2.8% below target in December, 2014, and was 1.4% above for the year to date. In December, 2014, 84% of attendances were seen within 4 hours, giving a Q3 position of 89.1% and a year to date performance of 93.6%, against a target of 95%. Silver Command was still in operation.
- The cancer targets for Q3 were on track but the position was still very tight for the 62 days for GP referral to treatment target and was not yet finalised.
- There were 2 cases of MRSA reported in December, 2014 both of which had been subject to PIR. The total of Trust-attributed cases was 3 for the year to date.
- There were 5 cases of C Diff in December, 2014, compared to a target of 7, giving a total of 73 for the year to date compared to the target of 70. The annual target was no more than 94 cases.
- The Trust had only experienced a limited amount of Norovirus

The Medical Director reported that in terms of the A&E activity it was still not clear nationally why there had been such a surge of patients presenting with respiratory illnesses during the winter months. He explained the possibility that after the recovery from winter pressures a new and higher baseline for presentations to medical specialties may emerge and this issue had been discussed during the recent Monitor visit to the Trust's Accident and Emergency Department. He also reported that the number of respiratory and flu cases had now dropped dramatically.

The Board reiterated its appreciation to staff in the A&E Department for their hard work during these difficult times.

<u>18 Week Wait Performance</u>

The Director of Strategy and Operations presented the Activity and Access Report (Enclosure F) 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 cancer treatment waiting time standards – the prioritisation of those urgent pathways can at times impact on the Trust's 18 week performance in non-cancer, non-urgent diagnoses.

- In December, 2014, the required national waiting time standard for non admitted patients was achieved for the third consecutive month with 96.6% of patients being seen within 18 weeks (target 95%). The target had not yet been achieved for admitted patients where 88.7% were seen within 18 weeks which was marginally below the target of 90%.

- The number of incomplete pathways remained above the national waiting time standards with 92.7% waiting less than 18 weeks (target was 92%). That was a slight deterioration on the performance of 93% in November, 2014.

- The Trust had continued to receive more referrals than expected throughout the year and despite that had consistently delivered more inpatient and outpatient activity than target.

- The number of 18 week pathways that had been closed in the second quarter of the year was higher than in the first quarter. The number of pathways closed in December, 2014, was lower than in the two previous months bringing the average for Q3 to slightly lower than Q2. However, there was still over 2,000 more pathways closed in December 2014 than in December 2013.

- Good progress was being made particularly in cardiac specialties.

- The Trust was now starting to get into detailed consideration of individual specialties rather than a Trust-wide approach.

Annette Laban reported that a massive amount of work had been undertaken on the 18 weeks performance and there had been huge changes in the way Directorates undertook their business both in terms of culture and processes

STH/32/15

Our Staff

(a) Listening Into Action

Jaki Lowe and Penny Brooks were in attendance.

Jaki Lowe gave a presentation (copy attached to the minutes) which covered the following areas:

- progress to date
- the outcome of the Big Conversations
- the next phase
- the 'Just Do It' Schemes
- Phase 1 LIA Schemes to be delivered over the next 20 weeks.
- 7 Steps to a New Way of Working
- the LiA principles

Key dates for the future were:

- Launch Events on 13th and 16th March 2015
- Pass it On Event - 30th July 2015

Board members were welcome to attend the above events, particularly the Pass it On event and further details would be circulated in due course.

In answer to a question about how LiA integrated with microsystem work being taken forward within the Trust, Jaki Lowe explained that both areas of work were closely linked and complementary and in the course of time could be brought together. The difference was that LiA had a shorter term of 20 weeks to deliver a solution to a problem rather than the whole system approach of the microsystems. She worked closely with Becky Joyce, Service Improvement Director.

The Chairman thanked Jaki Lowe and Penny Brooks for providing the Board with an update on Listening into Action

STH/33/15

Chief Executive's Matters which in the future will include the Integrated Performance Report

The Chief Executive highlighted the following matters:

- The Chief Executive explained that February was a transition month in terms of the new format of agenda for public Board meetings and the former standard items of business relating to nurse staffing, infection control and family and friends results would now be considered in detail by the Healthcare Governance Committee and reported to the Board as part of the Healthcare Governance Summary.

  The Chief Nurse reported that there were no significant concerns to report in relation to nurse staffing, infection control and family and friends results which would be debated in detail at the Healthcare Governance Committee.

- 5-Year Forward View - The Trust was involved in two Vanguard bids which had been submitted on behalf of the Sheffield Health and Care Community and by the Provider Working Together Programme.

- Catering Award - The Trust's Catering Team had received an award in recognition of its ongoing commitment to serving fresh and health food. The Catering Department had won a Bronze Catering Mark under the Soil Association's Food for Life Scheme.

- £2.2 million Research Grant - A team of UK researchers, led by STH, have been awarded a £2.2 million National Institute for Health Research Programme Grant to develop and test new models of care which could dramatically improve the health of patients with cystic fibrosis.

- Freedom to Speak Up Review - The Chief Executive referred to the letter (Enclosure G) he had sent out to Senior Managers/Clinicians summarising the key points from the recently published Freedom to Speak Up Review carried out by Sir Robert Francis over the last seven months into whistleblowing and creating an open culture.

  The key actions for the Trust were:

  - to assess progress in creating and maintaining a culture of safety and learning, ensuring the culture is free from bullying

  - to encourage reflective practice, individually and in teams, as part of everyday practice

  - have a policy and procedure built on good practice (the Trust's current Raising Concerns at Work Policy would be reviewed and amended in light of the new guidance and also to make it a more useful document for staff and managers)

  - talk about and publicly celebrate the raising of concerns

  - ensure staff have formal and informal access to senior leaders.

  - the Chief Executive should appoint a person locally to act as a 'Freedom to speak up guardian'

  - an Executive Director and Non-Executive Director to be nominated as individuals within each organisation who can receive concerns

- a manager in each department to be nominated to receive concerns

- Staff had access to advice and support from an external organisation (e.g., a designated helpline).

The whole purpose was to ensure that the culture within the Trust was right; that it was completely open and honest; encouraged people to raise concerns and to ensure that those any concerns were properly investigated.

The Chairman reported that Annette Laban, as Chair of the Healthcare Governance Committee, had agreed to be the nominated Non Executive Director to receive concerns.

Training for staff at local level was key in order to ensure that staff were aware of how to raise concerns and whistleblowing should be the last resort.

It was **AGREED** that the Chief Executive would bring a paper back to a future Board meeting for further discussion covering the appointments, roll out to staff, how to manage it and staff training.

Action: Andrew Cash

STH/34/15

Chairman and Non-Executive Director Matters

Annette Laban reported that work on the Trust's organ donation activity was progressing well and the Trust was now in a much better place than it was a year ago. The Organ Donation Annual Report would be presented to the Board in due course.

STH/35/15

Providing Patient Centred Services

(a) Clinical Update: Early Pregnancy Services at STH

Joanne Fletcher, Nurse Consultant Gynaecology, gave a presentation on the Early Pregnancy Service and her role as a Nurse Consultant.

The Chairman thanked Joanne for an excellent and interesting presentation on a fantastic service.

STH/36/15

Any Other Business

There were no additional items of business raised.

STH/37/15

Date and Time of Next Meeting

Wednesday 18th March, 2015, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital