



Minutes of the BOARD OF DIRECTORS held on Wednesday 17th June 2015 in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital

PRESENT:

	Mr. T. Pedder (Chair)	
Professor H. A. Chapman		Mr. V. Powell
Mr. M. Gwilliam		Mr. M. Temple
Mrs. S. Harrison		Mr. N. Priestley
Ms. K. Major		Dr. D. Throssell
Mr. J. O'Kane		

IN ATTENDANCE:

Miss S. Coulson (Minutes)		Mrs. J. Phelan
Mr. N. Riley		
Dr. A. Davidson - item STH134/15(a)		

APOLOGIES:

Sir Andrew Cash		Ms. D. Moore
Mrs. A. Laban		Professor A. P. Weetman

OBSERVERS:

9 members of the public/Governors

The Chairman welcomed everyone to the meeting.

STH/131/15

Declarations of Interests

No declarations were made.

STH/132/15

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 20th May, 2015, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

As agreed at the May Board Meeting the Professional Services application to become an Academic Directorate had been circulated with the agenda papers for information

STH/133/15

Matters Arising

(a) **Homecare Medicines**

(STH/109/15) Further to discussions at the May 2015 Board meeting the Medical Director reported that in respect of the purchasing of medicines there were already robust arrangements in place across the region and there would be no additional benefit from including it in the Working Together Programme.

(b) Mental Health

(STH/110/15) Following the notification received from South Yorkshire Police that with effect from 1st October, 2015, they would not accept any child into their cells for mental health problems, the Medical Director reported that discussions regarding what other facilities were available were ongoing through the Crisis Care Concordat both locally and nationally.

The Medical Director stated that the local picture on mental health services reflected the national position.

The Director of Strategy and Operations reported that improved data collection was in place and the Trust was providing the Sheffield Health and Social Care Trust with data about patients with mental health needs who experienced long waits in the Accident and Emergency Department. The Sheffield Health and Social Care Trust would analyse the data and the Director of Strategy and Operations agreed to report back to the Board on the outcome of that exercise in the next 2/3 months.

Action: Kirsten Major/David Throssell

The Medical Director also pointed out that the Care Quality Commission was focusing on liaison psychiatry services, which he emphasised were central to patient flow through the Trust, during their inspections, and also reiterated that there was a need to ensure there was equity of treatment ('parity of esteem') for patients with mental health needs.

STH/134/15

Providing Patient Centred Services:

(a) Clinical Update: Organ Donation

Dr. Andrew Davidson, Clinical Lead for Organ Donation, gave a presentation on deceased organ donation in the Trust (copy attached to these minutes). The key points to note were:

- The Trust's performance on organ donation has steadily improved over the last six years and it was important to continue that momentum.
- There had been a variety of publications over the years which aimed to increase the number of donors the most recent being "Taking Organ Transplantation to 2020".
- There were two types of organ donation:
 - Heart beating donor - donation after brain stem death
 - Controlled non-heart beating donation - donation after cardiac death
- The transplant waiting list had gone down for the first time.
- More patients had undergone transplants and a broader range of patients were now being accepted for renal transplantation than was the case in the early days of this form of renal replacement therapy.
- A significant issue in the UK was obtaining consent. Within STH, and across the UK, Organ Donation Specialist Nurses were increasingly involved in approaching relatives about organ donation as this was considered to be the

best approach as they possessed the appropriate skills and training to communicate with relatives at such a distressing time.

- The news nationally included:
 - ' Deemed Consent' would be law in Wales from December 2015 and Scotland and Ireland were also looking at following suit.
 - A small amount of neonatal donation and brain stem testing had been done.
 - There was improving technology around organ preservation
- Work locally included:
 - The membership of the Donation Committee had been extended to include Governors and the Muslim Chaplain.
 - Working with Communications with regard to the possibility of erecting a Donation Memorial in Sheffield
 - Reviewing the Yorkshire Clinical Lead Organ Donation Team
 - Improving access to theatres and Intensive Care Unit
 - Working more closely with the Cardiac Intensive Care Unit.

During discussion the following points were made:

- One-third of the UK population was on the Organ Donation Register and the consent issue had not changed. Occasions still occurred where families do not consent to organ donation even though the deceased was on the Organ Donation Register and the NHS do not go against the family's wishes.
- In response to a query that the number of consents obtained did not correlate to the number of transplants performed, Dr. Davidson explained that there were a variety of medical reasons why some organ transplantations do not go ahead following obtaining consent.
- The Chairman asked if the Board could be provided with Sheffield specific data re how many patients were on the waiting list for a donor.

Action: David Throssell/Andrew Davidson

The Chairman thanked Dr. Davidson for an interesting and informative presentation.

STH/135/15

Chief Executive's Matters

(a) **Chief Executive's Briefing**

In the absence of the Chief Executive, the Chief Nurse referred to the CEO Briefing (Enclosure A) circulated with the agenda papers and introduced the Integrated Performance Report [IPR] (Appendix 1) and invited each Executive Director to provide updates on their areas of responsibility:

➤ **Deliver the best clinical outcomes**

The Chief Nurse highlighted the following points:

- No cases of MRSA bacteraemia had been recorded for the month of April 2015.
- 7 Trust attributable cases of MSSA bacteraemia were recorded for April 2015 which was worse than the monthly trajectory set by the Trust.
- 2 cases of C.diff were recorded for April 2015 which was better than the monthly threshold of 7.25 cases.

- Safer staffing – overall, the actual fill rate for day shifts for Registered Nurses was 92.5% and for other care staff against the planned levels was 101.8%. At night the fill rates were 90.7% for registered nurses and 104.3% for other care staff. On a number of individual wards the fill rate fell below 85%. The main reasons for that were vacant posts, sickness and parenting leave above the planned level. During April 2015 the actual fill rate for night shifts for Registered Nurses against planned levels across the Trust was lower than previous months and a number of actions were being taken to ensure that wards were appropriately staffed at night.

All the above matters had been discussed in detail by the Healthcare Governance Committee.

The Medical Director highlighted the following points:

- The Care Quality Commission had published their updated Intelligent Monitoring reports and the Trust remained at a positive Band 5 risk rating.
- The Healthcare Governance Committee had reviewed the Medical Equipment Management Group (MEMG) Annual Report. The Group had become much more useful and active in the last five years and its role had been extended into looking at the training of staff in the use of equipment and looking in more detail into any incidents relating to medical equipment.

The Medical Devices Safety Committee (a subgroup of MEMG) had been established to give a focus on incidents involving medical devices in line with recommendations in the Patient Safety Alert from the MHRA and NHS England (reference NHS/PSA/D/2014/006). The MEMG revenue budget had been used to support requirements for standardising basic equipment kits for use in the community and to avoid the purchase of low-cost, sub-standard devices.

- The Trust had 2 never events in April 2015. Both incidents occurred in Ophthalmology and resulted in patients having the incorrect lens implanted whilst undergoing cataract surgery. Both errors were identified whilst the patients were still in theatre and the correct implants were inserted. Full investigations were being undertaken but the initial findings suggest that the errors were due to a systems problem and the Trust would be looking into standardising procedures and the use of IT systems.

➤ Employing caring and cared for staff

The Director of Human Resources highlighted the following points:

- Sickness absence in April 2015 was 4.13% which was above the Trust's target of 4% and also an increase for the same period last year (3.96%).

Directorates who were above the 4% target had been asked to produce action plans and an update would be presented to the Trust Executive Group and Finance, Performance and Workforce Committee in July 2015.

Human Resources were provided support to those Directorates to reduce their level of sickness absence.

- There continued to be a steady increase in the number of appraisals which had been carried out in the preceding 12 month period with the rate at the end of April 2015 standing at 84.3% against a target of 85% for quarter 1.

- There continued to be steady progress in compliance levels for mandatory training with the performance standing at 63.7% as at April 2015. Monthly summits, chaired by the Chief Executive, continued to take place with regard to both appraisals and mandatory training.
- Staff Friends and Family Test (SFFT) - Quarter 4 results indicated that 89% of staff would recommend STH as a place to receive care or treatment; 74% of staff would recommend STH as a place to work. Those figures were similar to those for Quarters 1 and 2. As SFFT was a red indicator it was the subject of a deep dive topic (detailed on Pages 23/24 of the Report).

NHS England had recognised STH as an exemplar site of good practice for the way it had approached and implemented SFFT and Trust staff had given talks and presentations to other organisations on how to get the best results.

During discussion the following points were made:

- The Chairman asked about the Trust's expenditure on agency staff. The Director of Human Resources stated that the expenditure on agency staff had increased by £7million in 2014/15 compared to the previous year (£28 million) mainly due to the IT Programme. He was in the process of presenting a paper to the Trust Executive Group setting out proposals to reduce agency spend and putting control measures in place. He also stated that the level of the Trust's expenditure on agency staff compared with other Shelford organisations.

The three main reasons for employing agency staff were recruitment gaps, sickness and activity levels.

- Shirley Harrison asked whether the Trust could encourage part time staff to work more hours in order to provide cover. The Chief Nurse explained that the Trust employed very little agency nursing staff as it used NHS Professionals (who run the Trust's own Nurse Bank) and many of the staff on their books already worked for the Trust. It was also noted that staff employed through NHS Professionals were paid at the same rate as Trust staff.

The Medical Director reported that the Trust also had its own locum bank for medical staff.

➤ Spend public money wisely

The Director of Finance highlighted the following points:

- The position at Month 1 was not good news and showed a £1,042.1k (1.3%) deficit against plan. There was an activity under-performance of £0.7m, largely in respect of elective activity (despite the number of spells being higher than plan) and a significantly larger than expected deduction for emergency readmissions within 30 days.
- There was a pay overspend of £1.6m in April 2015 and a £0.8m under delivery against efficiency plans.
- Overall, Clinical Directorates reported positions £1.56m worse than their plans.
- Patient Service contracts were now largely agreed.
- Key risks for 2015/16 were contract challenges, performance penalties, delivery of the Local Quality Incentive Schemes, delivery of

activity/efficiency/financial plans, service/cost pressures and consequences of the T3 Electronic Patient Record project.

The Director of Finance stated that, whilst the April 2015 deficit represented an unsatisfactory position, it would be unwise to draw too many conclusions from one month of results. However, it did reinforce the view that 2015/16 would be a challenging year financially

➤ Provide patient-centred services

The Chief Nurse highlighted the following points:

- Friends and Family Test response rate for inpatient in April 2015 was 32%.
- Friends and Family Test response rate for A&E in April 2015 was 22%
- 81% of complaints were responded to within 25 working days. A significant amount of work was ongoing to improve the complaints performance which included:
 - a review of the existing complaints processes
 - a pilot project to trial new ways of working and improve complaint responses was due to commence from May 2015.
 - the Deputy Chief Nurse was monitoring performance in the Emergency Care Group to ensure improved performance

The Director of Strategy and Operations highlighted the following points:

- Accident and Emergency activity was slightly above target at 0.7% in April 2015.
- In April, 2015, 93.2% of patients attending A&E were seen within 4 hours compared to the target of 95%. The target had not been met for the last 6 months and more information was set out in the exception report on Page 14 of the report. However, since the April 2015 data, there had been an improvement and as of that morning performance was 94.89% for Quarter 2. In order to achieve 95% for Quarter 2, the Trust could have no more than 15 breaches per day until the end of June 2015.
- NHS England and Monitor visited the Trust on Tuesday 16th June 2015. She felt that they had left reassured. The biggest issue was admissions and the balance between admission and discharges.
- The "Give it a Go Week" had been extremely encouraging and liberating for staff and 30 projects were being tested out. One project in particular was making a big difference to Accident and Emergency and that was that six beds in the Assessment Unit had been taken out and replaced with chairs. That change enabled patients referred by GP's to go straight to the Assessment Unit without the need to go through Accident and Emergency.
- The performance against the 18 week RTT targets was the same as in previous months, with the target being met for both non admitted (96.9%) and incomplete pathways (93.6%). However, the target for admitted was not met at 85.3% compared to the target of 90%. The plan was still to achieve organisational compliance from 1st July 2015. Orthopaedics and General Surgery Directorates remained a challenge

and the ongoing recovery plan for Cardiology and Cardiac Surgery continued to be implemented and was on trajectory.

The Trust had received a letter from Simon Stevens, CEO of NHS England, regarding waiting times and changes in national targets. In summary the admitted and non admitted targets would be dropped and the only measure would be the incomplete pathways. The Director of Strategy and Operations stated that in experience the "devil was in the detail" and further guidance on the changes was awaited.

- In April, 2015, three patients waited longer than 52 weeks for their treatment in the specialities of Colorectal, ENT and Urology. More details were provided in the exception report. Detailed reports have been provided and action was being taken. There had been no adverse affect by the long waiting time on the outcome or prognosis for those patients.
- The cancer targets for Q1 were on track apart from for the 62 days for GP referral to treatment target and the 31 day target for subsequent treatment which was the subject of a deep dive the details of which were set out on Pages 21/22 of the report and would be discussed by the Healthcare Governance Committee.

The Chairman asked about outpatient attendances and what the position was with regard to the review of the Outpatient Department. The Medical Director reported that the review was on going with Service Improvement. There had been a number of initial proposals about reconfiguration of the Outpatient Department and standardisation some of which were major and were still under review.

The Chief Nurse reported on the following matters:

- Savile Investigation - Each provider organisation was asked to consider the Savile report and produce an action plan against the relevant recommendations. An action plan (set out at Appendix 2 of the IPR) had been developed and approved by the Trust Executive Group and submitted to Monitor with copies provided to the Care Quality Commission and Sheffield Clinical Commissioning Group. Overall the action plan provided strong assurance of the Trust's arrangements for those matters.
- Huntsman Entrance Renovation - The main entrance of the Huntsman building was undergoing a redevelopment to improve the services it provided to patients. Every effort was being made to manage the disruption to services. The project consisted of two main elements, an extension (including new retail facilities) and makeover to the main entrance and also a complete reconfiguration of the approach to the building. The project was scheduled to be completed in November 2015.
- Ministerial Appointments - Following the reappointment of Jeremy Hunt as Secretary of State for Health the Prime Minister had also appointed Alistair Burt as the new Minister of State for the Department of Health with Ben Gummer being appointed as Parliamentary Under-Secretary of State for Health.

(b) Assessment of the Data Quality of Trust Performance Indicators

The Director of Strategy and Operations referred to Enclosure E circulated with the agenda papers which provided details of the proposed approach to a more robust systematic assessment of the quality of the data that underpins the Integrated Performance Report. The key points to note were:

- It was important that the Board assured itself that the data it saw was of a high quality.
- The Trust had recently completed a baseline assessment of the Trust's Data Quality Framework. The review was carried out by Internal Audit and contained a number of recommendations with one being to review the existing Data Quality Policy. The new policy would emphasise that ensuring good data quality was everyone's business and departments would be expected to have standard procedures for the collection, validation and entry of data. The policy would be circulated for comments during July 2015 and be presented to the Board in September 2015 for ratification.

Action: Kirsten Major

The new policy would set out the need for the data quality of performance indicators to be assessed on an annual basis and reviewed every 6 months. The first assessment would be presented to the Board in October 2015.

STH/136/15

Deliver excellent research, education and innovation

(a) Research and Development Activities

Dr. Peter Sneddon, Clinical Research Office Director, was in attendance and gave a presentation (copy attached to the Minutes) which covered the following three areas:

- Implementation of the Trust's Research Strategy
- Where the Trust stood in terms of its performance in the national metrics
- How the Yorkshire and Humber Clinical Research Network was performing in terms of the national metrics.

The key points to note from the presentation were:

- The overall aim of the strategy was to increase the quantity, quality and impact of clinical research so that it was viewed as essential and valued activity by all members of the organisation and the wider Sheffield community. Implementation of the strategy was progressing well as was the creation of a Clinical Research Academy led by John Nicholls at SCHaRR. STH was supporting the Academy by funding up to 5 fellows with 2 PAs each. The first Fellows (up to 10) would be selected during June/July 2015. Thereafter there would be a further round of calls for application in 2016. The aim was to develop Sheffield as a real centre of expertise and knowledge.

Dr. Sneddon would report back on the outcome of the interviews at his next update to the Board.

The Medical Director reported that some of the appointments made could be from non-Academic Directorates.

- Each Academic Directorate has been asked to produce a research strategy and to specify what they would be contributing to the Trust in terms of research. The plans, which would be tracked by the Clinical Research Office, would provide the Trust with an insight of where its strengths and weakness lay.
- The Trust currently had 13 Academic Directorates which provided 80-90% of the Trust's research output. The next part of the exercise was to look at the performance of the other Directorates who had not applied to be Academic Directorates to understand better their prospective contribution.

Martin Temple asked if the objective was for all the Trust's 27 Clinical Directorates to be Academic Directorates. Dr. Sneddon responded that all patients in the NHS had the right to have research available to them. However the Trust needed to strike a balance between trying to provide good research for all patients against concentrating on those areas where it had internationally renowned researchers.

Shirley Harrison queried why some Directorates such as Oral and Dental had a large number of researchers and brought in very little income into the Trust. Dr. Sneddon stated that now that the Research Office had a better picture of the Trust's performance across Directorates and was now in its second year it would begin asking Directorates difficult questions about their performance and pushing them to improve their performance.

- Overall the Trust had a good performance against the national metrics in 2014/15 and all key metrics continued to improve. STH recruited 7786 (98% of its target) patients to clinical trials and currently met the 70 day Benchmark for 92% of trials (national target 80%). On that performance the Trust would not incur any financial penalties for 2014/15.

Performance and Operating Framework metrics were important as they determined the funding allocation from NIHR Clinical Research Network, RCF and commercial partners.

- Yorkshire and Humber Clinical Research Network (YHCRN) performance against the national metrics overall was good but it needed to improve. Areas for improvement included:
 - The YHCRN needed to address the variation in the performance of the 22 partners. Dr. Sneddon stated that he was pushing for a performance led model to make sure that funding followed performance.
 - The YHCRN needed a much clearer Research Strategy particularly in some key clinical specialties.

In response to a query whether STH as host could drop a poor performing partner, Dr. Sneddon explained that was not possible as partners were determined by the NIHR nationally under a contract.

The Chairman thanked Dr. Sneddon for providing the Board with an update on Research activities.

STH/137/15

Chairman and Non-Executive Director Matters

The Chairman reported that Vic Powell's and Shirley Harrison's terms of office came to an end on 30th June 2015 and he thanked them for their huge contribution to the Trust over many years.

As a consequence of their departure, the Chairman had asked Martin Temple to chair the Finance, Performance and Workforce Committee and Annette Laban to take up the roles of Vice Chair and Senior Independent Director.

Shirley Harrison had attended the supportive and palliative care conference and had entered a poster in a competition and had won a prize.

John O'Kane highlighted the report in the Yorkshire Post that Rachel Cutting, Principal Embryologist, had received an MBE in the Queen's Birthday Honours List.

STH/138/15

For Approval

(a) **Common Seal**

The Board of Directors **APPROVED** the affixing of the common seal to the following contract:

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and T & C Williams (Building) Ltd for works at the Northern General Hospital to refurbish the Osborn Spinal Injuries Unit (Contract Value: £636,971.69 and forms part of the 2013/14 Capital Programme)

STH/139/15

Any Other Business

There were no additional items of business.

STH/140/15

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 15th July, 2015, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital