



Minutes of the BOARD OF DIRECTORS held on Wednesday 15th July 2015 in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. T. Pedder (Chair)

Sir Andrew Cash	Ms. D. Moore
Professor H. A. Chapman	Mr. V. Powell
Mr. M. Gwilliam	Mr. M. Temple
Mrs. S. Harrison	Mr. N. Priestley
Mrs. A. Laban	Dr. D. Throssell
Ms. K. Major	Professor A. P. Weetman
Mr. J. O'Kane	

IN ATTENDANCE: Miss S. Coulson (Minutes) Mrs. J. Phelan
Mr. N. Riley

Ms. E. Cotton	} STH/158/15(a)
Ms. G. Meek	
Ms. J. Sessions	
Mrs. E. Wilson	

OBSERVERS: 2 Governors

The Chairman welcomed everyone to the meeting.

STH/155/15

Declarations of Interests

No declarations were made.

STH/156/15

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 17th June, 2015, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/157/15

Matters Arising

(a) **Organ Donation**

(STH/134/15(a)) Further to discussions at the June 2015 Meeting, the Medical Director referred to two graphs (copies attached to the Minutes) which showed the national position in terms of the organ donation and Sheffield's position. The key points to note were:

- Overall across the country there were 8450 adult patients on the kidney transplant waiting list and that number had declined over the last five years.
- The waiting list in Sheffield had remained steady over the last nine years

- There were 269 patients currently on the kidney transplant waiting list in Sheffield.
- 77 kidney transplants were performed in Sheffield in the last calendar year which as a proportion of the whole was a good performance and represented a very significant increase on the historical transplant rate, which had at times, struggled to meet the national minimum required number of 50 per year.

(b) Mental Health

(STH/133/15(b)) The Medical Director reported that there was still some concern about the provision of appropriate alternative facilities within the timescale. Sheffield Health and Social Care Trust were working on setting up a mechanism to keep patients safe.

The Crisis Care Concordat was being used to co-ordinate planning between the various agencies involved and there was good engagement from all interested parties. The Clinical Commissioning Group had set up a workstream to examine and improve liaison psychiatry services and the first meeting of the group charged with taking this forward was to be held in the coming week.

The Medical Director reported that as from April 2016 (Under Section 136) no adults with mental health problems would be housed in police cells as a 'place of safety' and that would be much bigger issue for the Trust. The current change related to people under 18 which was only about 10 people per year across Sheffield.

(c) Monitor Visit

(STH/135/15(a)) The Director of Finance reported that as yet no formal feedback had been received. However, the informal feedback was that Monitor would not be suggesting that the Trust change its plans for 2015/16. The general view received from the Monitor representatives was that they had been well looked after and supported through the visit and had been provided with good information and there had been good engagement from staff and that they were fairly comfortable with matters.

He was not sure if the Trust would receive any formal feedback on the visit but it would receive formal feedback on its Financial Plan submitted to Monitor which may also pick up the outcome of the visit.

It was not clear at the present time whether the Trust would receive a follow up visit.

STH/158/15

Providing Patient Centred Services

(a) Clinical Update: Hydration Nutrition Assurance Toolkit

Ms. Gill Meek, Nurse Director (Surgical Services), Ms. Elaine Cotton, Head of Dietetics, Ms. Jo Session, HANAT Implementer, and Mrs. E. Wilson, Head of Catering were present for this item and gave a presentation (copy attached to the minutes) on the importance of good nutrition and hydration in the care of patients. The key points to note were:

- Nutrition and hydration are key elements in the care of patients in hospital as well as in the community. Getting those aspects right was right for patients and

contributed to their recovery and when it was wrong it was a theme of complaints.

- Malnutrition was an increasing problem and cost the NHS £13 billion per annum. The costs were mainly due to prolonged length of stay in hospital.
- Work was taking place across all disciplines to ensure high standards of nutrition and hydration care across the Trust.
- The team assured the Board that nutrition and hydration was one of the Trust's top priorities and they were working together to make it happen.
- Nutrition and hydration was everyone's business and was often very complex.
- The establishment of the Nutrition Steering Group 8/9 years ago in response to the NICE Guidance on Nutrition in Adults brought together all the various experts. The Group provided a multidisciplinary approach, strategic direction, leadership and approved specific issues relation to nutrition and hydration for patients.
- In 2006 NICE published the guidance "Nutrition Support in Adults" following which quality standards were introduced across the Trust.
- Nutrition and hydration was included in the Care Quality Commission Key Lines of Enquiry.
- At the end of 2014, the Trust launched the Hydration and Nutrition Assurance Toolkit" (HANAT) which covered all aspects of nutrition and hydration and had been designed to assist ward staff. Its use was mandatory in all STH inpatient areas and the emphasis was on sharing good practice across the organisation.

Currently 46/68 wards were working with HANAT and work was continuing to roll it out further. Regular audits were undertaken.

82 Nutrition Champions had been recruited across the organisation from a wide range of staff groups.

- The Catering Department hold quarterly food management meetings to which clinical staff, nursing staff, therapy staff, domestic services staff and ward housekeepers were invited to attend to discuss food related matters such as standards of service on the wards, issues that appeared on the HANAT audits and in patient complaints. Food tasting sessions were also held involving ward staff and patients.

In January 2015 the Trust's Catering Department achieved the Food for Life Catering Bronze Award.

- The team was committed to delivering the nutrition and hydration agenda and good progress was being made and already practices were changing.

During discussion the following points were covered:

- A period of sickness had resulted in a delay in the rolling out of HANAT but that work was now progressing well.
- It was suggested that the name of the Central Production Unit should be changed to one that better reflected its role and contribution.

- It was noted that the Catering Department provided 5000 meals per day.
- Concerns were raised about what happened to patients' nutrition and hydration needs on discharge from hospital, It was noted that any nutrition issues were highlighted on the patient's discharge letter.
- How did wards manage relatives bringing in food for patients? It was acknowledged that that practice did happen and sometimes a decision had to be made that if it was the only food a patient would eat a balanced risk based decision had to be made. However it was noted that the Catering Department were extremely helpful and provided bespoke menus on request. Ultimately the Ward Sister/Charge Nurse was responsible and should be aware of the nutrition and hydration needs of the patients on the ward.
- It was suggested that it was as equally important to have a programme around Healthy Eating for Staff/Eating for Health which would obviously be different from the approach for patients.
- The Board queried whether the hospital recorded delayed discharges as a result of nutrition and hydration issues. The Medical Director explained that in very few cases was the delay due solely to nutrition and hydration issues and therefore it would be difficult to isolate that from the data.
- In response to a question of whether the Trust could learn lessons for any other organisations, the Chief Nurse explained that STH was ahead of most other organisations in this area and was a role model Trust. STH was the only Trust using HANAT which had been developed by staff so that it worked for them. There was also an opportunity to share HANAT nationwide.

The Chairman thanked the Team for an extremely good and interesting presentation and wished them well.

STH/159/15

Chief Executive's Matters

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

- It had been a very busy start to 2015/16 and the month 2 financial position was showing a deficit of £2,975.7k against plan and therefore in Quarter 2 focus would be on getting that back on track as well as concentrating on T3 implementation.
- The Trust had received notification that it would be inspected by the CQC on 8th December 2015 over a 4-day period. The lead inspector had been identified as Carolyn Jenkinson although the Chair had not yet been named. The Chief Executive reported that he had had an initial conversation with Carolyn Jenkinson.

The Medical Director and Chief Nurse were the lead Executive Directors for the visit and would be meeting with Carolyn Jenkinson and Sandi Carman, Head of Patient and Healthcare Governance to agree a programme for the visit.

Non Executive Directors would be required to be involved in the process at some point and it was thought it would be most likely to be on the first day.

Clarity would be sought on whether the visit would include community services or whether they would be inspected separately.

The CQC report on the Rotherham Foundation Trust was now published and would be discussed at the Healthcare Governance Committee.

- The Sheffield CCG had appointed Maddy Ruff to the post of Accountable Officer. She was currently the Managing Director of the Commissioning Support Unit for Yorkshire and Humber.
- The "Give it a Go Week" in June 2015 had been a success and some extremely good work and ideas had emerged. Another initiative "Right Good Week" would be held week commencing 10th August 2015. Some of the recommendations coming out of the 4 groups set up would be trialled during the "Right Good Week" and throughout Quarter 2.

The communication across the Trust had been extremely good and 4000 staff had accessed it. In particular, staff had found the videos really interesting and helpful.

A further report would be provided to the Board in September/October 2015.

Action: Andrew Cash

- With effect from Monday 6th July 2015, and in line with one of the key recommendations of the Francis Report, all patients would have the name of their Consultant and Lead Nurse displayed above their beds.
- The Trust had won a national HSJ Patient Safety Award for Improving Safety in Medicine Management.
- Congratulations were extended to the Chief Nurse who had been named in the HSJ top 100 Clinical Leaders list.
- The Trust had been named as one of the top 40 NHS acute trusts to work for in the HSJ Best Places to Work awards.
- Candace Imison and Tony Buckham had been appointed as Non Executive Directors and would take up their appointments on 1st September 2015.

Candace Imison was currently the Director of Health Strategy for Nuffield Institute and Non Executive Director of Kingston upon Thames Hospital. She therefore fulfilled the Trust's criteria of appointing someone with health innovation experience.

Tony Buckham has recently retired from HSBC where his particular area of expertise was Information Technology and he was Head of their World Wide Property Portfolio and therefore fulfilled the Trust's criteria of someone with "commercial acumen".

The Chairman referred to the recent media about Sheffield GP surgeries being under pressure with regard to changing in funding processes and whether that would impact on the Trust. The Director of Strategy and Operations briefly explained that two things were happening. The GMS contract was phasing out of Minimum Practice Income Guarantee (MPIG) which was likely to result in a loss of income for some GP practices and there were also changes to the Personal Medical Services contract. The funding released by the changes (£2.8m per year) would be allocated to the Sheffield CCG for redistribution to GP services across the city. At the moment it was not impacting on the Trust but the issue would be monitored closely

The Director of Strategy and Operations agreed to circulate to members copy of a briefing paper that the CCG had produced.

Action: Kirsten Major

The Chief Executive introduced the Integrated Performance Report (Appendix 1) and invited each Executive Director to provide updates on their areas of responsibility:

➤ Deliver the best Clinical Outcomes

The Medical Director highlighted the following points:

- Mental Health Matters - In addition to the CQC inspection of the Trust regarding the management of patients suffering with mental health conditions, Internal Audit had carried out a review to assess the Trust compliance with the CQC Action Plan and to identify any additional areas for improvement.

The Law Commission had published a consultation document on the law concerning mental capacity and deprivation of liberty. The Trust would work through the relevant parts of the document and respond.

- Patient incidents, concerns, claims and inquests have been reviewed from the entries made on to the Datix database during the six months from October 2014 to March 2015. Two themes were identified in the review:
 - difference between practices in theatres about the placement of throat packs.
 - problems with making follow up appointments

Procedures and processes for the above areas have been tightened up so that there was a more consistent approach to both practices.

- Resuscitation Trolley - A third audit cycle had been undertaken on resuscitation trolleys in May/June 2015 and 30 trolleys were re-audited. The audit found that there were improvements in some areas. However the daily checks of the defibrillator remained low and it was identified that 20 clinical areas still needed to improve compliance with the procedures required. The results of the audit had been discussed in detail by the Healthcare Governance Committee who had requested further action to address the checking of resuscitation trolleys.

The Medical Director reported that at the Royal Hallamshire Hospital a second trolley was always brought to the ward/department.

The Medical Director stated that whilst the results of the audit were disappointing they key issue was not about the quality of the equipment on the trolleys but about the checking and documentation processes.

- Quarterly Mortality Report - The SHMI and HSMR remained as expected.
- Two Serious Incident Reports were not sent to the CCG in the 60-day timeframe which was due to the complexity of the cases.
- The backlog of incidents awaiting approval on the Datix System was being addressed. All Directorates had been asked to produce action plans with timescales of how they plan to get back on track.

The Chief Nurse highlighted the following items:

- There was a sound performance on infection control in May 2015 (Zero cases of MRSA recorded; 2 cases of MSSA; 7 cases of C.diff).

The Chairman asked if the Trust had stood down in terms of Ebola. The Medical Director confirmed that the Trust had stood down from a higher alert position but all facilities remained in place and, if required, could be fully enabled without difficulty.

- Safer staffing: Overall, the actual fill rate for day shifts for Registered Nurses was 92.7% and for other care staff against the planned levels was 102.9%. At night these fill rates were 89.9% for registered nurses and 107.6% for other care staff. On a number of individual wards the fill rate fell below 85% and the main reasons for this were vacant posts and sickness and parenting leave above the planned level. The fill rates for Registered Nurses at night continued to be carefully monitored.

The Trust had received 223 applications from Student Nurses due to qualify in September 2015 and the assessment centres for those potential staff nurses took place at the end of June 2015. The outcome was that there were 138 student nurses who wanted to work at STH and 136 achieved the necessary standard to work at STH. .

The Trust was also working with NHS Professionals on a scheme to recruit up to 50 Spanish nurses to work for a year on a bank only contract.

➤ Provide Patient Centred Services

The Chief Nurse highlighted the following points:

- The Trust failed to achieve the internal response rate target for Friends and Family Test for inpatients but met the target for A&E in May 2015 and anticipated better results in June 2015.
- 70% of complaints were answered within 25 days compared to the target of 85%.

The Director of Strategy and Development highlighted the following points:

- New outpatient activity was on target in May 2015 and was 0.9% below target for the year to date. Follow up activity was 2.4% below target in May and was 0.5% below for the year to date
- The level of elective inpatient activity was 2.9% above target in May and was 2.4% above for the year to date. On elective activity was 1.0% below target in May and was 0.2% above for the year to date.
- Accident and Emergency activity was 1.7% below target in May and was 0.4% below for the year to date.
- At any one time, there were, on average, 49 patients whose discharge from hospital was delayed for non clinical reasons compared to 41 during April 2015.
- The 18 week RTT target for admitted pathways was not met in May 2015 with 87.4% being seen within 18 weeks compared to the target of 90%. That was an

improvement of the position in April 2015 of 85.3%. The 18 week RTT targets for non admitted pathways at 97.2% and incomplete pathways at 94.5% were met.

- Two patients waited for longer than 52 weeks for treatment (one in Cardiology and one in Orthopaedics). Both patients had now had their treatment.
- The target that 99% of patients requiring a diagnostic test should be seen within 6 weeks was met in May 2015.
- There were 88 operations cancelled on the day for non clinical reasons compared to the target of 75.
- The percentage of outpatient appointments that were cancelled by the hospital or by the patient remained above the national average.
- The percentage of outpatient appointments booked through the e-referrals service (formerly Choose & Book) remained similar to last month at 24%.

➤ **Employ Caring and Cared for Staff**

The Director of Human Resources highlighted the following points:

- Sickness absence in May 2015 was 4.18% against a target of 4%. This figure compared with 3.79% for the same period in the preceding year. The year to date figure was also 4.18% compared with 3.87% for the same period the preceding year. 20 Directorates were currently above target. Directorates with absence rates above 4% had been asked to produce action plans.

The Board suggested that the Trust should send out a simple message across the Trust stating the level of sickness absence and the associated cost to the organisation.

Action: Mark Gwilliam/Julie Phelan

- The number of appraisals which had been carried out in the preceding 12 month period appeared to have stabilised with the rate at the end of April 2015 standing at 84.2% against the quarter 1 target of 85%. 18 Directorates were currently above target.
- There continued to be steady progress in compliance levels for mandatory training with the figure of 66.9% as at May 2015 with 17 directorates above target. Monthly summits chaired by the Chief Executive continued to take place with regard to both appraisals and mandatory training.

The Director of Human Resources stated that the Trust had set a target of achieving 90% by Quarter 2 and pointed out that it was never feasible to achieve 100% given that some staff would be absent due to sickness etc.

- Staff FFT results for quarter 1 of 2015/16 - 89% of staff would recommend STH as a place to receive care; 69% of staff would recommend STH as a place to work. Both of these figures are higher than last year for this quarter (87% and 67% respectively). The response rate was 35%, an increase from 27% for the same period last year.

➤ **Spending Public Money Wisely:**

The Director of Finance highlighted the following points:

- The month 2 position was disappointing and showed a £2,974.7k (1.9%) deficit against plan. Whilst it was still relatively early in the year, the Month 2 position was of considerable concern and action was required to improve delivery of activity, efficiency and financial plans and to mitigate risks and maximise contingencies.
- There was a significant activity under-performance of £1.9m, largely in respect of elective activity, out-patients, critical care and a significantly larger than expected deduction for the MRET and emergency readmissions within 30 days.
- There was a pay overspend of £2.2m (2.2%) in the first 2 months of the year and a £1.5m under delivery against efficiency plans.
- Overall, Clinical Directorates reported positions £2.5m worse than their plans.
- Patient Service contract with the CCG had been signed and the contract with NHS England was close to being signed but there discussions around SABR were ongoing.

The Trust had recently been informed that the Sheffield City Council were seeking to reduce the sexual health contract by £400,000 as a consequence of £200m being removed from the public health budget nationally. The Chief Executive would discuss this matter with John Mothersole, CEO of the Sheffield City Council as a matter of urgency.

The Director of Finance reported that together with the Director of Strategy and Operations he had met with the Clinical Lead and Manager of the sexual health service to discuss the matter.

The Medical Director stated that it was a serious concern from a public health perspective.

- Key risks for the year 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.
- There were no issues of concern at this stage in respect of the working capital position, balance sheet or capital programme.

The Director of Strategy referred to the deep dive topic of “Choose and Book (CAB) Utilisation” and highlighted the following points:

- Sheffield was a low user of CAB.
- In 2013, NHS England took the decision to replace CAB with a new booking system, the e-Referral Service, with the aim of making all referrals electronic by 2018. In preparation for that, STH established a joint project with the CCG to improve the usage of CAB across Sheffield.
- The e-Referral Service went live on 15th June 2015 but unfortunately a number of issues post going live had been experienced. However work was taking place to resolve those problems and there were opportunities for improvement.

This was a particular problem for the MSK Project, the start of which had been delayed until September 2015.

- At some point the Trust would stop accepting paper referrals and the intention was to abolish the use of fax machines.

During discussion the following points were made:

- The Sheffield CCG need to pick up this matter as a matter of urgency.
- The existence of the CAB system needs to be publicised more to patients so that they can apply pressure on their GP's to use the system in order to book appointments around their availability in real time.
- CAB worked well in Barnsley.

STH/160/15

Deliver excellent research, education and innovation

(a) University Matters

Professor Tony Weetman presented the reports from the University of Sheffield and Sheffield Hallam University and highlighted the following points:

- Tooke Review – the merger of 4 Medical School Departments (Cardiovascular Sciences, Infection and Immunity, Oncology and Human Metablism) into two larger departments had been approved by Senate and Council. Head of Departments would be appointed by the end of July 201 and the new Departments would commence in September 2015.
- The new Faculty Director of Engagement and Development had met with the Chief Nurse and other colleagues to discuss the long term needs of the Trust and how it could make use of the expertise available within the University across all Faculties.
- Genomic Medicine Centre– The Yorkshire and Humber bid for a Genomic Medicine Centre would be submitted in the next few months. Dr. Andrew Jack, Interim Director, felt that the outcome was looking positive.
- Professor Weetman's term as Faculty Pro Vice Chancellor had been extended to March 2016 and therefore he would also remain as a Non Executive Director until that time. Further interview for a new Faculty Pro vice Chancellor would be held later in the year.
- Professor Chris Deery (Professor of Paediatric Dentistry) had been appointed as Dean of the School of Clinical Dentistry with effect from August 2015.

STH/161/15

Employ caring and cared for staff

(a) Workforce Race Equality Standard (WRES)

The Director of Human Resources referred to his paper (Enclosure D) circulated with the agenda papers regarding the WRES which was taken as read and which had been discussed in detail at the Finance, Performance and Workforce Committee.

The Chairman reported that Dawn Moore had been nominated as the Non Executive Director to oversee WRES.

STH/162/15

Spend Public Money Wisely

(a) 5 Year Capital Plan and Capital Programme

The Director of Finance referred to the update of the 5 Year Capital Programme (Enclosure E) and highlighted the following points:

- The Capital Programme remained manageable for 2015/16 but the 5 Year Plan then moved into a potentially significant over committed position for 2016/17.
- That over-committed position could be exacerbated if new schemes and priorities exceed the current planning assumptions over the five year period.
- Funding solutions for future years needed to be found if levels of capital investment were not to be reduced.
- Key influences on the 2015/16 outturn position would be the T3 Programme, progression of major medical equipment schemes and decisions on potential IT infrastructure and Theatre developments.
- Capital planning/prioritisation and scheme “value engineering” continued to be crucial in securing maximum value for money from limited resources.
- The Capital Programme included a number of high priority schemes which had recently received approval including:
 - GP Collaborative Relocation - £1.1m
 - Special Care Baby Unit - £1.8m
 - WPH Ward Refurbishments and Assessment Unit - £6.7m
- The Trust was working hard on the plans to create 4 new theatres in the Royal Hallamshire Hospital and also on the IT infrastructure both of which were proving a challenge. A Task and Finish Group had been set up to review the IT Infrastructure.

The Board of Directors:

- **APPROVED** the latest 2015/16 Capital Programme and noted the significant over-commitment on the 2016/17 plan position which would need to be addressed.
- **NOTED** the list of “possible” schemes on the five year plan which, along with other likely schemes, would emerge over the five year period and would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the report and the need to continue to generate additional resources for future years if levels of capital investment were not to be significantly reduced.
- **NOTED** the importance of capital planning/prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding.
- **REQUESTED** that the Trust Executive Group review the Capital Programme.

Action: TEG

STH/163/15

Chairman and Non-Executive Director Matters

Annette Laban reported that she had recently attended a conference on Freedom to Speak Up on Whistleblowing in Leeds hosted by Beachcrofts. She would arrange to discuss the practicalities of how it could work within the Trust with the Assistant Chief Executive and Chief Nurse.

Hilary Chapman was the lead Director for this work supported by Mark Gwilliam and Neil Riley. A job description for a Freedom to Speak Up Guardian had been drafted although it was felt that it may be the case that no one person could undertake that role in a Trust the size of STH. The Trust might, therefore, be looking to identify Champions in each Directorate/Department.

This matter would be discussed in detail at the Finance, Performance and Workforce Committee.

STH/164/15

For Approval

(a) Common Seal

The Board of Directors **APPROVED** the affixing of the Corporate Common Seal to the following document:

- Contract document between Sheffield Teaching Hospitals NHS Foundation Trust and Henry Boot Construction Ltd for works at the Northern General Hospital to demolish the former Sorby Building and construct a new Helicopter Landing Pad and Associated Works (Contract value £2,094,486.00; part of the 2014/15 and 2015/16 Capital Programme)

STH/165/15

Any Other Business

There was no other business for discussion.

STH/166/15

Date and Time of Next Meeting:

The next meeting of the Board of Directors would be held at a time to be confirmed on Wednesday 16th September, 2015, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital