



Minutes of the BOARD OF DIRECTORS held on Wednesday, 16th November 2016, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT: Mr. T. Pedder (Chair)

Mr. T. Buckham	Ms. D. Moore
Sir Andrew Cash	Ms. K. Major
Professor H. A. Chapman	Mr. J. O'Kane
Mr. M. Gwilliam	Mr. N. Priestley
Mrs. C. Imison	Mr. M. Temple
Mrs. A. Laban	Dr. D. Throssell

APOLOGY: Professor Dame Pam Shaw

IN ATTENDANCE: Mrs. S. Carman Mrs. J. Phelan
 Miss S. Coulson (Minutes)

OBSERVERS: 1 Governor
 4 Members of Staff
 3 Member of the Public

STH/205/16

Declarations of Interests

The Assistant Chief Executive declared that she had been made a Director of Legacy Park Ltd following the retirement of Neil Riley, former Assistant Chief Executive.

STH/206 /16

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 19th October, 2016, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/207/16

Matters Arising:

(a) **Short Term Intervention Team (STIT)**

(STH/183/16(c)) The Chief Executive reported that a formal letter from the Board to the Sheffield City Council had not been sent although he emphasised that communication between himself and the Council took place on an almost daily basis. He reported that he was due to meet Jim Mackey, Chief Executive of NHS Improvement on Thursday 17th November 2016 to discuss who will lead the External Review of STIT and CICS and to agree a timetable for it to take place which would be sometime during December 2016 or January 2017. He did not expect the review to take more than 3/4 days. The outcome of the review would be presented to the public Board meeting.

The Director of Strategy and Operations reported that to date the Trust had 254 patients who were medically fit for discharge but whose discharge was delayed. She emphasised that not all of those delays were social care delays. That number

of delays mounted up to a vast amount of beds days out of 1700 beds across both campuses.

The Trust had approximately 50 patients per day waiting for social care which was equivalent to two wards and therefore was significantly affecting patient flow in the Trust and that position would only worsen as the Trust headed into winter.

During discussion Board members enquired what the terms of reference were of the Review. The Chief Executive explained that the Review would:

- Review the STIT service
- Look at the reduction in staff employed by the Local Authority and whether that reduction had been picked up by the independent sector.
- Look at whether the reduction in staff had been too great and therefore the model of service was now too fragile.
- Look at if the service moved to the NHS and had directly managed staff would it become a more responsive and sustainable service which was the case in a number of other regions

A further report would be given at the December 2016 meeting.

Action: Sir Andrew Cash/Kirsten Major

(b) CE Matters – Choose and Book

(STH/185/16) The Director of Strategy and Operations reported that, following discussion at the October 2016 meeting, she had looked into the possibility of patients having direct access to Choose and Book so that they could choose their own appointment date and time. The outcome of her investigations was that only GPs were allowed to provide the code to patients to use Choose and Book and therefore the Trust could take this forward.

However, she reported that she was looking into whether the Trust could be a pilot for NHS Digital in providing the code directly to patients.

(c) Enhanced Recovery after Thoracic Surgery

(STH/184/16) The Chief Nurse reported that options for funding an ERAS nurse on a pilot basis were being looked into including charitable funds.

The Communications Director reported that she had met with Laura Socci with regard to producing an educational video for patients and that was being taken forward.

STH/208/16

Providing Patient Centred Services

(a) Clinical Update: Public Health: A Core Business for Acute Trusts

The Medical Director introduced Dr. Ruth Speare, SPR Public Health, who gave a presentation on public health and the acute Trust (copy attached to the minutes).

The presentation focussed on whether public health should be more incorporated into the Trust's core business. Some of the key points were:

- Public Health focussed on prevention and was a very broad speciality

- Public Health looked at the bigger picture of health and what made people ill which was a very complex issue.
- Health was affected by a myriad of factors.
- 20% of all early deaths could be preventable
- There were massive inequalities across Sheffield relating to alcohol, smoking and obesity. The most deprived areas of Sheffield were on the east side
- Prevention should be on top of Primary Care's agenda.
- Secondary prevention around making life style changes was equally as important.

The Trust was holding a workshop on refreshing its Corporate Strategy that afternoon and Dr Spear felt that the following questions should be part of those discussions:

- Is prevention part of the Trust's core business?
- If so, what was the vision? What does it mean in practice?
- How should this be taken further?
- How should the Trust link with city partners to deliver better population outcomes for a "ReytHealthyShef"?

During discussion the following points were raised:

- The Chairman pointed out that the health of the people in the region was part of the Trust's Vision Statement and felt that there was a lot happening within the Trust in terms of public health. However, he expressed his disappointment that the Trust did not receive any funding for public health matters.
- At present the majority of treatment was given through a clinical model and may be it needed to be on a more holistic approach. The use of patient advocates in terms of public health merited consideration but it was acknowledged that would have to run in parallel with clinical treatment.
- As an employer the Trust had a responsibility to support the health of its 1600 workforce. Did the Trust understand the lifestyles of its staff across all staff groups? It was well known that health workers were poor at managing their own health. The Director of Human Resources acknowledged that there was a significant amount of work to do in this area but the Trust had made a start with the introduction of Health Assessments for staff over 40 as part of the national Healthy NHS Workforce programme.
- The Medical Director stated that it was important not to underestimate the population on which the Trust and its Clinicians influence by virtue of the Trust's role as a major employer in the city. He felt that there was a lot the Trust could do which did not require funding.
- The Chief Executive felt that it would be helpful if Dr. Speare could consider what were the 4/5 big issues that the Trust should focus on and let him know. Dr. Speare emphasised that it was important for the Trust to work with its partners so that they were all delivering the same message.

Action: Dr. R. Speare

STH/209/16

Chief Executive's Matters

The Chief Executive referred to his report (Enclosure B) circulated with the agenda papers which included the following matters:

- Integrated Performance Report (IPR)

The Chief Executive invited each Executive Director to give a report on their respective areas:

- Deliver the Best Clinical Outcomes

The Medical Director covered the following matters which had been discussed at the Healthcare Governance Committee (HCGC):

- Six new serious incidents had been reported, five of which had occurred in September 2016. All incidents had been reported to the HCGC at the September meeting and were currently under investigation.
- The Integrated Risk and Assurance Report highlighted nurse staffing (overall highest risk), the Electronic Patient Record and care of patients in an inappropriate setting, as rating 20 (Extreme). Six risks rated as 16 (Extreme) were, care of older people, under delivery of planned maintenance and refurbishment of wards, healthcare associated infection, midwifery staffing, IT stabilisation and asbestos management.
- The measures put in place to address the number of incidents awaiting approval after 35 days were now starting to have an effect and the number had continued to fall as shown in the graph on page 10 of the IPR.
- The External Review of Cardiac Surgery report was received by the HCGC. By way of background the Medical Director explained that, at the request of the Care Quality Commission (CQC) in 2014, the Trust commissioned two external assessors to review the running of the cardiac surgery service. The outcome of the review was that the Cardiac Service was safe and the service provided to patients was comparable with other regions. A number of recommendations were made and all have either been implemented or were in the process of being implemented. The Medical Director reported that together with the Chief Nurse they had met with staff about the outcome of the review. He also reported that Cardiac Services were also inspected as part of the CQC inspection in December 2015 and no significant concerns were raised.
- The Trust Clinical Audit Mid -Year Programme report 2016/17 highlighted one project risk rated as red (cause for concern) and two rated amber (delayed). All were being closely monitored by the Clinical Effectiveness Committee. An update on progress would be presented to the November 2016 HCGC meeting. It was noted that the Programme consisted of 342 projects.

The Chief Nurse reported the following matters:

- The disappointing overall position on Infection Prevention and Control reported at the last Board meeting continued. However there had been no cases of Trust assigned MRSA bacteraemia recorded for the month of September 2016 and the year to date total stood at 2 cases.
- There were 7 cases of Trust attributable MSSA bacteraemia recorded in September 2016 which was worse than the monthly trajectory set by the Trust. The full year performance was 35 cases of MSSA against an internal threshold of 21 cases.

- The Trust recorded 12 cases of Clostridium Difficile for September 2016 which was worse than the September target of 8 cases. The full year performance was 52 cases against an internal threshold of 39 and a NHS Improvement (NHSI) threshold of 44.

The Chairman asked if the current performance on infection control was a national problem. The Chief Nurse explained that the position varied. In terms of MSSA and Clostridium Difficile it was looking like natural variation as the Trust benchmarked reasonable well against other organisations. The Trust was looking at other organisations who had better performance to see if they do anything different and whether there was anything that could be learned.

The Trust was also looking at decolonisation of patients. However if that practice was rolled out there would be a significant cost implication (25p per patient). A small pilot was currently being run and the Trust would study the outcome of that pilot in due course.

- Employ Caring and Cared for Staff

The Director of Human Resources reported the following matters:

- Sickness absence in September 2016 was 4.47% compared to the target of 4% and was an increase from 4.28% in August 2016. The increase had been caused by a 0.19% increase in short term absence.
- The rate of sickness absence had improved compared to the same period last year which was at 4.51%. The year to date figure was 4.18% and could be split as follows:
 - Long term 2.6% (year to date)
 - Short term 1.58% (year to date)

The year to date figure for the same period was 4.32%.

- An assessment of the potential use of an absence management system had been completed. The review had focused on how the system would function alongside other systems already in use (ESR and E-rostering), how the system would work for different staff groups such as Nursing and Medical Staff, and an assessment of the business case for the system against the resources required to support implementation. A outcome of the review would be presented to the Trust Executive Group in December 2016.
- The revised Managing Attendance Policy had not been agreed by Trade Union colleagues and therefore the Policy would be taken back to the Trust Executive Group for consideration.
- There had been a slight decrease in the number of appraisals carried out in the preceding 12 month period with the rate standing at 83.6%. Directorate level action plans were being established to address the areas of concern.
- There had been a slight increase in compliance levels for mandatory training, the rate stood at 88.7% at the end of September 2016. Whilst that performance was still short of the 90% target the figure continued to reflect the upward trend in compliance.

At the request of the Chairman, the Director of Human Resources gave a brief update from the Workforce Race Equality Standards (WRES) event on Monday 14th November 2016.

He reported that following the presentation by Yvonne Coghill to the Board in September 2016 two sessions had been held with BME staff. The first session involved staff meeting with Yvonne Coghill on their own in order to raise their concerns. A second session then took place which included Board members. Attendees were asked to look at nine criteria. The feedback received from the staff who had attended (140) had been extremely positive and they felt that the Trust was taking their issues seriously.

Board members who attended the event made the following comments:

- The event was well attended by the full range of levels of staff.
- There was really good engagement and the issues raised were not dissimilar regardless of level.
- The feedback was that the staff very much appreciated the attendance of Board members
- Some very positive comments came out of the event.
- The event was very open and transparent.
- The key thing now was to maintain the momentum.

The next steps were:

- Yvonne Coghill to collate all the feedback from the events.
- The Director of Human Resources would meet with Yvonne Coghill to draw up an action plan which would be divided up into categories e.g. quick wins, short, medium and long term.
- The action plan would be presented to the Trust Executive Group and subsequently to the Board of Directors.

The Chief Nurse reported the following matter:

- The fill rate for day shifts for registered nurses was 88.9% and for other care staff against the planned levels was 102.7%. At night those fill rates were 90.8% for registered nurses and 107.1% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for that were discussed in full at the HCGC.
- A new way of looking at nurse staffing levels was due to be introduced shortly which hopefully would be more helpful.

○ Spend Public Money Wisely

The Director of Finance reported on the following matters:

- The Month 6 position showed a £3,413.4k (0.7%) deficit against plan. Whilst that was an improvement of £2.3m on the August 2016 position it was only due to a £5.0m benefit from the release of contingencies. Without that September would have shown a large deterioration. However, he reported that the month 7 position was looking more encouraging.
- There was an activity under performance of £10.0m after 6 months with a deterioration of £2.5m in September 2016. The year-to-date under performance continued to be split fairly evenly across outpatients, elective and non-elective activity which was an area of considerable organisational focus. Each specialty had produced recovery plans aiming to deliver significant improvement by the end of the year; the “Seamless Surgery” initiative commenced on 1st October 2016 which had resulted in an increased number of patients going through

theatres although there was still an under performance. The Lorenzo Improvement Group was focussing particularly on addressing barriers to productive outpatient services.

- There was a small, but slightly reduced, overall underspend on pay to the end of September 2016. Bank and agency staffing costs were almost £6.0m lower than for the same period in 2015.
 - There was a £1.0m under delivery (11.2%) against efficiency plans for the year-to-date.
 - Overall, clinical directorates reported positions £8.5m worse than their plans at month 6, largely driven by the activity and efficiency positions, which was a major concern.
 - The Financial Plan and current position assumed receipt of virtually all of the £19.3m of national Sustainability and Transformation funding (STF) available to the Trust. In order to receive that funding the Trust had to deliver a financial “Control Total” (70% of the funding was dependent on that) and service target trajectories (30%). The Control Total was a £5.0m surplus (equating to an Income and Expenditure surplus of around £3.0m) and the service trajectories related to the A&E, RTT and Cancer 62 Day targets. The quarter 1 STF had been confirmed and it was expected that quarter 2 funding would be received except for around £400k relating to the A&E trajectory.
 - The financial position remained of concern. Work was ongoing to address activity shortfalls, control expenditure, mitigate contract income losses, improve productivity and efficiency and maximise contingencies. The success of actions to maximise CQUIN income achievement, secure System Resilience funding and address social care (STIT) issues would be critical. Any failure to deliver the Control Total would be compounded by the consequent loss of STF
- Provide Patient Centred Services

The Director of Strategy and Operations reported the following matters:

- New outpatient activity was 9.5% below target in September 2016 and was 6.8% below target for the year to date
- Follow up activity was 8.2% below target in September 2016 and was 5.2% below for the year to date.
- The level of elective inpatient activity was 3.8% below target in September 2016. The year to date the position was 2.5% below target.
- Non-elective activity was 1.6% below target in September 2016 and was 1.8% below for the year to date.
- Accident and Emergency activity was 1.3% above target in September 2016 and 0.6% below for the year to date.
- In September 2016 there was an average of 101 patients whose discharge was delayed compared to 113 in August 2016 and 110 in July 2016.
- The number of operations cancelled on the day for non-clinical reasons in September 2016 was 88, compared to:

August 2016	105
July 2016	84
June 2016	121
May 2016	185
April 2016	144

- The number of patients on incomplete pathways at the end of September 2016 was 48,195 compared to:

August 2016	46,257
July 2016	50,264
June 2016	48,870
May 2016	51,805

As at the end of September 2016, 44,811 (92.98%) of those had a waiting time of less than 18 weeks (target 92%).

- In September 2016 the local waiting time standard for non-admitted patients was not achieved with 92.5% of patients being seen within 18 weeks (target 95%).
- The local target was not achieved for admitted patients where 82.4% were seen within 18 weeks (target of 90%) compared to 83.8% in August 2016.
- For diagnostic tests; during September 2016, 97.81% were seen within 6 weeks compared to the target of 99%. The specific tests where the target was not achieved were: Peripheral Neurophysiology, Urodynamics, Colonoscopy, Flexible Sigmoidoscopy, Gastroscopy and Cystoscopy. There were 171 tests overall where the target was not met.
- The percentage of outpatient appointments cancelled by the hospital and by the patient remained above the benchmark both for the month and for the year to date. For hospital cancellations it was 12.20% compared to the benchmark of 6.64% and for patient cancellations it was 9.77% compared to the benchmark of 6.20%.
- The percentage of patients who did not attend for both new and follow up appointments had reduced and was better than the benchmark in September 2016.
- In September 2016, 92.34% of patients attending A&E were seen within 4 hours compared to the standard of 95% which was below the improvement trajectory of 94% agreed with NHSI and NHS Sheffield CCG.
- The percentage of patients whose clinical handover from the ambulance service to A&E took less than 15 minutes had improved from 68.9% in August 2016 to 70.64% in September 2016. The number where the handover took more than 30 minutes had deteriorated slightly from 0.25% to 0.46%.
- The current position for cancer waiting times for quarter 2 showed all the standards being met apart from the 62 day GP referral to treatment target. The performance for all pathways as at 27th October 2016 stood at 81.7% against a target of 85%. However, the performance for STH originated pathways stood at 90.4%. A range of breach reallocations (111) had been requested from referring District General Hospitals (DGH) as part of finalising the Q2 position.

The Director of Strategy and Operations reported that she was in the process of exchanging letters with the Chief Executives of the District General Hospitals regarding late referrals. She reported that agreement had been reached on what constituted a new referral and new rules had now been implemented which should make a difference and result in a reduction in the number of late referrals. The Q4 data would be conducted under the new rules and she hoped to see an improvement.

The Chairman stated that the Board of Directors of those District General Hospital should be having relevant conversations about the matter at their Board meetings. The Board also felt that those District General Hospitals should be made aware that the Q4 report would be severe and that the information should be included on their Board development reports.

The Chief Nurse reported the following matters:

- 85% of complaints were responded to within 25 working days and work continued to improve the Trust's performance.
- Friends and Family Test - The inpatient response rate in September 2016 was 29% which was below the internal target of 30%. The response rate for A&E in September 2016 was 25% which was above the internal target of 20%. The inpatient score for September 2016 was 96% which was above the internal target of 95%.
- Deep Dive - Front Door of Accident and Emergency and Ambulance Turnaround

The Director of Strategy and Operations presented the Deep Dive report which focused on the front door of the Accident and Emergency Department and Ambulance Turnaround times. The key points to note were:

- The standards were:
 - ❖ All patients should be clinically handed over from the care of the ambulance service to the hospital within 15 minutes of arrival.
 - ❖ All walk-in patients should be triaged within 15 minutes which was a good practice standard, measuring from the time the patient arrived and was booked in for triage on the correct stream. That was a national standard reportable to NHS Sheffield Clinical Commissioning Group.
- The ambulance turnaround standard was measured by the use of a handover screen in the Accident and Emergency Department. On arrival the ambulance crew use the handover screen to 'notify' that they are ready to hand the patient over. The clock starts from that point. After handover is complete both the receiving hospital and ambulance crew use the screen to confirm handover is completed and the clock stopped.

YAS produced a daily report showing raw performance at each hospital which the Trust has the opportunity to validate and challenge.

The Emergency Department regularly challenges the data on handovers over 30 minutes based on information held in Lorenzo or through lack of information from YAS often created by process failure. Within the current system however no feedback was received on which challenges were accepted or refused.

YAS also compiled a monthly report on handover performance from the data input into the 'handover screen' on which the Trust had the opportunity to challenge but not before it was published.

The challenges to accurate reporting on handover times included:

- ❖ the triage time was recorded before handover time
- ❖ there was no 'notify' time recorded by the YAS crew or the patient went directly to Resus.

- The Trust and YAS had improved how they worked together which had resulted in a reduction in the number of challenges per month by the Trust as shown below:

Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16
408	441	280	293	249	334	192	120	118	113	84	66

- The Trust's performance was comparable with other Trusts. However contact had been made with Leeds who had a better performance to learn how they achieved and sustained that level of performance.
- A significant amount of work had been done in the Emergency Department about what constituted arrival and what was important about handover in order to improve the handover model.
- The Trust was trialling a nurse-led pitstop and so far it was working much better.
- The plan was to review processes in order to create a single front door process regardless of whether the patient arrived on foot or by ambulance. The target was that full triage should be delivered to every patient within 15 minutes of arrival in the Department. The new model would deliver a number of improvements including:
 - ❖ better patient experience, specifically dignity, reduced anxiety, comfort and welcome to the Department.
 - ❖ improved estate for ambulance arrivals/handover and co-ordination with triage.
 - ❖ better care for patients with early assessment and simple treatment provided in a timely manner in an area that was warm and appropriate for the task.
 - ❖ clearer working protocols providing improved clarity of roles and responsibilities for staff.
 - ❖ standard operating procedures that would allow the broader team to rely on a range of key tasks being undertaken at the front door that would, in turn, allow them to concentrate on the next steps of patient assessment and care.
 - ❖ improved clinical outcomes through more timely treatment.
 - ❖ improved ambulance handover times to comply with the national requirements for 15 minute handover periods.
 - ❖ improved triage waiting times for walk-in patients to comply with a national standard of 15 minutes.
- The capital scheme to improve the front door area of the Emergency Department was due to be completed the first week in December 2016.

The Chairman thanked the Director of Strategy and Operation on a well-presented report.

- South Yorkshire and Bassetlaw Sustainability and Transformation Plan (SY&BSTP): update

The Chief Executive reported that the SY&BSTP was launched to the public on Friday 11th November, 2016 and was one of 44 STPs across the country. He reported that it was a high level document which had been produced by the STP Partners. It was the result of many months of discussions across the STP partnership including patient representative groups and the voluntary sector. The Plan set out the vision, ambitions and priorities for the future of health and care in region.

He explained that the SY&B STP was the local approach to delivering the national plan called the Five Year Forward View published in 2014. The three main high level aims of the Plan were:

- Prevention was at the heart of future health care delivery
- Invest in, reshape and strengthen Primary and Community Health Services
- Standardise hospital services for the population that it serves so that no matter where people live they get the same standards, experience and outcomes for their care and treatment.

The challenges to achieving the above aims included:

- How to reduce health inequalities
- How to get quality and equality of access across the population
- How to make financial and efficiency savings

The first foundation of the STP was the development of the Place Based Plans (Sheffield, Barnsley, Bassetlaw, Doncaster and Rotherham).

The next step was for the SY&B STP to be discussed more widely with staff and communities.

The Chief Executive asked for the Board's support of the aims and vision and the priorities and to support the direction of travel.

The Board of Directors supported the aims and ambition of the SY&B STP as set out above.

It was noted that the governance arrangements of the SY&B STP would be presented to the Board in December 2016.

Action: Sir Andrew Cash

- Working Together Commissioners' Public Consultations and Proposals for Service Change

In addition to the STP, work was already progressing as part of Working Together on a number of priorities across South Yorkshire and Bassetlaw to reshape the following services:

- Children's surgery and anaesthesia
- Hyper Acute Stroke Services

It was noted that the changes in hyper acute stroke services may have a major impact on the Trust given that the proposal was that stroke patients from a wider catchment area than at present were brought to STH for initial treatment before being repatriated to their local District General Hospitals. The Trust would need to look at how it would manage the increased activity.

The next step was to work up the details of the above cases which would be presented Business Planning Team and would only come back to the Board in due if there was a significant impact.

The Chairman emphasised that this was all new territory and would be a new way of working over the next five years.

STH/209/16

Chairman and Non-Executive Director Matters

There were no matters raised.

STH/210/16

For Approval

- (a) Terms of Reference – Board of Directors and Nominations and Remuneration Committee

The Board of Directors approved the revised Terms of Reference for both the Board of Directors and the Nominations and Remuneration Committee.

STH/211/16

Any Other Business

There was no additional business raised.

STH/212/16

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 21st December, 2016, Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital at a time to be confirmed