



Minutes of the BOARD OF DIRECTORS held on Wednesday, 15th February 2017, in the Board Room, Northern General Hospital

PRESENT:

	Mr. T. Pedder (Chair)	
Mr. T. Buckham		Ms. K. Major
Sir Andrew Cash		Mr. J. O'Kane
Mr. M. Gwilliam		Mrs. J. Phelan
Mrs. C. Imison		Mr. N. Priestley
Mrs. A. Laban		Mr. M. Temple
Ms. D. Moore		Dr. D. Throssell

IN ATTENDANCE:

Mrs. S. Carman	Mr. C. Morley
Miss S. Coulson (Minutes)	

Ms. L. Evans	}	STH/25/17
Ms. C. Hayden		

Professor T. Downes	}	STH/26/17
Mr. S. Harrison		
Mrs. B. Joyce		

APOLOGIES:

Professor H. A. Chapman	Professor Dame Pam Shaw
-------------------------	-------------------------

OBSERVERS:

Three Governors
 Three members of staff
 Three members of public
 Ms. S. Bhargava (Insight Programme)

The Chairman welcomed everyone to the meeting.

STH/22/17

Declarations of Interests

John O'Kane declared that he was a member of the Sheffield Hospitals Charity.

STH/23/17

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 18th January 2017, were **AGREED, APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/24/17

Matters Arising:

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

(STH/03/17(a)) The Chief Executive reported that the multi agency meetings continued to operate twice a week and included representatives from Sheffield City Council, Sheffield Clinical Commissioning Group, GPs as well as staff from the Trust. He explained that they were working on the basis of a minimum and

maximum volume for the number of packages provided each week.. He pointed out that the number of packages of care available had been consistently higher recently but there was a progress to be made.

The Director of Strategy and Operations reported that the Trust continued to see an upward trend in the number of patients waiting for STIT. The current waiting time was in the region of two to three weeks for a package. There was a significant amount of cross agency working taking place on a daily basis to identify causes of delays. Improvements had been made in some pathways but provision was not keeping pace with demand.

She reported that currently there were 74 patients waiting for STIT/CICS which included 28 waiting for an intermediate care bed.

(b) Public Health: A Core Business for Acute Trusts

(STH/03/17(b)) Further to discussion at the January 2017 Board, the Assistant Chief Executive reported that the public health priorities provided by Dr. Ruth Spear had been aligned with the aspirations of the Sustainability and Transformation Plan and there was nothing specific further to report at the present time.

STH/25/17

Providing Patient Centred Services

(a) Clinical Update: The current and future impact of the Occupational Therapy Role in Occupational Health at STH

The Deputy Chief Nurse introduced the item and Laura Evans, Head of Occupational Therapy and Catherine Hayden, Clinical Specialist Occupational Therapist were in attendance and gave a joint presentation on the Occupational Therapy role in Occupational Health.

The key points to note were:

- Occupational Therapy was normally a service provided by the Trust to hospital patients but it could also be applicable to STH staff.
- Support from Sheffield Teaching Hospitals Charitable Trust had allowed a 12 month Occupational Therapy pilot to be undertaken to demonstrate the potential benefit of Occupational Therapy input with the Occupational Health Service. The outcome of the pilot has been the permanent funding for 0.6 WTE Band 7 Occupational Therapist.
- Catherine Hayden presented a number of case studies involving staff from various disciplines with different problems who she had helped as part of her role. She had met with the members of staff to discuss the problems that prevented them from either returning to work from sick leave or difficulties they were experiencing in undertaking their duties whilst at work. Following those discussions she met with their Managers to discuss the problems and the options available and she had found all the Managers to be very supportive. In all the cases presented she had been able to recommend either working methods to enable the member of staff to return to the workplace; the provision of specialised equipment to allow them to carry out their work or by assisting them to change jobs/careers if that was necessary.

The feedback received from staff and managers had been extremely positive and Occupational Health had welcomed the inclusion of an Occupational

Therapist into their team as it was something they had wanted to do for many years.

- Catherine Hayden explained that her role was wider than the Occupational Therapy role for the Sheffield Occupational Health Service and also included:
 - Two half days for STH Wellness
 - Approximately half a day per week for community workplace visits for Sheffield Health and Social Care Foundation Trust
 - The commencement of a pilot for Operating Services, Critical Care and Anaesthesia Care (OSCCA) Group for managers to refer directly to the Occupational Therapy Service.
 - Promotion of the Occupational Therapy role to other companies who receive Occupational Health from the Sheffield Occupational Health Service (for example the Children's Hospital and Motus Traffic).
 - Undertaking the role of a Health and Work Champion for Public Health England and working with the College of Occupational Therapists.

The achievements to date, as demonstrated by the case studies, were:

- Reduction in the number of staff on restricted duties through objective functional assessment and advice
- Prevented redeployment through objective functional assessment and advice
- Advised and assisted with reassignment of staff members to a role that the individual can perform well in
- Assisted staff members to return to work more quickly following sickness absence
- Maintained staff in role and prevented future sick leave.
- In achieving the above outcomes it was estimated that the Trust had saved £167,265

During discussion the following points were made:

- The Chairman asked how well the Trust was meeting the need for this service and were Directorates aware of the service available. Catherine Hayden explained that the service had not been promoted widely during the pilot given that she was only able to cope with a defined workload but as mentioned earlier she was about to commence a pilot with OSCCA and following that there would be additional performance data available.
- Laura Evans stated that with the current resources available the service was only managing to provide a limited service and there was a lot more that could be done.
- The Director of Human Resources stated that he would ensure that the HR Business Managers were aware of Catherine Hayden's role but would emphasise the importance of considered use of the resource.
- Dawn Moore reported that she had seen the success of such roles in many different sectors and would like to see it extended throughout the organisation and asked what support would be required in order for that to happen. She would be happy to be assist with drawing up a business case if that would be helpful.
- Annette Laban explained that Non Executive Directors became involved at final appeal hearings for staff suffering from ill health and in some cases it would be

beneficial for the staff involved in those hearings to have access to this type of service earlier in the process.

The Chairman thanked Laura and Catherine for an extremely good presentation and asked them to come back to the Board in the future to report on how the service was developing

Action: Hilary Chapman/Chris Morley

STH/26/17

Delivering the Trust's Corporate Strategy

(a) Service Improvement Strategy

The Director of Finance introduced the item. Becky Joyce, Service Improvement Director, Professor Tom Downes, Clinical Lead for Quality Improvement and Steve Harrison, Head of Quality Improvement, were in attendance and gave a joint presentation looking at the work undertaken in 2016-17 and also the plans going forwards (copy of presentation attached to the minutes). The presentation covered the following areas:

- Service Improvement Annual Report (a copy of which was circulated with the agenda papers)
- An Overview of the Service Improvement Department and approach
- A focus on the Microsystem Coaching Academy and the Flow Programme
- Looking back - Trust strategy since 2014
- Looking forward - strategic and next steps
- Areas where the Board could help
 - Strengthen strategic intent
 - Normalise improvement to directorate leaders
 - Help teams find time for improvement
 - Make it part of our "normal" HR processes
 - Build into leadership expectations
 - High impact Organisational Development
 - Build into the STP

During discussion the following points were raised:

- The Chairman asked how Service Improvement maintained staff morale given the pressure Directorate teams were under. Professor Downes stated that the last six years had had challenges and successes along the way and the Trust had learned from both. The feedback from Service Improvement staff who go out into the organisation was that most Directorate teams continued to be optimistic and innovative and were moving forward and there was also strong leadership.
- Candace Imison stated that the Trust should be grateful that it was six years into a 10-20 year service improvement journey as many organisations were not as advanced. However she felt that the workforce and technology components of service improvement did not jump out from the presentation. Becky Joyce reported that Service Improvement was linking in with the T3 Technology Programme as there were huge opportunities there but would welcome help on that.
- In response to a question about how often were primary care staff involved in Service Improvement Teams, Tom Downes reported that General Practitioners had joined in discussions on integrated pathways such as Stroke, Diabetes,

Respiratory and Falls.

- The Medical Director enquired how many of the 169 coaches who had graduated were STH staff and how many were still coaching within the Trust. Steve Harrison reported that 100 of the 169 were Trust staff and of the coaches still working within the Trust four out of five were using improvement skills. However the Trust had lost a number of the staff coached to other organisations. He explained that the Microsystem Coaching Academy builds leadership skills. However that in turn made staff more attractive to other organisations. Of the recent cohort around 80% were still coaching within the Trust.
- The Board asked whether Service Improvement were doing enough to advertise the improvements made throughout the organisation? Becky Joyce stated that the Department did a significant amount, in conjunction with the Communications Department, to share improvements throughout the organisation but there was always more that could be done. She acknowledged that more consideration needed to be given to ways of sharing the information and when. The Director of Communications and Marketing emphasised that sharing of improvements and developments was done at every opportunity.

The Chairman thanked the Team for a good presentation and stated that they had the full support of the Board going forwards.

STH/27/17

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 highlighted the following matters which had been discussed at the Healthcare Governance Committee:

- The Care Quality Commission (CQC) action plan was reviewed. To provide assurance about the progress against one of the key 'Must Do' actions the End of Life work stream, Dr Ellie Smith, Palliative Care Consultant and Emma Dove, Project Manager presented an update at the last meeting.
- The CQC were out to consultation on their inspection methods and it was noted that NHS Improvement would link into CQC inspections. Generally it was felt that in future there would be fewer comprehensive Trust inspections like the one the Trust underwent in December 2015 in favour of more smaller inspections concentrating on areas that were identified as requiring improvement or inadequate. The consultation was due to close shortly.
- Three new serious incidents and one Never Event had been reported as detailed below:
 - Delay in the management of a Deteriorating Patient

- Deterioration in a neonate who had been transferred to a lower dependency area
- Delay in a routine endoscopy
- Spinal Surgery performed at the wrong level (never event)

All the above incidents were currently under investigation. Annette Laban emphasised that all serious incidents and never events were discussed in detail at the Healthcare Governance Committee who particularly looked for any trends.

- The Integrated Risk and Assurance report was presented and the four highest risks (with a score of 20) were:
 - nurse staffing
 - Electronic Patient Record (EPR) (incident relating to the management of appointment letters)
 - care of patients in an inappropriate setting
 - maintaining financial balance
- The following reports were received:
 - Hospital Transfusion Committee Annual Report
 - The Safe and Effective Management of Controlled Drugs Annual Report - the Medical Director reported that the Electronic Prescribing System was being rolled out across the Trust and as a result of a more systematic process the Trust may see an upsurge in reports of medication errors. This was a common experience with introduction of such a system. This should be viewed positively as the system would identify areas which needed improvement and therefore improve patient safety.
 - The Annual Fire Management Report
 - The Thrombosis Committee update
 - The Central Alerting System Report

The Deputy Chief Nurse highlighted the following points:

- Zero cases of Trust assigned MRSA bacteraemia were recorded for the month of December 2016 and the year to date total stood at two cases.
- Five Trust attributable cases of MSSA bacteraemia were recorded in December 2016 which was worse than the monthly trajectory the Trust had set itself. The full year performance was 49 cases of MSSA against an internal threshold of 31.5 cases.
- 14 cases of C.diff were recorded for December 2016 which was worse than the monthly target of 7.25 cases. The full year performance was 80 cases of C.diff against an internal threshold of 58.5 and an NHS Improvement threshold of 65. The actions to prevent and reduce C.diff were contained within the Infection Prevention and Control Programme. A number of additional actions had also been agreed earlier in the year.
- The Trust planned to explore further decolonisation of patients by running a small pilot study to see if it made a difference to the number of cases of MSSA. However given the significant cost of rolling out decolonisation across the Trust a costed business case would need to be drawn up if the plan was to go forward. It was noted that the Infection Control Team had applied for a research

grant to do this initially, so that the effectiveness of decolonisation could be monitored prior to taking this forward.

- Patient Centred Services

The Deputy Chief Nurse highlighted the following:

- FFT inpatient response rate in December was 26.30% which was below the internal target of 30%.
- For the first time the FFT inpatient score for December was below the internal target of 95%. That result would be compared to national scores to see if it was a fall mirrored across the NHS.
- FFT A&E response rate in December was 24% which is above the internal target of 20%.
- FFT A&E score for December was 85.4% which is below the internal target of 86%.
- FFT score for Maternity was above the internal target for both improved response rates and those recommending STHT as a place for treatment

The Director of Strategy and Planning highlighted the following points:

- New outpatient activity for December 2016 was 3.52% below the contract target and for the year to date the Trust was 4.84% below the contract target.
- Elective activity for December 2016 was 1.75% above the contract target; for the year to date the Trust was 0.62% below the contract target.
- Non-elective activity was 4.43% below the contract target in December 2016; for the year to date the Trust was 2.15% below the contract target.
- Accident and Emergency activity was 4.45% below target in December 2016; for the year to date the Trust was 0.66% below the contract target.
- The average number of patients who had a delayed transfer of care in December 2016 was 124 compared to 141 in November 2016 and 131 in October 2016.
- The number of operations cancelled on the day for non-clinical reasons in December 2016 was 82 compared to 143 in November 2016 and 155 in October 2016.
- In December 2016, two orthopaedic patients whose operations were cancelled on the day in November 2016 were not readmitted within 28 days. Their surgery was scheduled to take place with an off-site provider but was cancelled due to a power cut. One patient's surgery was rescheduled for January 2017 and the other patient chose to wait until February 2017.
- The number of patients on incomplete pathways at the end of December 2016 was 43,506 compared to 45,299 at the end of November 2017 and 47,701 at the end of October 2016. As at the end of December 2016, 40,708 (93.57%) of those had a waiting time of less than 18 weeks (target 92%). This was an impressive result and an analysis of how that position had been achieved was being undertaken.

- There were ten patients waiting more than 52 weeks in December 2016 which was a significant increase as there were none at the end of November 2016 and only one in October 2016. It was noted that the increase was due to a technical issue with the patient administration system whereby the appointment letter was created but not printed from the computer system. The matter had been reported as a serious incident and a full update would be provided in the public Board meeting in March 2017.

Action: Kirsten Major

- During December 2016, 99.82% of patients waiting for diagnostic tests were seen within six weeks compared to the target of 99%.
 - In December 2016, 80.50% of patients attending A&E were seen within 4 hours compared to the standard of 95%. That performance was below the improvement trajectory agreed with NHS Improvement and NHS Sheffield CCG of 94.50%.
 - One patient had a trolley wait of more than 12 hours in A&E during December 2016; the breach was caused by a processing error. The patient's bed was actually ready in less than 12 hours but because of the processing error by staff the patient was not transferred in time and therefore when discharged from the system it resulted in a breach of the target.
 - The current position for cancer waiting times for quarter 3 showed that all targets were being met with the exception of the 62 day GP referral to treatment where the performance was 79.1% against the target of 85%. Referrals from District General Hospitals remained an issue and it was noted that if the District General Hospital pathways were removed from the data STH's performance would be 85%.
- **Employ Caring and Caring for Staff**

The Director of Human Resources and Organisational Development highlighted the following points:

- The sickness absence rate in December 2016 rose to 5.36% against the target of 4% compared to 5.09 % in November 2016. The increase had been caused by a 0.40% increase in long term absence (from 2.4% to 2.8%).and a 0.13 % decrease in short term absence (from 2.69 % to 2.56%),

The year to date figure was 4.44 %, the figures could be split as follows:

- Long term 2.69% (YTD) - an increase of 0.06%
- Short term 1.75% (YTD) - an increase of 0.08%

A detailed analysis had been presented to the Finance, Performance and Workforce Committee.

- The Trust's Managing Attendance Policy had now been agreed with Trade Union colleagues and would go live in the Trust on 1st April, 2017. In the interim period HR Business Managers would receive training. It had been agreed that if in nine month's time the year to date figure was above 4.3% then Management reserved the right to review the policy.
- The Trust had seen a slight increase over the past 4 weeks in the number of appraisals carried out and performance stood at 84.2%.

- There was a slight increase in compliance levels for mandatory training and the rate had improved from 89.3% to 89.7%.
- Over 55 Health Checks had been completed; health assessments would continue across the Trust in 2017.

The Deputy Chief Nurse reported the following on Safer Staffing:

- Overall, the actual fill rate for day shifts for registered nurses was 90.9% and for other care staff against the planned levels was 106.2%. At night those fill rates were 92% for registered nurses and 109.8% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for that were discussed at the Healthcare Governance Committee.

- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Trust had seen a significant improvement in the second half of the year, although the month 9 position showed a £4,309.2k (0.6%) deficit against plan which was a disappointing deterioration following the significant improvements in the previous two months.
- There was an activity under performance of £11.5m after 9 months with a deterioration of £1m in December 2016. That was a slightly worse position than achieved in the previous two months but, given some operational pressures and the Christmas/New Year break, the Trust appeared to have largely maintained the improved performance when compared to the first half of the year. It was hoped that the improvements arising from specialty recovery plans, the “Seamless Surgery” initiative and other workstreams could be maintained for the remainder of the year, although winter pressures would have some impact.
- There was a small, but slightly reduced, overall underspend on pay to the end of December 2016. Medical staffing was the main pressure area largely due to agency costs to fill critical vacancies with the major underspend in nursing due to vacancies. Bank and Agency staffing costs were £8.1m lower than for the same period in 2015 from a combination of payment caps, conversion to fixed term or permanent appointments, additional recruitment, enhanced controls and lower levels of IT Programme expenditure.
- The non-pay position deteriorated significantly in December 2016 with medical and surgical being the biggest factors.
- There was a £1.7m under delivery (11.5%) against efficiency plans for the year to date.
- Clinical directorates reported positions £12.6m worse than their plans at Month 9, largely driven by the activity and efficiency positions.
- 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%) and service target trajectories (30%). The Control Total was a £5m surplus (equating to an I & E surplus of around £3m) and the service trajectories related to the A&E, RTT and Cancer 62 Day targets. The Q1 STF

was received in full and Q2 funding had been received except for around £400k relating to the A&E trajectory and £240k for the Cancer 62 Day target. The Trust has appealed against those losses given the impact of social care (STIT) issues and late DGH cancer referrals which were outside of the Trust's control. The Control Total position was achieved for Q3 but there would be further issues around the service trajectories.

- The financial position remained of concern with the disappointing December 2016 position partly dissipating the encouragement from the performance in the previous two months. Sheffield CCG has agreed to provide £1m of System Resilience funding and the position on CQUIN income achievement was looking more positive. However, attempts to address social care (STIT) reductions had to date had minimal impact on the continuing service and financial pressures. Any failure to deliver the Control Total would be compounded by the consequent loss of STF.

- Deep Dive - Accident and Emergency National Standard

The Director of Strategy and Operations presented the Deep Dive on what the standards were, how they were measured and factors that influence performance. She hoped that members would find the clarity on the Accident and Emergency target and the targets that sit behind it helpful. She reported that a detailed presentation had also been given to the Finance, Performance and Workforce Committee.

Members found the report very informative.

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

The Minutes of the meeting of the Collaborative Partnership Board held on 16th December 2016 were attached to the CEO report circulated with the agenda papers for information.

- Working Together Programme Update

The key highlights of the Working Together Programme were set out in the CEO Report (Enclosure C) circulated with the agenda papers.

Of particular note was that a new regular forum for joint working between the Working Together partners and the local Mental Health Alliance (Sheffield Health and Social Care NHS Foundation Trust and Rotherham, Doncaster and South Humber NHS Foundation Trust) was now underway, following a successful first meeting of the Chairs and Chief Executives from all nine organisations.

The Mental Health Alliance Chief Executives and Chairs would now meet with the Working Together Partnership Chairs and Chief Executives on a quarterly basis to discuss progress on joint projects and to explore further opportunities to collaborate.

Board members very much welcomed the alliance with the Mental Health Trust.

- Leadership Fellows

The Trust was delighted to welcome three Health Education England leadership fellows: Mohammed Bilal (Senior MSK Physiotherapist), Emma Nofal (Specialist Trainee 4 General Surgery and Humber Deanery at Grimsby Hospital) and Karen Johnson (Occupational Therapist in the Older Adult Community Mental Health Team at Sheffield Health and Social Care NHS FT). All three individuals would be working with

both the Trust and other organisations in the region to take forward the Sheffield Women in Medicine (SWiM) and NHS Athena SWAN initiatives.

- Awards and Events

The Trust had won and been shortlisted for a number of national and regional awards in the last month as listed in the CEO report.

STH/28/17

Chairman and Non-Executive Director Matters

No matters were raised.

STH/29/17

For Approval/Ratification

(a) Changes to the Governance Arrangements of Sheffield Hospitals Charity

The Assistant Chief Executive referred to the Enclosure D circulated with the agenda papers and reminded the Board of the background of the matter.

She explained that the Department of Health had undertaken a review of the regulation and governance of NHS charities during 2011/12 and in November 2012 published a consultation on proposals for change, seeking responses from interested parties. The consultation closed on 31st January 2013 and 83% of respondents were supportive of the proposals for change. Following the conclusion of the review, NHS charities were given permission to transfer their charitable property to another specifically established charity, subject to a range of agreements.

Sheffield Hospitals Charity has therefore established a new Company Limited by Guarantee (CLG) in the same name, registered with the Charity Commission as a Charitable Company and this new legal entity was incorporated on the 12th October 2016 and entered on the Register of Charities on the 18th October 2016. The restructuring of Sheffield Hospitals Charitable Trust (SHC) and the transfer of the assets of SHC to a new incorporated charity, Sheffield Hospitals Charity, would take place on or around 1st April 2017.

A paper on the matter had been previously presented to the Board in July 2016.

She assured the Board that the following safeguards were in place:

- The objects of the New Charity replicate current NHS objects.
- STHFT would need to continue to provide support and patronage including rights to utilise its name and premises where appropriate. Such agreements had been formalised in the form of a Memorandum of Understanding (MoU) and a Deed (copies were included in the Board papers) which the Trust was asked to sign and affix the corporate seal.
- Under Charity law, any funds transferred to the new charity must continue to be used solely towards the purposes for which they have been originally received.
- Withers LLP have been advising both Sheffield Hospitals Charity and Sheffield Teaching Hospitals NHS Foundation Trust about the contents and process and all documentation was agreed in principle by the STHFT Board of Directors at the July 2016 meeting.

The Board of Directors:

- **RESOLVED** that the Chairman was approved to liaise with Withers LLP and SHC to agree and approve the wording of, and execute on behalf of the Foundation Trust, a further joint notification letter for the Department of Health.
- **RESOLVED** that the Deed (in its current form, or with such minor amendments as the Chairman may subsequently authorise) be executed by affixing the seal of the Foundation Trust in the presence of any two authorised signatories.
- **RESOLVED** that the Chairman was approved to sign the Memorandum of Understanding (in its current form, or with such minor amendments as the Chairman may subsequently authorise)

(b) Common Seal

The Board of Directors **APPROVED** the affixing of the corporate seal to the lease for alterations on the Lower Ground Floor Suite at Cherry Tree Business Centre (Osborne Road/Union Road) to house two District Nurse Teams

(c) Healthcare Governance Arrangements Policy

The Medical Director referred to the Healthcare Governance Arrangements Policy (Enclosure F) circulated with the agenda papers. He explained that the document described the local healthcare governance structures, systems and processes that clinical directorates and corporate departments need to have in place. The requirements set out in the policy would ensure consistency across the organisation and enable local governance arrangements to meet statutory, regulatory, and Trust requirements. The Policy had been approved by the Healthcare Governance Committee.

The Board of Directors **RATIFIED** the Healthcare Governance Arrangements Policy.

STH/30/17

Any Other Business

No additional business was raised.

STH/31/17

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 15th March, 2017, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital at a time to be confirmed