



Minutes of the Meeting of the BOARD OF DIRECTORS
held on Tuesday 26th June 2018
in Seminar Room1, Clinical Skills Centre
Royal Hallamshire Hospital

PRESENT:

Mr. T. Pedder (Chair)	Chairman
Mr. T. Buckham	Non-Executive Director
Sir Andrew Cash	Chief Executive
Prof. Dame Hilary Chapman	Chief Nurse
Mrs. A. Gibbs	Director of Strategy and Planning
Mr. M. Gwilliam	Director of Human Resources and Staff Development
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Deputy Chief Executive
Prof. C. Newman	Non-Executive Director
Mr. J. O'Kane	Non-Executive Director
Mr. N. Priestley	Director of Finance
Mr. M. Temple	Non-Executive Director
Dr. D. Throssell	Medical Director

APOLOGIES:

Mrs. C. Imison	Non-Executive Director
Mrs. D. Moore	Non-Executive Director

IN ATTENDANCE:

Mrs. S. Carman	Assistant Chief Executive	
Miss S. Coulson (Minutes)	Business Manager, Board of Directors	
Mrs. J. Phelan	Communications and Marketing Director	
Prof. C. Welsh	Independent Review Director	STH/133/18
Mr. M. Raynor	Consultant Ophthalmologist	STH/134/18
Ms. B. Bhogal	Performance and Information Director	STH/137/18

OBSERVERS:

Five Governors	
One member of the Public	
Ms. R. Lockwood	Consultant Geriatrician (shadowing)

STH/130/18

Declarations of Interest

There were no declarations of interest.

STH/131/18

Minutes of the last Meeting

The Minutes of the previous held on Tuesday 22nd May 2018, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting.

STH/132/18

Matters Arising

(a) **Sheffield Clinical Commissioning Group (SCCG) Consultation**

The Deputy Chief Executive reported that a meeting scheduled with the Chief Executive of the SCCG had been cancelled and attempts were being made to reschedule it for the first week of July 2018. She would therefore report back to the next Board meeting.

Action: Kirsten Major

In answer to a query, the Chief Executive stated that SCCG Consultation had not been discussed by Accountable Care Partnership (ACP) Board to date but he would ensure that after the above meeting had taken place he would ensure it was placed on its agenda.

(b) **Operational Plan 2018/19**

(STH/121/18) The Director of Strategy and Planning confirmed that work was underway to finalise a summary version of the plan.

(c) **Corporate Objectives 2018/19**

(STH/122/18) The Director of Strategy and Planning confirmed that the action had been completed.

STH/133/18

Hospital Services Review

Professor Chris Welsh, Independent Director, was in attendance and gave a presentation on the Hospital Services Review focussing on its recommendations, next steps, timeline and requirements for Foundation Trust Boards and CCG Governing Bodies (a copy is attached to the minutes). Professor Welsh stated that he was giving the same presentation to all the Boards and Governing Bodies involved. It was noted that the Hospital Services Review was published on 10th May 2018.

Prof. Welsh emphasised that the most important challenge related to how healthcare was to be delivered now and in the future on a sustainable footing in the face of significant challenges such as:

- An ageing population
- Increasing demand
- An overstretched workforce
- People's needs were changing
- The type of healthcare that can be provided

The review focused on some of the most challenged services (Urgent and Emergency Care, Maternity, Care of the Acutely Ill Child, Gastroenterology and Endoscopy and Stroke) and discussions had taken place with staff and the public. Both groups of people identified the following three main areas of challenge:

- Workforce
- Clinical Variation
- Innovation

In developing solutions to the above areas, the Review was guided by the following principles:

- There would continue to be a hospital in every Place;
- Most patients would receive most of their hospital-based care at their local DGH;
- We need the staff we have – we do not expect that the Review will lead to any redundancies, although some staff might have to work differently.

The two solutions developed were:

- Hospitals working together better through Hosted Networks
- Changing the way that services were configured (this option would involve lengthy public engagement and consultation)

The Review's recommendations were:

A&E	<ul style="list-style-type: none"> • Maintain six consultant led A&Es (plus the consultant led paediatric A&E at Sheffield Children's)
Maternity	<ul style="list-style-type: none"> • Increase choice: home births, Midwifery Led Units (MLU) • All hospitals have midwifery led services for low risk women • Higher risk women cared for in larger consultant led units • Could replace one or two obstetric units with MLUs
Acutely ill Children	<ul style="list-style-type: none"> • More care for children at home/in community • Seriously ill children cared for in units with more specialists • Explore focusing 24/7 paediatric units on fewer sites: one or two could become Paediatric Assessment Units open 14/7
Stroke	<ul style="list-style-type: none"> • Standardised approach to Early Supported Discharge, Transient Ischemic Attacks and rehabilitation services • Consultants on sites which will have a Hyper Acute Stroke Unit, support services on those sites which have Acute Stroke Unit
Gastroenterology	<ul style="list-style-type: none"> • Explore consolidating evening and weekend cover onto three or four sites: so that all sites have formal access to 24/7 GI bleed cover at all times, if necessary on another site

The next steps were outlined:

- The report would be discussed at the public meeting of the Joint Committee of Clinical Commissioning Groups (JCCCG) on 26th June 2018.
- The JCCG's view would be discussed at Trust Boards and Governing Bodies during June and July 2018.
- Public responses to the recommendations and the views of Trusts and Commissioners would inform the drafting of a Strategic Outline Case which would be signed off by the JCCCG and the Collaborative Partnership Board.

Following the presentation there was a lengthy discussion and the key points to note were:

- Prof. Welsh stated that there was only a slight overlap between the Hospital Services Review and the Sheffield Clinical Commissioning Group (SCCG) Consultation. The

Chairman felt that SCCG Consultation would have to dovetail with the Hospital Services Review.

- In answer to a question of what STH would be required to do to take the report and put it into action, Prof. Welsh stated that his view was that the Board would need to meet with Clinical Directors and start to think about what services it would want to put into Hosted Networks. The success to setting up Hosted Networks would be dependent on developing trust with other organisations and also the relationship between clinicians across organisations. STH would also need to continue to ensure that it engaged with the clinical work streams established as part of the next phase of the Hospital Services Review.
- A question was asked about how the Review fitted in with the Integrated Care System (ICS). The Chief Executive commented that it did fit in with the ICS's agenda along with the Sheffield CCG Consultation and would form the programme over the next number of years.
- A query was raised about the role of Commissioners and the recommendation that different Commissioners would deal with different pathways as some patients have multiple problems and cross a number of pathways. Prof. Welsh stated that the expectation was that from April 2019 onwards there would be one Commissioner to deal with the above five services. It was important that Commissioners were part of this journey as well.
- The Chief Executive stated that about 80% of the recommendations were about transformation and 20% about reconfiguration. The reconfiguration aspect would be subject to public engagement and consultation which would take until June 2019.

The Chairman thanked Prof. Welsh for his presentation and confirmed that the STH Board of Directors supported the direction of travel.

The Board of Directors **AGREED** that:

- the Trust Executive Group would bring back specific proposals to the Board on what it would like to take forward and to give consideration to setting up an Implementation Team to lead the work.
Action: David Throssell
- a letter of response signalling the Trust's support in principle would be drafted and circulated to all Board members for sign off.
Action: Kirsten Major/Andrew Cash

STH134/18

Providing Patient Centred Services

(a) Clinical Update: Cataract Unit

The Medical Director introduced the item and Mr. Mathew Raynor, Consultant Ophthalmologist and Cataract Lead, was in attendance and gave a presentation on the developments in cataract services leading to the opening of the new state of the art Northern General Eye Centre which opened on 21st May 2018 (copy of the presentation is attached to the minutes).

The Chairman thanked Mr. Raynor for an interesting and informative presentation.

Chief Executive's Matters

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

- Integrated Performance Report

- Deep Dive

The Deputy Chief Executive presented the Deep Dive which was a summary of the end of year performance for 2017/18. She highlighted the following areas where the Trust had achieved an outstanding performance:

- 18 weeks
- 52 week breaches
- No mixed sex breaches
- Improvement in Do Not Attends
- Achievement of mandatory training target
- Achievement of sickness target
- There had been a significant reduction in agency spend

The areas which had posed a challenge were:

- Emergency pathway
- The Dr Foster threshold for length of stay for elective patients.

However she was pleased to report that the position had now changed and the Trust was below the Dr. Foster threshold for length of staff for elective patients.

The Chairman stated that it was a useful report and flags us the areas the Trust needs to focus on.

Each Executive Director gave a brief report on their areas of responsibility:

- Summary of the Healthcare Governance Committee meeting on 16th April

The Medical Director highlighted the following points:

- The Healthcare Governance Committee Annual Report, Terms of Reference and Work Plan were discussed.
- One new serious incident was reported and four were closed. Five serious incidents were ongoing.
- The Occupational Health and Safety Annual Report 2017/18 was presented. An audit of the Trust's health and safety management system was currently underway and the findings from this would inform a Trust Occupational Health and Safety (OHS) Strategy. This was to be presented to the Trust Executive Group in September 2018 along with an updated OHS policy statement and OHS management policy.
- The Resuscitation Trolley Equipment Audit was presented. Implementation of OneStep pads had been completed at the Central Campus and at the Northern Campus. Overall compliance with the audit had improved across the Central Campus and community services, and audits had recommenced at the Northern Campus following the implementation of OneStep.

➤ Deliver the best clinical outcomes

The Chief Nurse highlighted the following points:

- There had been no cases of Trust assigned MRSA bacteraemia recorded for the month of April 2018.
- There were four Trust attributable cases of MSSA bacteraemia recorded in April 2018 against a target of four cases in the month.
- The Trust recorded six cases of *C.diff* in April 2018, against a target of seven cases in the month.

➤ Provide patient-centred services

The Deputy Chief Executive highlighted the following points:

- The average number of patients who had a delayed transfer of care in April 2018 was 99, compared to 123 in March 2018.
- 75 operations were cancelled on the day for non-clinical reasons in April 2018, compared to 145 in March 2018. Operation Directors continued to focus on the level of cancellations by both the Trust and patients.
- A&E performance continued to improve. In April 2018, 85.10% of patients attending A&E were seen within 4 hours compared to the Provider Sustainability Fund agreed trajectory of 90.0% and the national target of 95%. In May 2018, performance was 89% and to date in June 2018 it was 89%.
- There had been an improvement in ambulance handovers. 55.37% of ambulance handovers occurred within 15 minutes, compared to 51.21% in March 2018. 6.43% of ambulance handovers took more than 30 minutes.
- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of April 2018 was 94.97% which was better than the national target (92%).
- The percentage of patients who received treatment in April 2018 and had waited less than 18 weeks was 84.91% for admitted patients (local target 90%) and 92.83% for non-admitted patients (local target 95%).
- At the end of April the percentage of patients waiting less than six weeks for their diagnostic test was 94.39% which was below the target of 99%. Work was underway to address the national and local issues regarding this current performance and action plans were progressing well.

The Chairman asked about winter planning for 2018/19. The Deputy Chief Executive reported that discussion on the winter planning had commenced now that the Operational Plan had been completed. She reported that a debrief had been held with the Medical Directors' Team, Operation Directors and Nurse Directors to discuss what had gone well in and not so well in 2017/18. It was also to be discussed with Clinical Directors at the Clinical Management Board later that week.

The Winter Plan would be brought together during the next couple of months and then presented to the Board.

Action: Kirsten Major

The Director of Strategy and Planning highlighted the following points:

- The cancer waiting time targets were achieved for Q4 of 2017/18 apart from:
 - 62 days from referral to treatment (GP referral) - STH only performance for non-shared pathways in Q4 was 87.6% (threshold 85%). The performance for Q4 (2017/18) was 80.9% without reflecting the new Breach Allocation Guidance and reallocations (threshold 85%). For Q1 (2018/19), the latest STH position (as at 7th June 2018) was 86.3% for non-shared pathways and 79.7% without reflecting the new guidance.
 - 31 days from decision to treat to treatment - STH performance for Q4 was 95.9% (threshold 96%). For Q1 2018/19, the latest STH position (as at 7th June 2018) was 94.9%
 - 62 day cancer screening target - STH performance for non-shared pathways in Q4 was 88.5% (threshold 90%). The performance for Q4 (2017/18) was 84.8% without reflecting the new Breach Allocation Guidance and reallocations (threshold 90%). For Q1 (2018/19) the latest STH position (as at 7th June 2018) was 93.5% for non-shared pathways and 92.5% without reflecting the new guidance indicating a return to compliance was expected in the final Quarter One reported position.

The Director of Strategy and Planning reported that a large piece of work, led by the Cancer Alliance, was being undertaken across South Yorkshire and Bassetlaw to recover the cancer position.

The Waiting List Performance Group was monitoring the position.

The Chief Nurse highlighted the following points:

- Complaints – 83% of complaints met the agreed response timeframe.
 - FFT score inpatient – the score for April was 96% which is above the internal target of 95%.
 - FFT score A&E – the score for April was on target at 86%.
 - FFT score community- the score for April was 87% which is below the internal target of 95%.
 - FFT score maternity– the score for March was 96% which is above the internal target of 95%.
 - Mixed sex accommodation – the Trust reported 0 breaches in April. The national standard is 0.
- Employing caring and cared for staff

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

- Sickness absence in April 2018 was below the target at 3.53% which was an improvement from 4.00% in March 2018.
- For the period May 2017 to April 2018, the Trust had achieved the 90% target for the number of appraisals carried out.
- For the period May 2017 to April 2018 Compliance levels for mandatory training were at 90% against a 90% target.

- Retention figures for the Trust were at 89.7% which was above the target of 85%.

The Chief Nurse highlighted the following point:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 91.5% and for other care staff against the planned levels was 110.1%. At night those fill rates were 90.0% for registered nurses and 127.2% for other care staff.

➤ Spending public money wisely

The Director of Finance highlighted the following points:

- It had been a challenging start to the year with the Month 1 position showing a £859.1k (1.0%) deficit against the Financial Plan. Although it would be unwise to draw firm conclusions from one month.
- There was an activity under-performance of £0.7m in April 2018. It seemed likely that the Easter holidays had an adverse impact but there was also a high level of uncoded spells for which estimated values had been used.
- There was an overspend of £0.8m (1.5%) on pay in April 2018, although Bank and Agency costs were £0.5m below the April 2017 level. Medical staffing remained the main pressure area.
- The Financial Plan and current position assume receipt of all of the £26.1m of national Provider Sustainability Funding (PSF) available to the Trust. To receive that funding the Trust had to deliver the financial “Control Total” and, if that was met, then 30% of the PSF depended on achieving the A&E 4 hour target trajectories. The Control Total was a £5.1m surplus and the Trust’s Financial Plan only delivers a £0.9m surplus at this stage. The position would be assessed on a quarterly basis but with a greater weighting placed on the later quarters.
- The key risks for 2018/19 related to internal delivery of activity, efficiency and financial plans; residual tariff/contracting issues; receipt of CQUIN and Winter funding; financial, workforce and service pressures; and receipt of the PSF.

➤ Deliver Excellent Research, Education and Innovation

The Board noted the update provided.

The Chief Executive highlighted the following items from his report:

- Health and Care Working Together in South Yorkshire and Bassetlaw
 - Assurance Process - The Integrated Care System (ICS) team had met with NHS England and NHS Improvement in April 2018, as part of the regional support and assurance process. Discussions centred on performance, finance, governance, strategic approach and stakeholder engagement. The South Yorkshire and Bassetlaw ICS was subsequently given level 2 assurance as an ICS, subject to agreeing a single control total and system improvement plan.
 - ICS Functions – Discussions had been taking place over recent months on what system functions might look like in the emerging ICS and how these might align

existing commissioning, provision and regulatory capacity, capability and resources to deliver our collective priorities.

It was anticipated that each of the following agreed functions would be led by a Senior Responsible Officer, from the experienced pool of Chief Executives and Accountable Officers within the region, on a part time basis while continuing in their substantive role:

- Population health and primary care
- Strategy, planning and transformation
- Provider development
- Finance and contracting
- Capital and estates
- Integrated assurance, provider
- Integrated assurance, commissioning
- Workforce development and organisational development

During discussion it was noted that the implications for Trusts in taking out Senior Leaders for one day a week to undertake the above work. It was **AGREED** that the Board needed to understand how that was going to be managed.

It was **AGREED** that now the Integrated Care System was growing and developing it should be included as a separate item on all future Board agendas. The Trust Executive Group should consider how this matter would be managed in terms of both the public and private Board meetings.

Action: Sandi Carman

- Members of the Health and Care Select Committee visited the South Yorkshire and Bassetlaw ICS.
- NHS Budget Uplift - The Prime Minister had announced an annual increase in the NHS budget, before inflation, of 3.4%, equivalent to £20bn per year by 2023. Funding increases would be phased:
 - 3.6% in 2019/20 and 2020/21
 - 3.1% in 2021/22 and 2022/23
 - Then 3.4% in 2023/24
- Workforce Agenda for Change Update - NHS health workers in Unite, UNISON, the RCM and the RCN have voted overwhelmingly in favour of the three year Agenda for Change pay deal. The deal was expected to receive final approval at a meeting of unions, the NHS and Government on Wednesday 27 June 2018.
- Helen Chapman, Head of Integrated Community Care, had been awarded the title of Queen's Nurse by community nursing charity The Queen's Nursing Institute. The honour was one of the highest accolades given in the profession and demonstrates Helen's commitment to high standards of patient care, learning and leadership in community nursing. Helen was attending a ceremony in London today to collect her award.

The Board extended its congratulations to Helen on being awarded this prestigious title and the Assistant Chief Executive agreed to send her a letter of congratulations on behalf of the Board.

Action: Sandi Carman

STH/136/18

Inspection Updates

(a) Care Quality Commission (CQC) Local Service Review

The Medical Director reported that the Report from the Local Service Review would be presented to the July 2018 Board meeting together with an action plan. Some points coming out of the review were:

- The great majority of people felt that they had been treated with kindness.
- The ability of the system to respond in a crisis although with better planning the crisis may have been avoided.
- Discharge from hospital was an area for development.

Annette Laban acknowledged that the report would not sort out everything but it was a base from which to work and it sometimes helped if an independent body identified areas for improvement.

(b) CQC Well Led Unannounced Inspection

The Chief Executive reported that the initial feedback from the CQC Well Led Unannounced Inspection was in the main positive and the Trust was in a good place.

He explained that it was a four stage process:

- NHSI Use of Resources Assessment
- Unannounced Inspection
- Ward to Board Presentation to the CQC – The Medical Director, Chief Nurse and Deputy Chief Executive gave the presentation on 21st June 2018. The feeling was that the presentation went well and answered all the questions. A copy of the presentation would be circulated to Board members.

Action: Sandi Carman

- Well Led Inspection to take place over three days on 11th to 13th July 2018.

(c) NHSI Use of Resources

The Director of Strategy and Planning reported that the NHS Improvement Use of Resources Assessment had taken place on 4th June 2018 and that the high level feedback had been positive. She reported that the Trust had submitted additional evidence following the assessment.

The draft report was awaited and would be issued simultaneously with the CQC Well Led Unannounced Inspection report.

STH/137/18

Data Quality – The Quiet Revolution: presentation

The Deputy Chief Executive introduced the item and Balbir Bhogal, Performance and Information Director was in attendance and gave a presentation on the work being undertaken within the Trust to improve data quality, to change the way staff think about data quality and to raise awareness of how incredibly important being able to have and provide accurate data was. (A copy of the presentation is attached to the minutes).

Freedom to Speak Up (FTSU) Guardians Annual Report

The Director of Human Resources and Staff Development presented the FTSU Guardians Annual Report (Enclosure D) circulated with the agenda papers and explained that the purpose of the report was to inform the Board on the work being undertaken to embed the FTSU process within the Trust to ensure compliance with national guidance as set out in the Francis Report. The key points to note were:

- Developed a Raising Concerns at Work Policy
- Establishment of a Freedom to Speak Up Steering Group, chaired and led by the Director of Human Resources and Staff Development and supported by Annette Laban, Non-Executive Director
- Two FTSU Guardians were appointed from Staff Governors. However one of those roles was now vacant following the retirement of the member of staff
- Looking to introduce FTSU Advocates
- Quarterly reports were submitted to the Trust Executive Group (TEG) and the Human Resources and Organisational Development Committee (HR&OD)
- Eight cases were raised through the FTSU Guardians, four were about attitude and behaviour, three about policies and procedures and one related to quality and safety. All have been discussed by the Steering Group and action plans developed.

The next steps were:

- To train FTSU Advocates, ensuring a good distribution of staff across different directorates and staff groups across the Trust to maximise accessibility.
- To recruit more FTSU Guardians from Staff Governors. Following discussion with the current FTSU Guardians it was agreed that in order for the role to be carried out appropriately more FTSU Guardians would be needed to enable the workload to be more evenly shared out. Previously Guardians had been recruited from the Staff Governor group and that would be the case going forward and all necessary training would be provided. This position would be monitored carefully by the Steering Group.
- To provide quarterly reports on cases to TEG and HR/OD Committee.
- To add a FTSU category onto internal reporting systems.
- HR Leads to regularly feedback to other HR Business Partners on themes in directorates across the Trust to inform where targeted work may be needed.

During discussion it was emphasised that the Trust's formal process for raising concerns should remain a high focus area.

It was **AGREED** that the Director of Human Resources and Staff Development should keep the Board up to date on progress and present a further report following the appointment of the new FTSU Guardians.

Action: Mark Gwilliam

STH/139/18

Fit and Proper Person Declarations for Executive Directors and Non-Executive Directors

The Assistant Chief Executive referred to Enclosure E circulated with the agenda papers. She explained that the purpose of the paper was to update the Board on the annual fit and proper persons self-assessment process regarding the Board of Directors.

She explained that, in accordance with the Fit and Proper Persons requirement, all post holders associated with the Trust's Board of Directors were required to complete an annual self-declaration in relation to their personal position against the standards set out in the Trust's Fit and Proper Person Policy and procedure. She confirmed that the self-assessments for all individuals had been completed and reviewed and no issues had been identified that impact on the individual's ability to perform their duties as a member of the Board.

The Board of Directors **NOTED** that all Non-Executive, Executive Directors and Senior Managers that attend the Board have completed a self-declaration form for the year 2018/19.

STH/140/18

For Approval

(a) Corporate Seal

The Board of Directors **APPROVED** the affixing of the corporate seal to the following document:

- Under Lease Plus Agreement (ULPA) with Community Health Partnerships Limited for space occupied by STH District Nursing Teams in the Norfolk Park Medical Centre (LIFT Building)

STH/141/18

Chairman and Non-Executive Director Matters

No matters were raised.

STH/142/18

Any Other Business

No additional items of business were raised.

STH/143/18

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Tuesday 26th June 2018 in Seminar Room 1, R Floor, Royal Hallamshire Hospital at a time to be confirmed