



Minutes of the Meeting of the BOARD OF DIRECTORS
held on Tuesday 21 May 2019 in Seminar Room 1, Clinical Skills, R Floor, Royal
Hallamshire Hospital

PRESENT:

Mr. T. Pedder	Chairman
Mr. T. Buckham	Non-Executive Director
Mrs. A. Gibbs	Director of Strategy and Planning
Mr. M. Gwilliam	Director of Human Resources and Staff Development
Dr. D. Hughes	Medical Director
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Chief Executive
Mr. C. Morley	Chief Nurse
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

PARTICIPATING DIRECTORS:

Mrs. S. Carman	Assistant Chief Executive
Mr. M. Harper	Chief Operating Officer
Mrs. J. Phelan	Communications and Marketing Director

IN ATTENDANCE:

Miss R. Winterbottom	Business Manager, Board of Directors (Minutes)
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APOLOGIES:

Mrs. C. Imison	Non-Executive Director
Ms. S. Wright	Non-Executive Director

OBSERVERS:

One member of staff
Three Governors
One member of the public

STH/84/19

Declarations of Interest

There were no declarations made.

STH/85/19

Minutes of the Previous Meeting held on Tuesday 30 April 2019

The Minutes of the previous meeting held on Tuesday 30 April 2019 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting.

STH/8619

Matters Arising

Cancer Performance Report

The Director of Strategy and Planning referred to her report (Enclosure B) circulated with the agenda papers. She highlighted the following points:

- Considerable work is underway across the Trust to further improve cancer waiting times with a detailed action plan at tumour pathway level in place.
- Chief Executive led meetings had been held with many of the Cancer Site leads to reset expectations and develop actions. Further meetings are being arranged to discuss cross cutting themes of pathology, radiology and oncology services.
- In line with the improvement plan, there has been a notable improvement in performance during Q4 particularly in relation to the 62 day standard.
- New cancer waiting times guidance has been published that will change the quarterly publication. Performance in line with the updated guidance will be reported in June 2019.

The Director of Strategy and Planning flagged that the Breast service was experiencing significant pressures. She explained that there had been an increase in referrals to the Breast service since February 2019 and that staffing remained an issue in breast radiology.

The Chief Executive remarked that it was impressive and a great testament to the Breast service team that despite the challenges they were currently facing they were close to achieving their target.

The Board conveyed their thanks to the Breast service team and recognised the hard work they had been doing.

In discussion the Board agreed that an update is added as an agenda item to next month's Board meeting. The Director of Strategy and Planning noted that she would also need time at the next Board meeting to present the changes as a result of the new cancer waiting times guidance.

Action: Director of Strategy and Planning

A&E Performance and Improvement Report

The Chief Operating Officer presented his report (Enclosure C) which set out, the actions taken in A&E over recent years, the impact on performance metrics and the outline improvement plan for 2019/20. The key points to note were:

- Aggregated performance for all STH A&E activity in March 2019 was 87.2%.

- There had been a £2m investment in the A&E workforce over the last four years, as well as significant estates work within the department and a systematic improvement approach to changing patient pathways. This had led to improvements in patient experience and reduction in waiting times across internal elements of the A&E pathway.
- Further work is required to embed these changes and improve performance against the 95% four hour standard. The outline improvement plan set out in the report identified six key actions. The Chief Operating Officer highlighted that the action plan would require support from all STH specialties and Accountable Care Partnership organisations.

John O'Kane asked a question about the availability of comparator performance information. It was noted that it was difficult to find a comparator for the Northern General Hospital A&E as its case mix was different (exclusively adults and a major trauma centre) to many other Trust's. The Chief Executive explained that Birmingham was comparable and its A&E performance was recently at 69%.

Annette Laban asked if there would be any mileage in working with partners in the City Council and Clinical Commissioning Group on a social media campaign regarding the appropriate place for emergency care. The Communications and Marketing Director explained that a Citywide Choose Well campaign was ongoing.

Chris Newman questioned whether the information given by 111 and on GP websites reflects the full range of services available. The Chief Executive explained that the Directory of Service had been refreshed and the Director of Communications and Marketing noted that an information sheet setting out all STH services had gone to all GP practices and had been well received.

The Board of Directors **NOTED:**

- The actions to date and the improvement in performance across individual process metrics.
- The two key factors affecting performance within STH's direct control were a wait for a clinician and wait for a bed.
- The six point improvement plan for A&E performance for 2019/20.

The Chairman requested that the Chief Operating Officer bring a further update to the Board in July 2019.

Action: Chief Operating Officer

STH/87/19

Chief Executive's Matters

The Chief Executive presented her report which highlighted the following matters:

(a) Integrated Performance Report

- Deep Dive – Electronic Referral Service (e-RS)

The Chief Operating Officer highlighted the Trust's achievements to date:

- The Trust had achieved the target of being paper free (in terms of GP referrals) by the end of April 2018.
- The Trust had stopped accepting paper GP routine referrals from 1 May 2018 and urgent and two week wait paper referrals from September 2018.
- In March 2019 only 6 GP paper referrals were processed by STH.
- There has been good collaboration across Trust specialities, with Sheffield Children's and the Clinical Commissioning Group which has made the transition easier for Sheffield GP's.

The Chief Operating Officer explained the impact of the e-RS system for STH:

- The Trust has seen an increase in the demand for some services, thought to be due to the visibility of the services within eRS and the ability for patients to more readily choose where they wish to be seen.
- There has also been an increase in patient cancellations and this has impacted on the Trust's 18 week position.

The Chief Operating Officer went on to highlight the next steps required to manage demand, rollout the service into the Patient Booking Hub and undertake clinical triage and offer advice and guidance electronically.

Chris Newman had a query around the giving of advice and guidance to GP's. He asked for clarity on the timescales and payment for advice and guidance. The Medical Director agreed that the system and governance around the giving of advice and guidance needed further exploration. The Chief Executive highlighted that the 19/20 contract had a mechanism that could be used to facilitate this. The Chief Operating Officer also confirmed that work is ongoing with directorates to explore this.

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

- Deliver the best clinical outcomes

The Medical Director highlighted the following points from the Healthcare Governance Committee (HGC) held on the 18 March:

- HGC had reviewed the nine serious incidents that had been reported during the period 6 February to 27 February 2019. Several were historical incidents and one had since been de logged. The serious incidents broadly fell into two categories; deteriorating patients and administrative issues with patient pathways. Annette Laban explained that HGC was assured that these themes would be common across all healthcare organisations. HGC had concluded that they were not part of a trend of increasing incidence.
- The CQC Insight Report had been presented to HGC. The Medical Director assured the Board that plans or programmes of work are in place to address performance where this is necessary.

The Chief Nurse highlighted the following points:

- There was one case of Trust assigned MRSA bacteraemia recorded for the month of March 2019. The year to date total is two cases, which is good for a trust of this size. The Chief Nurse was assured that all appropriate actions had been taken in relation to this patient and antibiotics had been started promptly.
- There were eight Trust attributable cases of MSSA bacteraemia recorded in March 2019. The Chief Nurse provided assurance that this was being closely monitored.
- The Trust recorded seven cases of C.diff in March 2019.
- Provide patient-centred services

The Chief Nurse highlighted the following points:

- 94% of complaints met the agreed response timeframe.
- The feedback scores from the Friends and Family Survey for March 2019 were all the same as or better than the internal targets.
- There were no mixed sex accommodation breaches reported in March 2019.

The Chief Operating Officer highlighted the following points:

- The activity performance for March 2019 was:
 - Referrals received were above the baseline level included in the Trust's plan.
 - New outpatient activity was 8.2% below the contract target. The year to date performance was 0.4% above target.
 - Follow up outpatient activity was 2.4% above the contract target. The year to date, performance was 2.8% above target.
 - Accident and Emergency activity was 6.7% above the target and was 4.9% over target for the year to date.
 - Elective activity was at the contract target and is 1.4% below target for the year.
 - Non-elective activity was 0.2% below the contract target and is 0.2% over target for the year.
 - The average number of patients who had a delayed transfer of care in March 2019 was 50 compared to 62 in February 2019.
 - 71 operations were cancelled on the day for non-clinical reasons in March 2019 compared to 96 in February 2019.
 - One patient who had their operation cancelled on the day of admission in March 2019 for non-clinical reasons was not readmitted within 28 days. The patient has subsequently had their operation.

- 87.15% of patients attending A&E were seen within four hours in March 2019 compared to a local target of 95% and the national target of 95%.
 - 58.06% of ambulance handovers occurred within 15 minutes in March 2019 compared to 56.76% in February 2019; 2.79% of ambulance handovers took more than 30 minutes in March 2019 compared to 3.05% in February 2019.
 - The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of March 2019 was 92.79% which met the national target (92%). The percentage of patients who received treatment in March 2019 and had waited less than 18 weeks was 81.49% for admitted patients (local target 90%) and 89.73% for non-admitted patients (local target 95%).
 - The percentage of referrals received from GPs through the e-Referrals Service in March 2019 was 99.95%.
- Employing caring and cared for staff

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

- Sickness absence in March 2019 was above target at 4.1%. The year to date sickness absence was 4%.
 - Short term absence had decreased from 2% in February 2019 to 1.8% in March 2019.
 - Long term absence had decreased from 2.5% in February 2019 to 2.3% in March 2019.
 - For the period March 2018 to February 2019, the Trust had achieved the target of 90% for the number of appraisals carried out.
 - For the period April 2018 to March 2019 compliance levels for mandatory training were at 91% against a 90% target.
- Spending public money wisely

The Director of Finance highlighted the following points:

- The draft 2018/19 Annual Accounts showed a £5.561m deficit. However if “non-cash technical” items (impairments, donations and gains on asset disposals) were excluded there was a “cash backed” surplus of £26.5m.
 - The Annual Accounts had been presented to Audit Committee on 20 May 2019. The Audit Committee had recommended the accounts to the Board.

- The Directorates had broadly delivered their aggregate plan for 2018/19.
 - The Trust had received additional Provider Sustainability Funding totalling £40.1m.
 - The “cash backed’ surplus above will be used to supplement capital investment in future years.
 - The Director of Finance reflected that the accounts and achievement of the control total for the year was a positive financial outcome for the year.
- Delivering excellent research, education and innovation

The Medical Director highlighted the following:

- STH continues to maintain research performance as a result of several factors including shortened R&D setup times, active recruitment by researchers and on-going collaborative working between the Clinical Research & Innovation Office, YHCRN, and STH research facilities.

The Chief Executive gave the following updates:

- Hadfield Wing

The Director of Finance gave an update on progress.

The Liaison Committee had been held on the 15 May 2019. The Director of Finance reported a positive discussion at this meeting.

The Board were pleased that progress with resolving the issues had been made.

- Feedback from NHS Improvement Quarterly Review Meeting

A positive and constructive meeting with NHS Improvement was held on 13 May 2019 as part of the regular Quarterly Review Meetings. The discussions included quality of care, finance and use of resources, operational performance and strategic plans.

- Workforce Summit

The STH Workforce Summit took place on 16 May 2019 and was attended by over 160 delegates. The Summit was attended by a range of staff from across care groups. Candace Imison had opened the Summit by describing the national workforce agenda. The Chief Executive also reported a positive conversation around artificial intelligence.

- Staff Lunchtime Sessions with CEO

The Chief Executive explained that during June and July she would be holding some open staff sessions on both the Northern General and Central campus. The purpose of these sessions was to say thank you to staff for their contribution to the good performance of the Trust during the last 12 months. The sessions would also give colleagues an opportunity to hear about the plans and developments planned for 2019/20 and to ask questions on topics. Plans are underway regarding how best to achieve a similar offer to community teams.

The Communications and Marketing Director confirmed that the dates for the lunchtime sessions had been sent out to all staff.

- South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)

The Chief Executive explained that she would be meeting with Sir Andrew Cash to discuss the meeting structures for the SY&B ICS and was keen to ensure that the number of meetings does not become repetitious and unmanageable.

A report from the Chief Executive of SY&B ICS can be found at Appendix 2 of Enclosure D.

- Sheffield Women in Medicine (SWiM) Meeting

A Sheffield Women in Medicine (SWiM) meeting was held on 16 May 2019 and had been attended by around 300 people. Discussions focussed on personal resilience and wellbeing and enabling this in the healthcare workplace and creating an open and compassionate workforce.

- Communications

The Trust has been recognised by Muscular Dystrophy UK for providing outstanding care for people with muscle-wasting conditions. We were awarded Centre of Clinical Excellence status by the charity, alongside 16 other centres across the UK.

The Flow Coaching Academy, which is run by STH, was chosen from hundreds of entries across the country as the winner in the British Medical Journal Awards' 'Innovation in Quality Improvement Team' category.

This month we have also celebrated International Nurses day and showcased some of the amazing nurses we have working across our hospitals and community services. A new nurse recruitment video has been produced which also promotes the role of nursing within STH.

As part of mental health awareness week we shared with staff a range of materials, links and contacts around supporting their own mental health and well-being, as well as those of friends, family and colleagues

STH/88/19

Annual Reports including Terms of Reference and Work Plans of Board Committees

The Assistant Chief Executive presented Enclosure F, the Annual Reports including Terms of Reference and Workplans for the Board Committees. The Assistant Chief Executive explained that the annual reports had been approved by each of the individual committees and had been presented to the Audit Committee on the 20 May 2019. Audit Committee had recommended these to the Board for approval.

The Board of Directors **NOTED** the content of each Committee annual report and **APPROVED** the Board Committee 2018/19 Annual Reports, 2019/20 Workplans and Terms of Reference.

STH/89/19

Self-Certification against the conditions of the Provider Licence

The Assistant Chief Executive referred to Enclosure G circulated with the agenda papers which set out the Self-Certification against the conditions of the Provider Licence 2018/19 in accordance with the NHS Improvement self-certification guidance which NHS Foundation Trusts were required to submit after the financial year end.

The paper had been discussed and approved by the Audit Committee on Monday 20 May 2019 and the Audit Committee had recommended the Board approve the Self-Certification statements.

The Board of Directors accepted the Audit Committee's recommendation and **APPROVED** the self-certification statements.

It was **NOTED** that the final approved version had to be published on the Trust Internet site within a month of the Board of Directors sign off.

STH/90/19

Annual Self-Assessment - Fit and Proper Persons- Board of Directors and participating Directors

The Assistant Chief Executive reported that the annual fit and proper person's self-assessment for the Board of Directors had been completed in line with the requirements in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5: Fit and Proper Persons Requirement.

The self-assessments for all individuals have been completed. No issues have been identified that impact on the individual's ability to perform their duties as a member of the Board.

The Board **NOTED** that all Non-Executive, Executive Directors and Senior Managers that attend the Board have completed a self-declaration form. There are no issues that impact on the individual's ability to perform their duties.

STH/91/19

Corporate Objectives 2019/20

The Director of Strategy and Planning referred to Enclosure I which provided an end of year assessment on the progress made on delivering the 2018/19 corporate objectives and presented the planned objectives for 2019/20.

The Board **NOTED** the progress made in delivering the corporate objectives for 2018/19 and **APPROVED** the 2019/20 corporate objectives.

STH/92/19

Chairman and Non- Executive Director Matters

No matters were raised by the Chairman and No-Executive Directors.

STH/93/19

Any Other Business

No additional items were raised.

STH/94/19

Date and Time of Next Meeting

Tuesday 25 June 2019, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.

Signed Date
Chairman