



**Minutes of the Meeting of the BOARD OF DIRECTORS  
held on Tuesday 30 July 2019 in the Undergraduate Common Room, Medical  
Education Centre, Northern General 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
Mr. M. Harper	Chief Operating Officer
Dr. D. Hughes	Medical Director
Mrs. C. Imison	Non-Executive Director
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Chief Executive
Mr. C. Morley	Chief Nurse
Prof. C. Newman	Non-Executive Director
Mr. N. Priestley	Director of Finance
Mr. M. Temple	Non-Executive Director
Ms. S. Wright	Non-Executive Director

**PARTICIPATING DIRECTORS:**

Mrs. S. Carman	Assistant Chief Executive
Mrs. J. Phelan	Communications and Marketing Director

**IN ATTENDANCE:**

Ms. J. Dransfield	Senior Sister, Palliative Care (STH/108/19)
Ms A. Harris	Nurse Director, Accident and Emergency (STH/108/19)
Ms. J. Luxon	Staff Nurse, Accident and Emergency (STH/108/19)
Dr P. Sneddon	Clinical Research Office Director (STH/113/19)
Miss. R. Winterbottom	Business Manager, Board of Directors (Minutes)
Ms. A. Woodward	Sister, Front Door Response Team (STH/108/19)

**APOLOGIES:**

Mr. J. O'Kane	Non-Executive Director
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**OBSERVERS:**

Four member of staff  
Five Governors  
Two members of the public

**STH/105/19**

**Declarations of Interest**

There were no declarations made.

### **STH/106/19**

#### **Minutes of the Previous Meeting held on Tuesday 21 May 2019**

The Minutes of the previous meeting held on Tuesday 25 June 2019 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting.

### **STH/107/19**

#### **Matters Arising**

##### **Hyper Acute Stroke Unit (HASU) Update**

In response to a request from the Chairman, the Chief Operating Officer gave an update on progress since the commencement of the changes to the Hyper Acute Stroke services which started on 1 July 2019. He reported a positive start for the Hyper Acute Stroke Unit at the Royal Hallamshire Hospital noting, that the flow of patients back to their District General Hospital following their HASU episode was being maintained and that feedback from patients had been positive.

The Director of Strategy and Planning added that the Trust was the host of the regional Stroke Clinical Network and that the Chief Executive would act as Chair. She reported that Clinical Lead and Manager Posts for the Network would be advertised week commencing 29 July 2019.

The Board agreed that formal feedback from the HASU be brought back in February 2020 which captured how pathways operate in early winter.

**Action: Michael Harper & Anne Gibbs**

##### **A&E Performance**

The Chief Executive explained that the Trust's A&E performance was currently below the national standard and lower than the national average. The Chief Operating Officer highlighted the actions that had been taken since the last Board meeting to improve performance, including:

- Reviews with the department including the Directorate's Annual Review.
- Executive Team support to the leadership team in the department.
- Plans in place to implement Single Assessment by December 2019.
- Focused work to look at those patients who only just breach the four hour wait.
- The Chief Operating Officer and Chief Executive had met with consultants and other senior staff within the Department to review all actions that can be taken.
- The Chief Executive was arranging one-to-one meetings with all consultants.

The Board requested that the Trust Executive Group provide a deep dive around A&E Performance to report back to the Board in two months' time.

**Action: Chief Executive**

## **STH/108/19**

### **Clinical Update: End of Life Care in A&E**

The Chief Nurse introduced members of the A&E End of Life Care Team; Jayne Dransfield, Senior Sister, Palliative Care, Angela Harris, Nurse Director, A&E, Jane Luxon, Staff Nurse, A&E and Amy Woodward, Sister, Front Door Response Team to the Board. The Chief Nurse noted that the team had won the Emergency Nursing award at the Royal College of Nursing awards.

The team gave a presentation on the processes and schemes they had implemented to provide support to patients at the end of their lives who wished to die at home and avoid unnecessary admission to hospital and to improve the environment and comfort for relatives and friends when in the A&E Department. Angela Harris reported that staff in A&E were engaged with the service and knew how to access the pathway.

Following the presentation the Board had a discussion and asked questions including:

Martin Temple asked what arrangements were in place to support end of life care patients not having to present to A&E, including what links are in place with social services. The team explained that there is work ongoing in the community including, putting in place "Ok to Stay" plans for patients identified as approaching the end of their lives.

Other actions included:

- The addition of end of life care to the national curriculum for paramedics.
- Project Echo – a project between the Yorkshire Ambulance Service and St Luke's Hospice.

The A&E End of Life Care Team recognised the role that they also had in offering guidance and support to ambulance service colleagues to change care for patients at the end of their lives.

Candace Imison questioned the degree to which availability and accessibility of services in the community prevent the timely discharge of palliative patients home from A&E. It was highlighted that the pathway relies heavily on the Intensive Home Nursing Service and families, other barriers can include equipment and medication.

The Board congratulated the team on their recent award and thanked them for their presentation.

As the outgoing chair of the Organ Donation Committee, Annette Laban extended a special thanks to Jane Luxon and the Organ Donation team for all their efforts.

## **STH/109/19**

### **Chief Executive's Matters**

The Chief Executive presented her report (Enclosure B) which highlighted the following matters:

- (a) Integrated Performance Report

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 20 May 2019:

- The Medical Devices Management Group (MDMG) Annual Report was presented. The Medical Director explained that the report had highlighted two main challenges, firstly, the overlap between medical devices and IT systems and secondly, how to ensure that staff have the training and competency in the use of medical devices. He noted that this was currently being reviewed by HGC.
- The Medical Director had presented an overview of mortality at the Trust to the Committee. At the time of the May HGC meeting, the Hospital Standardised Mortality Ratios (HSMR) mortality indicator for the Trust was in the “greater than expected” range. The Medical Director noted that mortality at the Trust was within the expected range according to the most recent figures.
- The Senior Information Risk Owner (SIRO) Annual Report and the Information Governance Annual Report were presented. It was noted that the Trust was fully compliant with the Data Security and Protection Toolkit for 2018/19.

The Chief Nurse highlighted the following points:

- There were no cases of Trust assigned MRSA bacteraemia recorded for the month of May 2019.
- There was one Trust attributable case of MSSA bacteraemia recorded in May 2019.
- The Trust recorded 10 cases of C.diff in May 2019 against an official threshold of 14 cases.

In terms of safer staffing, overall, the percentage of care hours per patient day for registered nurses was 91.91% and for all registered nurse and care staff was 100.3%.

In terms of complaints 92% of complaints met the agreed response timeframe, exceeding the target of 90%. Friends and Family Test scores for May 2019 all either met or exceeded internal targets.

- Provide patient-centred services

The Chief Operating Officer highlighted the following points:

- The activity performance for May 2019 was:
  - Referrals received were above the baseline level included in the Trust’s plan.

- New outpatient activity was 1.52% above the contract target.
- Follow up outpatient activity was 2.1% above the contract target.
- Accident and Emergency activity was 0.98% above the target.
- Elective activity was 0.5% below the contract target.
- Non-elective activity was 1.48% below the contract target.
- The average number of patients who had a delayed transfer of care in May 2019 was 60 compared to 41 in April 2019.
- 84 operations were cancelled on the day for non-clinical reasons in May 2019 compared to 100 in April 2019.
- One patient had their operation cancelled on the day of admission in May for non-clinical reasons and chose to have their care, beyond 28 days, in July.
- 86.02% of patients attending A&E were seen within four hours in May 2019 compared to a local target of 90% and the national target of 95%.
- 57.25% of ambulance handovers occurred within 15 minutes in May 2019 compared to 60.26% in April 2019; 2.71% of ambulance handovers took more than 30 minutes in May 2019 compared to 1.93% in April 2019.
- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of May 2019 was 93.33% which is better than the national target (92%). The percentage of patients who received treatment in May 2019 and had waited less than 18 weeks was 81.73% for admitted patients (local target 90%) and 92.47% for non-admitted patients (local target 95%).
- There were no patients waiting over 52 weeks for treatment.
- The percentage of referrals received from GPs through the e-Referrals Service in May 2019 was 99.99%.

Noting that the percentage of outpatient appointments cancelled remains higher than the national benchmark, Candace Imison asked what action the Trust was taking to improve the cancellation of outpatient appointments. The Chief Operating Officer explained that following the Cancellation Deep Dive in March 2019, a paper had been presented to both the Trust Executive Group and the Finance and Performance Committee. He highlighted some of the conclusions of the report and the actions that were underway to improve the position including:

- The Trust had spoken to Manchester University NHS Foundation Trust who benchmark highly in terms of outpatient cancellations. The Trust would implement best practice from Manchester.

- Focused work with specific directorates following highlighted variation between the performance of directorates. The Outstanding Outpatients programme was developing a diagnostic toolkit to reduce cancellations and would be implementing this methodology over the next eighteen months.

An update was requested on the work in relation to the reduction of cancellations in October.

**Action: Chief Nurse**

- Employing caring and cared for staff

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

- Sickness absence in May 2019 was 3.86%. The year to date figure is 3.92%, which is below the Trust target of 4.0%.
- Short term absence for May 2019 was 1.55%.
- Long term absence for May 2019 was 2.31%.
- The Trust appraisal rate for May 2019 was 89%, which is just below the Trust target of 90%.
- Compliance levels for mandatory training are at 91%, compared to the Trust target of 90%.

- Spending public money wisely

The Director of Finance highlighted the following points:

- The Month 2 position shows a £2121.3k (1.2%) deficit against the financial plan which is a £1.6m deterioration on the Month 1 position.
- There was an activity income under-performance of £1.5m to the end of May 2019, a deterioration of £1m in month. The deficit is mainly on elective, non-elective activity and critical care activity.
- There was a pay overspend of £1.8m (1.4%) after two months. Bank and Agency costs were £0.6m above the 2018/19 level for the same period. Medical and Dental staffing remains the pressure area.
- There was a £0.9m under delivery against efficiency plans at the end of May 2019.
- The key risks for 2019/20 relate to internal delivery of activity, efficiency and financial plans, financial, workforce and service pressures and receipt of the Provider Sustainability Funding (PSF).
- Additional concerns for 2019/20 relating to specific matters include general staffing issues and the current pension taxation issue.

The Chairman asked what discussions were being held with directorates around delivery of activity. The Chief Operating Officer reported weekly calls between his team and the directorates and noted that a large proportion of directorates had higher contract targets than in 2018/19.

- Delivering excellent research, education and innovation

The Medical Director noted that the update on delivering research, education and innovation update would be covered under a later substantive agenda item. See STH/113/19 for update.

The Chief Executive gave the following updates:

- Staff Sessions

During June and July the Chief Executive had invited all staff to attend open staff sessions. Five sessions had been held across the two sites and approximately 400 members of staff, from a range of staff groups had attended.

The Chief Executive had used these opportunities to thank staff for their hard work, tell them about the plans for the next year and answer any questions they had.

Similar sessions in the community were being arranged to enable community staff to participate. The most recent staff session had been recorded and would be available for all staff to view. Themes from the sessions included; the Trust's health and wellbeing offer to staff, IT and specific issues including pensions.

The Chief Executive confirmed that the plan was to have a regular programme of staff sessions in place.

- Directorate Annual Reviews

The Executive Team had completed all Directorate Annual Reviews for 2018/19, the outcome will include a revised score for performance and assurance for every Directorate. The Executive Team will be using the outcome of the reviews to prioritise areas for support. The Chief Executive noted that the Executive Team had observed a clear sense of commitment to, and delivery of, high quality patient care amidst increasing levels of demand for services.

- IT Pledges

Six organisational IT Pledges had been developed and agreed to deliver demonstrable changes in the Trust IT user experience during the 2019/20 year.

The Chairman challenged whether these pledges went far enough. The Board agreed that the pledges gave a tangible commitment to staff that by the end of March 2020 the day to day experience of IT for staff would be

improved. The Board discussed and agreed that regular updates to staff around these pledges would be critical.

- Renewal of Funding for Volunteer Services

The Chief Executive was pleased to announce that the Volunteer Services Team at the Trust had been successful in its application to Sheffield Hospitals Charity for continued funding of the Volunteer Service to March 2022. The Board recognised the vital roles that volunteers carry out within the Trust.

- Hadfield Wing

Rectification work on the Hadfield Wing had commenced.

In response to a query from the Chairman around when the full timetable for works would be available, the Director of Finance explained that regular meetings between the Trust and contractors would continue and it was hoped that full timetable of works would be provided shortly.

The Chief Executive confirmed that the two additional wards at the Northern General Hospital would be operational from 1 January 2020.

- NHS Sheffield Clinical Commissioning Group's (CCG) Improvement Plan

The plan had been signed off by the CCG's governing body on 4 July 2019 and had been published on the CCG's website.

- Sheffield Accountable Care Partnership (ACP)

The Chief Executive noted that from September 2019 she would chair the ACP Executive Delivery Group. She also noted the appointment of Mark Tuckett to the role of Accountable Care Partnership Director.

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

The report from the Chief Executive of SY&B ICS was attached as Appendix 3 to the Chief Executive's report and the Board was asked to note the update.

- Research and Innovation

The Board was asked to note the update in the Chief Executive's report around the Trust's involvement in a clinical trial of a new test to diagnose adrenal insufficiency and a pioneering new procedure for treatment of glaucoma.

- The Royal College of Nursing International Research Conference 2019

The 2019 conference will be held in Sheffield on the 3-5 September at City Campus, Sheffield Hallam University. The Chief Nurse is heavily involved in the conference and he and staff from the Trust would be promoting the Trust as a place to work.

- Sheffield Physical Activity Referral Scheme (SPARS) Exercise Referral – Activity as Medicine

The Chief Executive highlighted that the referral scheme was open to all secondary care clinicians. She commented that this was positive as similar schemes were usually targeted at referrals from primary care and having the scheme available to secondary care referral would benefit patients.

- Communications and Awards Updates

The Board congratulated the following teams on their recent awards:

The Autologous Haematopoietic Stem Cell Transplantation (AHSCT) team led by Professor Basil Sharrack and Professor John Snowden, crowned national winner of the NHS Future Award at the Parliamentary Awards at the House of Commons.

The Emergency Department End of Life Care Team, who had won the Emergency Nursing award at the Royal College of Nursing Awards.

The Chief Executive also highlighted;

The Trust had been officially recognised as a Centre of Clinical Excellence by Muscular Dystrophy UK.

The Trust had launched an internal communication campaign 'Pause before every Procedure' to ensure appropriate checks are made before delivering care.

Following suggestions from colleagues the temporary CT scanner at the Royal Hallamshire Hospital had been adorned with the Pride rainbow to show support for the LGBTQ+ community and colleagues.

- Additional updates

The Chief Executive thanked all staff for their support and commitment during the heatwave during week commencing 22 July 2019.

The Chief Executive also noted that Junior Doctor handover was scheduled for Thursday 1 August 2019. She welcomed new Junior Doctors to the Trust.

The Chairman asked a question about how the Board can be assured that the 'Pause before every Procedure' campaign has been received across the organisation. The Chief Executive explained that in addition to the campaign the Executive Team had asked about directorate plans for non-surgical procedures as part of the directorate reviews. The Communications and Marketing Director also reported that since the launch 42 departments had requested additional posters from the communications team and a number of teams had requested a powerpoint resource to talk to their teams about the campaign within their departments.

It was noted that an update of the ICS strategy was scheduled for November 2019. The Board agreed to dedicate time at the October 2019 Board meeting to have a

focused discussion on this. Candace Imison highlighted that workforce was a critical theme to be explored further at a system level.

## **STH/110/19**

### **Learning from Deaths**

The Medical Director presented Enclosures Di and Dii, the quarterly reports on deaths of patients under the care of the Trust. He explained that from April 2017, Trusts have been required to collect and publish specified information on deaths, though a paper to a public Board meeting. The Medical Director explained that the two papers covered the period from Quarter 4 2017/18 to Quarter 3 2018/19.

The key points highlighted were:

- The data is required to include the total number of inpatient deaths and those that the Trust has subjected to a Structured Judgement Review (SJR). Of the cases scored as either one (very poor) or two (poor) by the SJR the Trust needs to provide an estimate of how many deaths were judged more likely than not to have been due to problems in care.
- There were no cases within the reporting period where a death at the Trust had been judged more likely than not to be due to a problem in care.

The Board discussed the reports in detail.

The Chairman asked about the availability of national benchmarking data. The Medical Director explained the difficulties in getting robust benchmarking data due to the varying degree to which the Medical Examiner system has been implemented in different centres; Annette Laban added that the Trust is leading nationally with the use of the Medical Examiner system and that it would be important to read the results in the context of wider mortality indicators and serious incident reporting..

The Board discussed the role of the Coroner and the Coroner's relationship with the Medical Examiner. Recognising the complexities of the system the Medical Director agreed to produce a flow diagram to present back to the Board.

#### **Action: Medical Director**

Shiella Wright asked whether cross organisational reviews of deaths were carried out, noting that for many people a number of different organisations are involved in the patients care leading up to their death. The Chief Nurse highlighted that the commissioner led Learning Disabilities Mortality Review (LeDeR) programme was undertaking this sort of mortality review for deaths of people with learning disabilities.

The Board discussed the findings in the reports and agreed that the Healthcare Governance Committee should carry out a full review and report back to the Board in due course.

## **STH/111/19**

### **Cancer Update**

The Director of Strategy and Planning referred to her report (Enclosure E) which provided an overview of the current cancer waiting times standards and assurance to the Board that actions are in place to ensure performance continues to improve.

The key points to note were:

- Cancer waiting times is a key issue for the Trust and the 31 and 62 day standards remain challenging;
- The decline in performance during 2018/19 relates mainly to the specialities of urology and head and neck;
- Improvement plans are in place and a trajectory has been established for urology and Q1 performance shows good levels of delivery. It was noted that it has not been possible to establish a trajectory within head & neck and the number of cases are small and highly variable.

Noting that for the 62 day standard performance is heavily dependent on the performance of partner organisations the Chairman asked what is being done by the ICS to tackle the performance for shared pathways. The Director of Strategy and Planning highlighted that the Trust is working with the Cancer Alliance to improve the pathways across the patch. The Director of Strategy and Planning agreed to highlight the Board's concerns at the Cancer Operational Meeting which she chairs and to bring some feedback to the next Board meeting.

**Action: Director of Strategy and Planning**

The Director of Strategy and Planning also highlighted potential risks to performance, including the potential impact of annual leave over the summer period and the current pension taxation issues, which had been highlighted at the Waiting Times Performance Overview Group.

The Board had a detailed discussion around the national pension taxation issues currently affecting senior members of the NHS workforce, including doctors, nurses, AHPs, healthcare scientists and senior management. It was noted that the Department of Health and Social Care is consulting on the pension tax charges for senior doctors. The Director of Human Resources and Staff Development noted that to support those affected a number of briefing sessions have been arranged.

The Director of Human Resources and Staff Development, Medical Director and Chief Operating Officer would be considering all options that the Trust could take to prevent capacity being lost as a result of the issues and would keep the Board updated.

**Action: Director of Human Resources and Staff Development**

**STH/112/19**

**Update on Five Year Capital Plan and Capital Programme**

The Director of Finance presented Enclosure F which provided an update on the 2019/20 Capital Programme and Five Year Capital Plan. He noted that the Capital Plan had been approved by the Board in March 2019.

The Director of Finance highlighted that following concerns over the planned national capital expenditure levels in 2019/20 the Trust had been asked to reduce its level of capital expenditure by 20%, he explained that this was challenging for the Trust given that 20% slippage on the approved capital programme had been assumed when the plan had been submitted to NHS Improvement.

In response to this request the Trust had carried out a detailed review and had agreed a small number of schemes that could be deferred until next year.

The Chairman challenged whether there would be any impact on quality or care as a result of deferring the schemes. The Director of Finance explained that the schemes the Trust felt could be deferred were low risk. The Board agreed to keep the deferred schemes under review.

The Board of Directors:

- **APPROVED** the latest 2019/20 Capital Programme and **NOTED** the over commitment on the five Year Plan.
- **NOTED** the schemes listed the five year plan at Appendix A
- **NOTED** the risks outlined in section 5 of the report and the need to continue to generate additional resources for future years and/or identify opportunities to secure additional capital funding.
- **NOTED** the national discussions regarding the level of 2019/20 capital expenditure requirements, the Trust's consideration of this position and close attention which will need to be maintained to ensure an acceptable year end position is delivered.
- **NOTED** the importance of capital planning/prioritisation and "value engineering" in securing maximum benefits from limited capital revenue and funding.

### **STH/113/19**

#### **Research and Development Presentation**

The Clinical Research Director Dr Peter Sneddon delivered a presentation updating on the Trust's programme around the research agenda during 2018/19. He highlighted the Trust's excellent performance recruiting patients to research studies, which was positive for both the Trust and patients.

The Chairman thanked Dr Sneddon for an interesting presentation.

### **STH/114/19**

#### **Chairman and Non- Executive Director Matters**

Annette Laban asked the Board to consider how they could make use of a mock MDT scenario during interviews following a recent positive experience of this during an interview process.

The Chairman noted that it was Candace Imison's last Board meeting before stepping down from her role as Non-Executive Director at the end of August 2019. He thanked Candace for her positive contributions to the Board and Trust and wished her all the best for the future.

### **STH/115/19**

#### **Corporate Seal**

The Board of Directors **APPROVED** the affixing of the Corporate Seal and signing of the Transfer Deed for 5 Beech Hill Road: Title number: SYK669602.

**STH/116/19**

**Any Other Business**

No additional items were raised.

**STH/117/19**

**Date and Time of Next Meeting**

The next Board of Directors meeting will be held on Tuesday 24 September 2019, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.

Signed .....  
Chairman

Date .....