



Minutes of the Meeting of the BOARD OF DIRECTORS held in Public on Wednesday 18th July, 2012, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT:

	Mr. T. Pedder (Chair)	
Professor R. Billingsley		Mrs. S. Harrison
Sir Andrew Cash		Ms. K. Major
Professor H. A. Chapman		Mr. V. Powell
Mr. J. Donnelly		Mr. N. Priestley
Ms. V. Ferres		Professor A. P. Weetman
Mr. M. Gwilliam		

APOLOGIES:

Professor M. Richmond	Mrs. J. Phelan
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IN ATTENDANCE:

Miss S. Coulson	Mr. N. Riley
Mr. J. Coxon	Dr. D. Throssell

Ms. R. Cutting -	STH/113/12
Mr. F. Morris	STH/120/12
Mrs. J. Watkins	}

OBSERVER:

4 members of the public

Prior to commencement of the meeting, the Chairman welcomed the members of the public and David Throssell and James Coxon who were attending on behalf of Mike Richmond and Julie Phelan respectively.

STH/110/12

Declaration of Interests

No declarations of interest were made.

STH/111/12

Minutes of the Meeting held on Wednesday 20th June 2012

The Minutes of the Meeting held on Wednesday 20th June, 2012, were approved and signed as a correct record by the Chairman, subject to amending Director of Service Improvement to read Director of Service Development on page 5.

STH/112/12

Relevant Matter(s) Arising

(a) **Major Trauma Centre**

(STH/90/12(c)) Further to discussions at the June Board Meeting, the Director of Service Development reported that there was still some uncertainty around the data. It indicated that the original estimate that the Trust would receive 300 cases may have been too high and could be more in the region of 250, although it was noted

that there was still some data to come in.

The key points to note were:

- A decision to move to Phase 2 would not be taken in the near future but the Trust was working very closely with all the organisations involved and the plan was still to have 3 Major Trauma Centres in the Yorkshire and Humber region fully operationally by April 2013.
- 2 Trauma Nurse Co-ordinators had been appointed for commencement on 23rd July, 2012. The appointees were currently A & E Nurses and therefore would be able to pick up their new roles quickly.
- 3 additional Consultant Orthopaedic Surgeons had been appointed. The Chief Executive confirmed that those posts would be able to undertake other work than trauma cases.
- The process for appointing an additional Consultant Neurosurgeon was underway which would enable the Trust to have a Consultant Neurosurgeon presence on the Northern General Hospital site on Monday to Friday. Weekend cover was provided by the Neurosurgery oncall rota.

In response to a question, David Throssell confirmed that there was a shortage of Consultants in A & E Medicine nationally and also filling posts with locums was also difficult. However a Trust such as STH with a Major Trauma Centre would have recruitment advantages and be attractive to prospective candidates.

(b) 111 Initiative

(STH/90/12(b)) The Director of Service Development reported that the 111 contract had been awarded to South Yorkshire Ambulance Service in collaboration with a private provider.

(c) Cancer Service Improvement

(STH/91/12(c)(i)) The Director of Service Development reported that she had asked the Estates Department to examine the cancer outpatient waiting areas and to review any works which were necessary. She was awaiting a response.

(d) National Centre of Excellence for Sport and Exercise Medicine (NCESEM)

The Chief Executive reported that the NCESEM was launched in London on Tuesday 10th July 2012 and received good media coverage. The Chief Executive agreed to circulate copies of the various brochures linked to the launch to Board members for information.

Action: Sir Andrew Cash

STH/113/12

Clinical Performance

(a) Clinical Update: Healthcare Scientist of the Year

Dr. Throssell introduced Rachel Cutting, Principal Embryologist, and congratulated her on behalf of the Board on her recent award of Healthcare Scientist of the Year.

Rachel Cutting gave an extremely interesting presentation of the IVF and Embryology Service provided by the Trust. The key points to note were:

- Licence granted in August 2001
- Novel protocols and techniques introduced
- One of the first Units in the UK to be ISO 9001 certified (2005)
- Successful HFEA inspections
- Effective Multidisciplinary Team
- Over 2000 babies born
- Introduction of electronic witnessing into the Assisted Conception Unit in 2008
- Use of cryologic vitrification system for freezing embryos
- 40% pregnancy rate
- The significant achievement of reduction in multiple births from 24% in 2009 to 10% in 2012
- Patients were predominantly from the local area but patients were also drawn in from outside the region and a number of patients were self funding.
- The Unit was currently advertising for an additional Consultant to enable them to expand the service and increase capacity to 850 cases per year.
- The number of cycles a patient was allowed varied depending on the PCT paying for the treatment.
- Customer satisfaction surveys were carried out each year.

The Chairman thanked Rachel for an extremely interesting presentation.

(c) Infection Control Report

The Chief Nurse/Chief Operating Officer, referred to her written report (Enclosure B) circulated with the agenda papers.

The key points to note were:

- MRSA - The Trust had recorded 2 MRSA bacteraemia for the year to date which meant that it had breached the Department of Health threshold for 2012/2013. However, performance remained within the contractual and Monitor thresholds.
- C.Difficile - Good performance continued and the Trust remained on trajectory against the C.diff plan.
- MSSA - 72 cases had been reported in the last 12 months; 25 cases had been reported since April 2012. Although there was no threshold set for MSSA bacteraemia in 2012/2013, the Trust would continue to work to try to limit the number of cases.
- Ecoli – 22 Trust attributable cases of E.Coli bacteraemia were recorded in June 2012.
- Norovirus – the incidents of Norovirus were virtually non existent but that was typical in the summer months.

The Board of Directors **RECEIVED** and **NOTED** the Infection Control Report.

(c) Healthcare Governance Report

The Deputy Medical Director referred to the Healthcare Governance Summary Report (Enclosure C) circulated with the agenda papers which provided members with an overview of the healthcare governance matters reviewed by the Trust over the last month. He highlighted the following areas:

- The Quality Governance Inspection Programme: The Programme commenced in May 2012 and had been designed to simulate Care Quality Commission (CQC) methodologies. An inspection team consisted of 3 or 4 people led by a member of the Patient and Healthcare Governance Department. The team included both corporate and directorate governance specialists. Each inspection explored performance on one selected ward or department. Follow-up inspections would be conducted if areas for improvement were identified.

The first internal inspection had looked at falls prevention on Hadfield 6 and considered compliance with Outcome 4, care and welfare of people who use the services. The inspection team was impressed by their observations and received positive comments from staff and praise from patients. One area for improvement was identified relating to clear documentation of falls assessment and care planning. The findings would be shared with the falls work stream. Local improvements would be led by the Directorate Risk Lead. An inspection team would re-visit in approximately 3 months time to check that improvement had been achieved.

- The Healthcare Governance Risk Management Audit Programme – The programme had been introduced to monitor performance relating to 50 high risk criteria identified by the NHS Litigation Authority (NHSLA). It included incident and complaints management, mandatory training and directorate Healthcare Governance meetings. Progress would be reported through a new Directorate Healthcare Governance Performance Report to the Healthcare Governance Committee. The programme's aim was to identify any issues that the CQC and NHSLA might raise.
- Mortality Alert: The CQC had written to the Trust on 3rd May, 2012, regarding a new mortality outlier alert for emergency admissions coded to Healthcare Resource Group (HRG) H89 "other neck of femur fracture without complications or co morbidities". The CQC had identified a mortality outlier for this HRG during their automatic scanning of hospital episode statistics data.

Following investigations it was found to be a coding error. Patients admitted to hospital with a primary diagnosis of fractured neck of femur could be mapped to one of several HRG codes depending on the treatment provided and on whether complications or co-morbidities were present and recorded. The CQC confirmed that they would publish it as a closed case and did not require the Trust to provide an action plan. The Orthopaedic Directorate had drawn up an action plan to improve the accuracy of coding.

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Report for July 2012.

(i) Annual Clinical Effectiveness Report 2011/12

The Deputy Medical Director referred to the Annual Clinical Effectiveness Report 2011/12 (Enclosure D) circulated with the agenda papers.

The report represented a formal review of the local and national audit programme undertaken in the Trust during 2011/12 to demonstrate that it met the organisation's aims and objectives as part of the wider quality improvement agenda.

Key points were:-

- 580 Clinical Audit/and or Service Evaluation projects had been registered in 2011/12
- Formal involvement of junior medical staff in clinical audit had been introduced in 2010 and a policy regarding this had been developed.
- Audit was given a high priority in the Appraisal process.
- It was important that lessons learned as a result of clinical audit were acted upon.

The Board of Directors **RECEIVED** and **NOTED** Annual Clinical Effectiveness Report 2011/12

STH/114/12

Patient Experience

(a) Complaints and Feedback Report: April 2012

The Chief Nurse/Chief Operating Officer referred to the Complaints and Feedback Report (Enclosure E) circulated with the agenda papers. The Report had been shaped by the Patient Experience Committee and aimed to show the whole picture across the Trust and in particular identify any trends/themes.

The key points to note were:

- The Report included complaints from a whole range of sources both formal and informal.
- All complaints received were risk assessed in accordance with the Trust Risk Assessment Matrix for Incidents and Complaints.
- 99 new complaints were received by the Trust in April 2012.
- Ward Osborn 1 had received more complaints than expected and the reasons for that were being investigated by the Nurse Director concerned.
- 4 departments (Cardiology, Neurology, Ophthalmology and Orthopaedics) had peaked in the numbers of complaints received. That position had been investigated and no specific themes or trends had been identified.
- The Trust responded to 87% of complaints within 25 working days during April 2012 which was above the target of 85%.

- The charts on page 7 of the report linked the numbers of complaints received to weighted clinical activity. The reports indicated that General Surgery received proportionately more complaints than other Directorates over the past 12 months. The complaints had been reviewed in detail and the findings reported to Patient Experience Committee.

The Chief Nurse/Chief Operating Officer felt that the Trust needed to be more proactive in its approach to encouraging patients and the public to complete and return the feedback cards and work was ongoing in that area e.g. looking at opportunities around technology i.e. texting/messaging/twitter

The Chairman emphasised the importance of real time reporting.

A Non Executive Director highlighted the importance of staff attitude and reinforcing the importance of the Trust's values (PROUD) in the appraisal system.

The Board of Directors **RECEIVED** and **NOTED** the Patient Experience Report for April 2012.

STH/115/12

Financial and Operational Performance

(a) **Report from the Director of Finance**

The Director of Finance referred to his written report (Enclosure F) circulated with the agenda papers. He reported that there were no major issues.

The key points to note were:-

- The Month 2 financial position was a small deficit (£330k - 0.2% of budget) against plan with a significant over performance on activity (£1.7m) and an under delivery against Directorate efficiency plans of £927.9K (21.4%).
- There were a small number of Directorates with difficult financial positions for which plans needed to be developed quickly to address their deficits over a sensible timescale.
- The level of activity over performance was a subject for discussion with NHS Sheffield and the issues raised would need careful consideration and management. It was noted that risk share arrangements were already in place.

The Chief Executive reported that he had met with the Chief Operating Officer of NHS Sheffield and a further meeting was to be arranged involving teams from both organisations. He emphasised the importance of the Right First Time Programme as the strategic context and felt that good working relationships would provide the basis to identify a solution. He would report back to the Board at its next meeting.

- The on-going challenge of delivering major efficiency savings, whilst delivering key operational targets and coping with operational pressures, would remain fundamental to the Trust's success in 2012/13.
- The Trust now needed to begin to plan for 2013/14 when further significant savings would be required.

The Board of Directors **RECEIVED** and **NOTED** the Finance Report.

(b) Report from the Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer referred to Activity Report (Enclosure G) circulated with the agenda papers. The key points to note were:

- The target for the 18 week admitted pathway was met in May although the Trust had agreed to focus efforts on patients waiting the longest which would inevitably impact on the ability to achieve the standard for the quarter. There were plans to achieve the target every month in Quarter 2 for all specialities, with the agreed exceptions of Orthopaedics and Neurosurgery.
- The work to validate incomplete 18 week pathways continued as some issues with PatientCentre persisted.
- New outpatient activity was 4.4% above target in May and was now 2.7% above target for the year to date.
- Follow up activity was 5.4% above target for the year to date.
- The level of elective inpatient activity was 1.7% above target in May and was now 1.6% above target for the year to date.
- Non elective activity was 5.0% below expected levels in May but was 0.7% above for the year to date. It was 4.2% lower than in the first two months last year.
- The waiting list for inpatients fell by 289 in May and the outpatient queue fell by 350.

The Board of Directors **RECEIVED** and **NOTED** the Chief Nurse/Chief Operating Officer's Report.

STH/116/12

Our Staff

(a) Report from the Director of Human Resources

The Director of Human Resources referred to his written report (Enclosure H) circulated with the agenda papers. The key points to note were:

- The industrial action taken by 130 doctors within the Trust had had minimal impact on the Trust i.e. 10 elective operations and 135 outpatient appointments had been postponed. As agreed with the BMA, all striking doctors had responded and attended to urgent and emergency work.
- The second Health & Wellbeing Festival took place on 21st June 2012 across both main campuses. There were a range of stalls including representatives from local gyms, healthy eating services and offering healthy lifestyle advice to staff. Attendance at the event had suffered as a result of the industrial action and the poor weather on the day had restricted the number of people attending, particularly at the northern campus. The Health & Wellbeing Group have agreed to run a series of smaller scale events over a number of months to maintain interest and access to such services.
- A fast track musculoskeletal service for staff was being piloted in the Jessop Wing during 2012 with a view to rolling out the service to other staff with those conditions to support their early return to work.

The Chairman emphasised the importance of staff attitude. The Director of Human Resources felt that it was about embedding the Trust's values and behaviours throughout the organisation and also into its recruiting process.

The Chief Executive explained that staff engagement was a challenge across the NHS as a whole but evidence showed that it was moving in the right direction but efficiency measures within the Trust may have an adverse impact on it.

The Board of Directors **RECEIVED** and **NOTED** the Director of Human Resources Report.

STH/117/122

Proposals to Review the Trust's Constitution

The Trust Secretary referred to the written report (Enclosure I) circulated with the agenda paper. The paper set out the proposals to review the Trust's Constitution.

He explained that The Trust's Constitution was drawn up in 2004 and although it had been slightly amended on 3 occasions, it was timely to undertake a thorough review and redraft in response to a number of internal and external drivers.

The proposal was to conduct a review of the Constitution over two phases:

- To update the current Constitution incorporating a number of developmental aspects
- To update the revised Constitution in line with the Health and Social Care Act, once enacted (1st April 2013)

A joint task-and-finish committee of the Board and Governors' Council would be established to agree the review approach, to provide oversight of the review process, to approve proposals to redraft the Constitution and relevant complementary documents and to approve proposals for any pre-emptive revisions in readiness for commencement of relevant provisions of the Health and Social Care Act.

The Board of Directors **APPROVED** the following recommendations:

- To establish a joint task-and-finish committee of the Board and Governors' Council to agree the review approach, to provide oversight of the review process, to approve proposals to redraft the Constitution and relevant complementary documents and to approve proposals for any pre-emptive revisions in readiness for commencement of relevant provisions of the Health and Social Care Act.
- Taking advantage of Constitution review offered by DAC Beachcroft, undertake a review and redraft of the Trust's Constitution.
- To undertake a review and redraft of complementary policies and procedures.
- To secure appropriate approval for a redrafted Constitution within the Trust and by Monitor

STH/118/12

Chief Executive's Matters

The Chief Executive reported on the following matters:

- Following the departure of Professor. Mike Richmond, Medical Director, on 31st August, 2012, Dr. David Throssell would take up the role of Acting Medical Director from 1st September, 2012 and Dr. Andrew Gibson would be Deputy Medical Director. Dr. Gibson would lead of the Right First Time Project and the Clinical Efficiency

Programme. The post of Medical Director would be advertised and interviews for a substantive replacement would take place in September/October 2012.

- National Issues – The appointment of Chief Officers for the Clinical Commissioning Groups was progressing well.

Most appointments had been made for the National Commissioning Boards in the 4 regions. Beneath them would sit 27 local area teams across the country (4 in the Yorkshire and Humber region).

- Yorkshire and Humber Academic Health Sciences Network (Y&H AHSN) – the Y&H AHSN would be submitting an expression by Friday 20th July, 2012, with a view to becoming a first wave AHSN. If accepted a full application would need to be submitted by the end of September 2012.

STH/119/12

Chairman and Non-Executive Directors' matters

The Chairman reported the following matters:

- The Chairman and Vickie Ferres had attended the National NHS Confederation Conference. The Chief Executive of the NHS had given a powerful speech. The message was certainly one that the NHS would have to achieve savings and that would have significant implications for providers.

Vickie Ferres reported that she had attended 3 sessions on quality, individual health budgets and service reconfiguration. She had written up notes on each session and if any member would like to read them they should contact her.

The Chief Executive pointed out that individual health budgets were part of Phase 2 of the Right First Time Project.

- He had attended a meeting of the AUKUH the previous week. The Group had done some comparative work across the country on the maternity services tariff. The Chairman had circulated the data to the Chief Executive.
- The Chairman and Chief Executive had held a briefing meeting with Sheffield Labour MPs and had shown them the new intensive care facilities at the Royal Hallamshire Hospital. The feedback received was very positive.

STH/120/12

For Approval/Ratification

- (a) Full Business Case: A & E Expansion

Mr. F. Morris, Clinical Director, and Ms. J. Watkins, General Manager, were present for this item.

The Director of Finance introduced the item and explained that the Business Case sought approval for a scheme to extend the clinical space in the Emergency Department at the Northern General Hospital.

The Emergency Department was expanded in 2008 which provided a 6 bedded Clinical Decisions Unit (CDU) and the current scheme would build upon that expansion.

In addition to maintaining close physical links with diagnostic services, Critical Care, Theatres and the Medical and Surgical Assessment Units, the scheme would provide more space to address the impact of becoming a Major Trauma Centre, an improved working environment for staff, improved privacy and dignity for patients and their relatives, expanded CDU, more treatment cubicles, additional resuscitation rooms and improved flow of patients through the department. The new facilities would enable the Department to treat the increase in patients which had steadily grown over the last 15 years and was estimated to continue at a rate of 3%. The existing Emergency Department was designed to accommodate approximately 250 patients per day and the average daily attendance for 2012 was 315.

In selecting the preferred option (Option 2 as set out in the paper) the Project Group sought a solution that would offer high quality clinical space, value for money and would be deliverable within a tight time schedule. The decision of going with Option 2 did not jeopardise a potential Phase 2 of the project which would provide a facility for a primary care stream accessed via the same entrance as the Emergency Department. Phase 2 would involve converting the Fracture Clinic to a primary care facility and plans for such a scheme would be considered and, if appropriate, submitted in due course. It would not have been possible to include the Phase 2 works in the current scheme given that the model for the primary care stream was still being developed. It would, therefore significantly delay the completion date of the current scheme when the improved emergency facilities were needed as soon as possible to meet current pressures and to further improve the patient experience. It was also noted that one of the other key challenges was having the presence of senior clinical decision makers out of hours.

The proposed scheme would be completed in July 2013.

It was noted that the scheme had the strong support of the Medical Director and Chief Nurse/Chief Operating Officer.

The Board of Directors:

- **APPROVED** Option 2 as set out in the Business Case to expand the Emergency Department.
- **AGREED** that the Trust should proceed with all speed to agree a primary care workstream model as part of the Sheffield wide Urgent Care Programme.
- A further update would be presented to the Board in 3 months' time.

STH/121/12

Date and Time of Next Meeting

The next Meeting of the Board of Directors held in public would be at 9.15 am on 19th September, 2012, the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

Signed:..... Date:
Chairman