



Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC at 9.15 am on Wednesday 18th September 2013, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT:

	Mr. T. Pedder (Chair)
Sir Andrew Cash	Ms. K. Major
Professor H. A. Chapman	Mr. V. Powell
Ms. V. Ferres	Mr. N. Priestley
Mr. M. Gwilliam	Mr. M. Temple
Ms. S. Harrison	Dr. D. Throssell
Mrs. A. Laban	Professor A. P. Weetman

APOLOGIES:

Mr. J. Donnelly	Mr. A. Riley
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IN ATTENDANCE:

Miss S. Coulson (Minutes)	Mr. N. Riley
Mrs. J. Phelan	

Professor T. Downes	} STH/192/13
Mrs. S. Bailey	

OBSERVERS:

1 Governor
3 members of staff

STH/189/13

Declaration of Interests

No declarations of interest were made.

STH/190/13

To receive and approve the Minutes of the Meeting held 17th July 2013

The Minutes of the Meeting held on Wednesday 17th July, 2013, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman.

STH/191/13

Relevant Matter(s) Arising

(a) **Staff Engagement**

(STH/161/13) Following discussion at the July Meeting, the Director of Human Resources reported that the following action had been taken:

- He had discussed the need to simplify the appraisal process for Bands 8a and above with his team and it had been agreed that the same format (a one page form) as used for Bands 7 and below would be implemented. It was also felt it may also accelerate the roll out process.

- The Terms of Reference for the Staff Engagement Executive Group had been amended to reflect that the Group would be accountable to the Trust Executive Group and its work overseen by the Finance, Performance and Workforce Committee. It would meet on a bi-monthly basis. The next meeting of the Group was on 10th October 2013.

(b) Report from Chief Nurse/Chief Operating Officer

(STH/160/13(b)) The Director of Strategy and Operations reported that the provider Chief Executives and the Cancer Strategy Group Monitor had agreed to the Trust sending a letter to Monitor regarding late cancer referrals from District General Hospitals. The purpose of the letter was to ask Monitor for a change in the rules for breach attribution and to implement the Manchester Model. The letter was being drafted and would be sent off by the end of the week.

(Action: Kirsten Major)

(c) Da Vinci Robotic Surgical System

(STH/162/13(d)) The Director of Strategy and Operations reported that since the last Board meeting Commissioners had confirmed that they supported the purchase of the Da Vinci Robotic Surgical System and had agreed to cover the cost of consumables from 1st April, 2014. The Trust had therefore secured an arrangement with Da Vinci to supply the Trust with consumables for training purposes in appreciation for an early order. An order had been placed and the system should arrive in October 2013.

In terms of training, the plan was for the Urology Surgeons, who were already trained in robotic surgery, to be trained first and then other specialists would be trained on a phased basis. The plan was for the Gynaecology Consultants to 'go live' in March 2014.

The Director of Strategy and Operations emphasised that it was crucial that the Trust maintained capacity whilst the implementation of the system was being carried out. It was also noted that the impact of patient choice would need to be closely monitored.

It was **AGREED** that the Board of Directors would be provided with:

- (a) an update on the clinical outcomes in 6 months' time
(Action: David Throssell)
- (b) a post project evaluation report in one year's time
(Action: Kirsten Major)

STH/192/13

Clinical Performance

(a) Clinical Update: Microsystem Coaching Academy

The Director of Finance introduced Professor Tom Downes, Consultant Physician and Geriatrician/Clinical Lead for Quality Improvement and Ms Suzie Bailey, Service Improvement Director, who were in attendance to update the Board on progress following their presentation earlier in the year

Professor Downes gave a presentation on progress and the work being undertaken with the Trust (a copy attached to these minutes) and the lessons learned from Cohorts 1 and 2. Suzie Bailey spoke about her experiences in coaching and mentoring the Viral Hepatitis Team in the Outpatient Department.

The following points were noted:

- 2 cohorts had been completed and the third cohort was about to commence.
- The Microsystems Coaching Academy's aim was to improve the quality and value of care provided in Sheffield's healthcare system through the development of team coaching and to build improvement capability at the front line with knowledge, processes and tools to achieve system redesign.
- The pace of the roll out of the programme was constrained by pressures which were limiting managerial and clinical capacity. Further thought would need to be given to that issue as the current roll out programme did not conclude until 2018.
- In answer to a question whether there was scope to include service improvement training early in a clinician's career, Professor Downes stated that quality improvement science was already being introduced into the Medical School curriculum.
- The Chairman fully supported team working and emphasised the need to embed that culture within the organisation as it would bring huge benefits and would like to see it rolled out much quicker.
- By 2016 it was expected that improvement science would be part of normal core business.
- Staff from other organisations such as Children's Hospital Foundation Trust, Sheffield Care Trust and Clinical Commissioning Group had also gone through the training programme.
- The programme should be promoted/showcased more widely throughout the organisation in order to raise Staff's awareness at all levels. It was also suggested that Staff Side should be engaged.

The Chairman thanked Professor Downes and Ms Bailey for an informative and interesting presentation.

(b) Infection Control Report

The Chief Nurse presented the Infection Control Report (Enclosure B). The key points to note were:

- The Trust has had 0 cases of MRSA bacteraemia during August 2013.
- It had been 149 days since the last case of MRSA bacteraemia had been attributed to the Trust.
- Clostridium Difficile (C.diff) target performance was off trajectory against the C.diff plan. The Trust had recorded 10 cases in August. The year to date performance was 39 cases against a contract threshold of 32. Therefore the C.diff Action Plan had been reviewed and refreshed and included consideration of the increased use of Difficile-S for cleaning instead of Chlorclean. Monitoring would be undertaken to see if there was an evidence of an improvement following its introduction.
- The main issue was to maintain the pace of the deep cleaning programme at the Northern General Hospital.
- MSSA performance was off trajectory against the MSSA plan although there had been an improvement. The Trust's performance for the year to date was 27 cases against the Trust's self set target of 5 cases or less per month which would equate to 25 cases at month 5.

- As part of the Trust's Infection Control Programme, the following issues were identified as matters to be brought to the attention of the Board of Directors:
 - Theatres at the Northern General Hospital and the Labour Ward had achieved accreditation.
 - The Rotherham Renal Satellite Unit, the level 3 obstetric wards and the Royal Hallamshire Hospital operating theatres were working towards accreditation.
 - In response to an increased incidence of C.diff on Wards Q1 and Q2, the wards were now using Difficile-S for cleaning instead of Chlorclean.
 - Critical Care at the Northern General Hospital had confirmed dates for the deep clean programme.

In answer to a question, the Chief Nurse confirmed that infection data against wards was correlated in order to identify any themes/trends.

The Board discussed the spike of C.Diff cases in August 2013 and the possible causes. The Chief Nurse stated that there were many factors that could have had an impact but the specific cause of the spike was not known. She also reported that that a similar spike occurred at the same time in 2012. In answer to a question she did not feel that the fact the spike occurred in August when a high number of staff took holiday had any bearing on the position.

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

(c) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report (Enclosure C) and highlighted the following points:

- Mid-Staffordshire Public Enquiry - The recommendations made in the report relating to the activities of the Trust had been aligned to the Trust's strategy rather than developing a separate Francis Implementation Plan. The following four proposed commitments were presented for consideration to Trust staff, key partners and wider staff groups:
 - Learn from patient experience
 - Ensure appropriate Nurse and Midwifery staff ratios
 - Support and develop safe teams
 - Demonstrate great leadership

Each commitment would be supported by objectives both within individual Directorate Business Plans and through Trust-wide projects and initiatives and if agreed would be adopted as the key objectives within the Annual Quality Report for continued delivery in 2014/15.

- Care Quality Commission (CQC) Registration - The Trust's CQC registration had been amended to include Detention under the Mental Health Act at Royal Hallamshire Hospital, Jessop Wing and Weston Park Hospital as well as the Northern General Hospital.
- Quality Governance Inspections - A programme of nine internal inspections had been completed as part of the Never Event Improvement Plan. The purpose of the inspections was to look for reasons why Never Events may occur in theatre and particularly why objects may be retained after surgery. The eight recommendations which had arisen from the inspections had all been discussed in detail by the Healthcare Governance Committee.

- National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Given the significance of NCEPOD reports and to ensure that clinicians were fully engaged the Medical Director had appointed Dr. Nick Massey to take over the lead role for NCEPOD.
- Low Molecular Weight Heparins (LMWH) - The Trust had changed to using a single LMWH in January 2012, which was a major change and had not resulted in any significant problems.
- Serious Untoward Incidents (SUIs) - In July 2013 four SUIs and one never event involving a retained swab had been reported.

The following Annual Reports were presented:

(i) Health and Safety Annual Report

The Medical Director presented the Health and Safety Annual Report (Enclosure D) circulated with the agenda papers and highlighted the following key points were:

- No enforcement actions were served on the Trust in 2012/13.
- The HSE had not investigated any RIDDOR incidents reported to them in 2012/13
- The refurbishment of ward E1 bathrooms would be completed in 2013/14
- The Sharps Incident Group continued to review incidents and a safety device for blood collection would be the next system to be introduced
- "Contact with needle or other sharps in use' had now become the top incident.
- There had been a total number of 1491 staff incidents and 67 student incidents reported in 2012/13. More than half of the student incidents were in Restorative Dentistry and were cut and scratch injuries that were mainly caused by burs and scalers.
- The number of reportable RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences) incidents had reduced significantly in 2012/13. The most likely cause of that reduction was thought to be due to changes in the RIDDOR regulations in that the number of work days lost had changed from reporting at 3 days to reporting at 7 days. It was noted that the HSE had not investigated any of the 33 RIDDOR incidents reported to them.
- 3 radiation exposure incidents had been reported to the HSE, two of which had been investigated.

During discussion, it was **AGREED** that the Medical Director would report back at the October meeting on the Supplies Audit which scored 74% and required further work.

(Action: David Throssell)

(ii) Safeguarding Children's Annual Report

The Chief Nurse presented the Safeguarding Children's Annual Report (Enclosure E) circulated with the agenda papers and highlighted the following key points were:

- Safeguarding Children continued to be extremely high profile

- The activities and interaction of the Trust's central Safeguarding Team has increased as a result of the training and awareness raising across the organisation.
- Achievement of key objectives
- Responsibilities to the Sheffield Safeguarding Children Board (SSCB) and the sub-groups
- External reviews and audits
- Policies and procedures
- Education and training
- The work of the Jessop Wing Vulnerabilities Team.

It was noted that the report was utilised to frame the Trust's contribution to the Sheffield Safeguarding Children's Board.

The Chief Nurse confirmed that staff working in the community were subject to the same training as hospital based staff.

(iii) Learning Disabilities Annual Report

The Chief Nurse presented the Learning Disabilities Annual Report (Enclosure F) circulated with the agenda papers. She explained that it was a very important area of work and highlighted the following key points:

- The Trust had reviewed the recommendations from the 'Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD), 2013.
- There were several on-going developments which would enhance the care delivered to people with learning disabilities whilst they were accessing Trust services.
- Partnership working across organisations had led to a significant amount of success.
- The Hospital Passport was launched in Sheffield in Spring 2012. It was a communication tool developed in partnership with MENCAP, which provided basic but important information about the patient, and their health and support needs, to ensure that the person with learning disabilities gets appropriate care whilst in hospital. The document was completed at home and brought into hospital.

(iv) Annual Equality and Human Rights Report

The Assistant Chief Executive presented the Annual Equality and Human Rights Report (Enclosure G) circulated with the agenda papers. He explained that the report demonstrated that the Trust had a good grasp of the Equality Act 2010. However he emphasised that there was still much more work to do which may require provision of additional resources as the Trust only employed a part time Equality and Human Rights Manager.

The Board of Directors asked the Trust Executive Group to look into the matter in the context of the report.

(Action: Neil Riley/TEG)

(v) Annual Complaints Report

The Chief Nurse presented the Annual Complaints Report (Enclosure H) circulated with the agenda papers which had been discussed in detail by the Healthcare Governance Committee. She highlighted the following key points:

- The Trust had received 1444 complaints during 2012/13 which reflected a slight increase on the 1352 complaints received in 2011/12. The increase occurred mainly in the latter months of the year.
- All trends in relation to both numbers of complaints received and issues raised by complainants had been investigated throughout the year. The report illustrated some of the findings of the specific investigations undertaken.
- The main issues of concern raised by complainants in 2012/13 were about staff attitude, the appropriateness of care that had been received and issues regarding communication.
- The report highlighted some of the improvements made to services as a result of complaints and reported on progress made against the priorities of the complaints handling service in 2012/13. In total 134 specific actions were agreed by Directorates and departments as a result of learning from complaints.
- The Trust achieved its complaints handling performance targets overall although some Care Groups including Surgical Services, Emergency Care and OSCCA did not manage to respond to 85% of complaints within 25 working days.
- The report stated that priorities for the complaints handling service for 2013/14 would include reviewing the Trust Complaints Policy in light of the recommendations of the current review of NHS Complaints Handling that was being led by Ann Clwyd, MP and Tricia Hart, Chief Executive of South Tees Hospital, and which was due to be published in October 2013.
- The report would be posted on the Trust's Web Site.

The Board of Directors **RECEIVED** and **NOTED** the above Annual Reports.

STH/193/13

Financial and Operational Performance:

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

The Director of Finance referred to his written report (Enclosure I) circulated with the agenda papers and highlighted the following points:

- The 2013/14 Clinical Commissioning Group and NHS England contracts had been signed, although reaching agreement with Sheffield City Council on the Sexual Health Contract had been more problematical. The Trust had presented a final proposal to the Sheffield City Council and was awaiting the outcome of their deliberations.
- The Month 4 financial position was a £3,175.0k (1.1%) deficit against plan. The deficit as a percentage of budget to-date had remained stable over the last 3 months.
- The key on-going financial management actions were to drive the Efficiency Programme; to progress the Performance Management Framework work with financially challenged Directorates and secure good general Directorate financial performance; to contain operational and cost pressures; to manage contractual issues and deliver contract targets; to deliver CQUIN schemes; and to maximise contingencies. Developing a robust Health and Social Care System "Winter Plan" was a current priority.
- The local and national planning processes for 2014/15 were underway for what would inevitably be a very challenging year.
- Monitor had responded to the Trust's 2013/14 Annual Plan submission and had confirmed that the Trust had not been selected for a Stage 2 Review. Monitor's general message was to reinforce the need for Boards to monitor the risks to

compliance with license conditions and in particular to keep a firm grip on delivery and potential consequences from the challenging efficiency requirements faced.

The Chief Executive referred to the recent announcement that 53 health organisations were to be receive additional money for winter planning on the back of poor Accident and Emergency performance. He reported that none of those organisations were in South Yorkshire. That action had caused a significant amount of disquiet particularly among the Foundation Trusts within the Shelford Group as it appeared that organisations who had failed to achieve national targets were being rewarded and those organisations who had worked extremely hard under great pressure to achieve good performances would not receive any extra funding. It was an issue of fairness and the Shelford Group and other organisations would be making representations.

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

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

The Chief Nurse referred to the Activity and Access Report (Enclosure J) circulated with the agenda papers. She explained that, following presentation of the August position at the October Board meeting, the report would be presented by the Director of Strategy and Operations as a result of the changes in management arrangements. The following points key points were noted:

- The targets for the 18 week admitted, non admitted and incomplete pathways were met in July 2013.
- New outpatient activity was -2.5% below target in July 2013 but 1.2% above for the year to date.
- Follow up activity was -0.2% below target in July 2013 but 1.2% above for the year to date.
- The level of elective inpatient activity was 1.5% above target in July 2013 and 3.7% above for the year to date.
- Non elective activity was 5.0% above expected levels in July 2013 and 5.1% for the year to date.
- The waiting list for inpatients fell by 94 and the outpatient queue increased by 1883 in July 2013.
- Accident and Emergency had maintained the improvement seen in June 2013 and the Trust achieved 97.4% of all attendances and 96.6% for type 1 attendances were seen within 4 hours in July 2013. The year to date performance for all attendances was 95.9%
- There was one never event in July 2013.
- Following an enquiry at the previous Board meeting the report contained an update on the outpatient queue. The number of patients on the outpatient waiting list had risen from 25,129 at the end of June 2013 to 27,012 at the end of July 2013. Of these 11,869 had been waiting over 5 weeks compared to 10,245 at the end of June 2013. The specialities where the queue had increased significantly were Ophthalmology, ENT, General Surgery and Orthopaedics. During July 2013 the Trust received nearly 1,500 more referrals than it saw new attendances through its clinics so it was not unexpected to see an increase in the outpatient queue.

The Director of Strategy and Operations reported that the Trust continued to perform very well on all the cancer targets and that performance was continuing through September 2013.

The Board of Directors **RECEIVED** and **NOTED** the Activity and Access Report.

Our Staff

(a) Report from the Director of Human Resources: Staff Engagement Action plan

The Director of Human Resources referred to his written report (Enclosure K) circulated with the agenda papers. He highlighted the following points:

- In 2012 the Trust surveyed 5000 staff at the same time as surveying the 850 staff required for the Care Quality Commission NHS staff survey. This larger sample of staff enabled more directorate reports to be produced including a staff engagement score for every directorate.
- A template had been developed for every directorate which broke down the staff engagement score into the component factors of staff involvement, advocacy and motivation. That enabled directorates to identify their particular issues and therefore where to best focus their efforts.
- The Trust staff engagement breakdown (Appendix 1) identified that a key area of focus for the Trust was the need to improve staff involvement and Directorates had addressed that in their staff engagement action plans in a variety of ways including:
 - Holding focus groups
 - Holding roadshows
 - Using the microsystem approach
 - Using suggestions boxes (actual and virtual)
 - Holding timeouts
 - Undertaking surveys
- It was important that regular feedback was provided to staff to encourage continued staff contribution. Clear objectives would be in place for managers and regular communication updates provided to staff in the form of a “you said - we did”, highlighting suggestions that had been implemented by their directorate or department.
- Skills and tips in improving staff involvement for line managers were included in the ILM level 3 leadership and management programme.
- Staff would have a greater opportunity to be involved by completing the annual NHS staff survey as all staff would receive a questionnaire in 2013. Staff would be given the time to complete the questionnaire during working hours.

The following points were highlighted from the Minutes of the Meeting of the Staff Engagement Executive held on Friday 5th July 2013:

- An additional action had been included on the Trust Engagement Action Plan about improving the visibility of Senior Managers in the Trust including the introduction of a "Back to the Floor" scheme.
- The amount of unpaid overtime undertaken by members of staff had risen significantly since 2011 and the Staff Engagement Executive were investigating the reasons for that increase.

The Board of Directors **RECEIVED** and **NOTED** the update of Staff Engagement.

Chief Executive's matters

The Chief Executive referred to his written report (Enclosure L) circulated with the agenda papers and highlighted the following points:

- Care Quality Commission (CQC) - The Trust was in the second week of a 2-week unannounced inspection by the CQC across a range of its services. Feedback on the visit would be provided on 27th September, 2013.
- Yorkshire and Humber Academic Health Science Network (AHSN) - the AHSN business plan had been approved and licensing could proceed on the basis of the business plan. It was noted that the Trust was not looking to host the AHSN. It would be set up as a company limited by guarantee.
- Annual Members Meeting - the meeting had gone extremely well and was well attended. There was a high take up of the visit to the new Laboratories which caused some logistical problems. It was suggested that given the public's interest in seeing behind the scenes of hospital services it would be worth considering organising visits to various departments at other times throughout the year.

It was also suggested that consideration should be given to holding the meeting in the evening which would make it more convenient for the public and staff to attend. A larger venue would also be needed for next year.

- Patient-led Assessment of Care Environment (PLACE) - The Chief Nurse reported that Jane Cummings, Chief Nursing Officer for England, had written to NHS leaders about PLACE which was a new system for assessing the quality of the care environment and which replaced Patient Environment Action Team (PEAT) inspections from April 2013. Sheffield Teaching Hospitals had been part of the team that had developed PLACE represented by Mr. Kevin O'Regan, Hotel Services Director. The Trust had been involved in the pilot inspections earlier in the year.

PLACE assessments put patient views at the centre of the assessment process and use information gleaned directly from patient assessors to report how well an organisation was performing in the areas assessed – privacy and dignity, cleanliness, food and general building maintenance. Its focus was entirely on the care environment and did not cover clinical care provision or staff behaviours. The assessments would be undertaken annually and results would be reported publicly to help drive improvements in the care environment.

The Trust's results from the first PLACE assessments were:

- Cleanliness - 99%
- Food - 87-95%
- Privacy and Dignity and Wellbeing - >93%
- Condition, appearance and maintenance - 95%

The Board **NOTED** those excellent scores and expressed their appreciation to all those involved.

- Emergency and Urgent Care Intensive Support Team (ECIST) - ECIST were visiting the Accident and Emergency Department that day as requested by the Trust.
- National Cancer Patient Experience Survey - Following publication of the results of the Cancer Patient Experience Survey concern was expressed about how the Trust might

get into the upper quartile for cancer care. The Medical Director reported that the Cancer Executive were drilling down into particular issues identified in the Cancer Patient Experience Survey.

STH/195/13

Chairman and Non-Executive Directors' matters

There were no matters to report.

STH/196/13

For Approval/Ratification

(a) **Healthcare Governance Committee Terms of Reference**

The Board of Directors approved the Terms of Reference for the Healthcare Governance Committee which had been revised to reflect the impact of the new managements arrangements which came into effect on 2nd September 2013.

STH/197/13

Date and Time of Next Meeting

The next Board of Directors Meeting will be held at 9.15 am on Wednesday 16th October, 2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.