



**Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC at 9.15 am on Wednesday 20th November, 2013, in the Board Room, Northern General Hospital.**

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

**APOLOGY:** Mr. A. Riley

**IN ATTENDANCE:** Miss S. Coulson (Minutes) Mr. N. Riley  
Mrs. J. Phelan

Dr. R. Ghosh - item STH/216/13(a)

**OBSERVERS:** 2 Governor  
1 member of staff

**STH/213/13**

**Declaration of Interests**

No declarations of interest were made.

**STH/214/13**

**To receive and approve the Minutes of the Meeting held on 16th October 2013**

The Minutes of the Meeting held on Wednesday 16th October, 2013, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman subject to the following amendment:

- Minute STH/192/13(b) Infection Control Report (Page 3,) The fourth paragraph should read "It was noted that there were local contractual financial consequences for the Trust if it failed to achieve the target. However it was also noted that there was a possibility that any fines could be re-invested in improvements in infection control"

**STH/215/13**

**Relevant Matter(s) Arising**

- (a) **Late Cancer Referrals from District General Hospitals**

(STH/191/13(a)) The Chief Executive apologised to the Board for the fact that he had wrongly reported at the last Board meeting that the letter to Monitor regarding late cancer referrals from District General Hospitals had been sent when that had not been the case.

The reason for not sending the letter was because he decided to take the draft letter back to a meeting of the Working Together Chief Executives on 4th November, 2013, for a final time to get their agreement as they had shown a great degree of unease about it previously. Unfortunately, he had been unable to attend that meeting and therefore his intention was to re-visit the matter at their next meeting on 2nd December, 2013 as he wanted to get their agreement in the spirit of the partnership working.

In answer to a question of why there was "push back" from the Working Together organisations, the Chief Executive explained that if Monitor agreed to implement the Manchester Model, STH's position may improve and the District General Hospitals' positions may be made worse. However the most important point was that adopting the Manchester model would improve patient flow.

Board members agreed that the sooner patients were referred to the Trust the better and that asking Monitor to implement the Manchester model was absolutely the right thing to do.

Board members expressed disappointment that this matter had still not been resolved, given that it had been around for a number of years, and that the District General Hospitals had had ample opportunities to do so especially in the last 18 months.

The Board of Directors **RESOLVED** that this matter required urgent resolution prior to the December 2013 Board meeting.

**Action: Sir Andrew Cash**

(b) Integrated Sexual Health Services

(STH/194/13) The Chairman reported that he had raised the matter with the Chief Executive of the Sheffield City Council (SCC). It was also noted that Sir Andrew would raise the matter with the Chief Executive of the SCC at his meeting with him on Friday 22nd November, 2013 and would report back at the December meeting.

**Action: Sir Andrew Cash**

The Board of Directors requested that this matter be **RESOLVED** by the next Board Meeting on 18th December 2013.

(c) Analysis of Outpatient Queue

(STH/194/13(b)) Further to discussion at the October Board Meeting, the Director of Strategy and Operations explained that over the last year the Trust had seen a significant increase in both GP referrals and Consultants to Consultant referrals. She reported that there was a disproportionate impact on certain specialties particularly Respiratory Medicine and Cardiology. The matter had been discussed at the Clinical Management Board on 15<sup>th</sup> November, 2013, and was also on the agenda for the General Managers meeting on Friday 22<sup>nd</sup> November, 2013.

It was noted that consultant to consultant referrals were tightly controlled within the contract.

There was no sign of the outpatient activity reducing and the Trust was over performing against contract. The Clinical Commissioning Group had asked for a meeting with the Trust as they were concerned at the level of the outpatient queue and referrals and the impact it may have on the Trust's ability to achieve the 18 weeks target.

The Director of Strategy and Operations reported that the Trust was urgently drawing up an action plan to address the problem

Board members also felt that the matter should be raised at the joint meeting between the STH Board of Directors and the Clinical Commissioning Group Board to be held in January 2013.

The Chief Executive explained that the Sheffield GPs were now organised into 16 GP Consortia which in turn would be grouped into 4 with a single leader. It had been agreed that from January, 2014, a provider meeting would be held including representatives of the GPs, Care Trust, Children's Hospital and STH and he felt that this matter should be on the agenda for the first meeting.

It was **AGREED** that the Director of Strategy and Operations would provide a further update on the position at the December 2013 Board meeting.

**Action: Kirsten Major**

### **STH/216/13**

#### **Clinical Performance:**

##### (a) Clinical Update - Dementia: A Key Priority for Acute NHS Trusts

The Medical Director introduced Rob Ghosh, Consultant Physician/Specialist in Healthcare for Older People/Clinical Lead for Dementia, who gave a presentation on Dementia (copy attached to the minutes). The presentation covered:

- Why Dementia was such a national issue?
- The National Drivers and their impact on Acute Hospitals
- What was happening in Sheffield in terms of Dementia
- The developments planned for the next 12 months

The following points were noted:

- Dementia would become more common in the future
- The cost of treating dementia was huge
- One-third of the Trust dementia patients were located on the wards for older people and the remaining patients were spread across the organisation
- The Department of Health had taken the view that early diagnosis would help people get the help they needed
- The NHS needed to consider the implications of a growing number of patients with dementia over the next 25 years.
- A Carer's Survey was to be introduced which would identify which wards were better at looking after dementia patients.
- The Trust should look at improving its "public face" in building patient and carer confidence in how dementia friendly the organisation was including better promoting that its staff were trained in the care of dementia patients.
- A significant amount of work was being undertaken in order to avoid inappropriate admissions to hospital and to provide support to patients at home.
- The aim was to offer an equitable service across both hospital campuses.

Dr. Ghosh invited Board members to attend a one-hour training session run by the Trainer in Dementia Care about becoming a Dementia Friend. He explained that the session was particularly useful for lay people and if anyone was interested in attending they should contact Dr. Ghosh.

**Action: All to note**

The Chairman thanked Dr. Ghosh for an extremely interesting presentation.

(b) Infection Control Report

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

- The Trust recorded 0 Trust attributable cases of MRSA bacteraemia during October 2013 and it had been 210 days (up to 31 October 2013) since the last case of MRSA bacteraemia was attributed to the Trust. The full year performance was 1 case of MRSA.
- As requested at the October Board meeting the performance figures for 2012/13 had been included in the report for comparison purposes.
- The Deep Cleaning Programme on the Northern General Hospital site had been maintained throughout October and was continuing through November 2013.
- C.diff target performance was off trajectory against the C.diff plan although there had been a slight improvement in performance. The Trust had recorded 8 positive samples for October 2013 and the year to date performance was 57 cases of *C.diff* against a contract threshold of 45.
- MSSA performance was on trajectory against the MSSA plan.

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

(c) Winter Planning

The Director of Strategy and Operations referred to the paper setting out the Trust's winter planning arrangements (Enclosure C) circulated with the agenda papers. She reported that the paper had been presented to the Council of Governors on 22<sup>nd</sup> October 2013 and had also been shared with the Clinical Commissioning Group.

She highlighted the following actions that were being implemented to complete preparations for the coming winter period:

- The Primary and Community Services Directorate had increased the number of community packages available and had also extended their core hours to 0800 to 2200 hrs seven days a week.
- Additional Beds would be opened in a planned way
- Restructure the way Clinical Operations work during the week.

The Board noted that to date the Trust had not been affected by Norovirus which had enabled it to cope. In response to a question, the Director of Strategy and Operations confirmed that readmission rates would be monitored.

The Board also noted the following significant risks to successfully getting through the winter period:

- Inability to maintain safe staffing levels
- Inability to recruit key staff
- Prolonged periods of winter viruses
- Prolonged periods of adverse weather
- Inability to establish a model for the medical assessment centres.
- Admissions exceeding projected demand (>10% on 2012/ 2013)
- Admissions at much lower levels than expected(<2012/ 2013)
- Demand within the new reablement pathway (replacement of HOC) was unknown and may exceed intermediate care beds available

- Demand in primary and community services exceeded capacity available and waiting times increased
- Infection control policies and procedures in community services
- Variations in average length of stay producing variations in bed occupancy

The Director of Strategy and Planning explained that specific actions to mitigate each of the above risks were in place within the plan and as part of the normal winter planning arrangements.

Board members agreed it was a good plan but emphasised that for it to work all parties had to play their part.

The Board of Directors **NOTED** the winter planning arrangements.

(d) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report (Enclosure D) circulated with the agenda papers. He highlighted the following points:

- Care Quality Commission (CQC) Inspection (September 2013) - The final report had been received and no non-compliance concerns had been raised. The reports would be discussed by the Healthcare Governance Committee on 25th November 2013. It was noted that an action plan would be drawn up to address the matters which the CQC had identified as areas for improvement.
- New Intelligent Monitoring Report - The CQC had developed a new model for monitoring a range of key indicators about NHS acute and specialist hospitals. The indicators related to the five key questions which would be asked of all services – are they safe, effective, caring, responsive, and well-led. Organisations would be placed into six bands with band 1 being the highest risk and band 6 the lowest. STH had been assessed as being in Band 6.
- Clinical Audit Programme - This was a significant programme which included 372 projects divided into 7 main sections in order of priority. It was noted that 31 of the projects were considered to have a progress delay and therefore had been assigned an amber RAG rating for quarter 2 of 2013/14. The reasons for the delays were set out in Section 2 of the Healthcare Governance Report.
- Consent - Work was underway to modernise and improve the consent form.
- Mandatory Training Report – Health and Safety - The report provided assurance to the Healthcare Governance Committee and the Board of Directors that health and safety mandatory training was undertaken by all staff. It was noted that health and safety training records were maintained at local level.
- Serious Untoward Incident (SUI) - One new SUI had been recorded which involved the incorrect dosage of insulin.
- Never Events - As discussed at previous Board meetings the Trust had commissioned an external review of operating services in the light of the recent Never Events. Two reviewers had now been identified to undertake that review. One was a Clinician with an anaesthetic background who had a special interest in "Safer Surgery" and the other was a national expert in risk in the NHS and also industry.

No further Never Events had been reported to date.

- Care Rounding - There had been a significant amount of discussion about care rounding nationally. The Trust had incorporated care rounding across the majority of areas. However, the Medical Director pointed out that the evidence that care rounding improved patient care was not particularly strong. The Chief Nurse would discuss the issue with the Nursing Executive Group.
- Complaint - A complaint made by a patient in December 2010 and subsequently referred to the Parliamentary and Health Service Ombudsman had been upheld.

The key issues was that the patient had concerns about a particular clinician and had requested that the doctor not be involved in his care. However the doctor subsequently carried out a procedure on the patient. The patient's complaint was that he was not listened too and also about the length of time the Trust took to deal with his complaint.

It was important that the Trust learned lessons from this case.

The following report was presented by the Chief Nurse:

Annual Safeguarding Adults Report (Enclosure E)

The purpose of the report was to inform the HCGC and the Board of the current arrangements within the Trust for safeguarding vulnerable adults; to demonstrate the key achievements over the last 12 months and to identify the key priorities for 2013/14.

The Chief Nurse highlighted the following points:

- There had been significant progress made during the year on embedding the safeguarding structure and awareness into the organisation, and this was evidenced that by the rise in referrals and alerts and contacts with the STHFT Adult Safeguarding Team for advice. In part, the rise in referrals was linked to the full integration of the Primary and Community Care Directorate which had brought into the Trust some valuable resource, knowledge and expertise.
- The addition of the Mental Capacity Act Practice Development Facilitator post had strengthened the team's skills and knowledge.
- The work of the STHFT Adult Safeguarding team continued to grow with the addition of significant work streams in the last two years i.e. PREVENT and the DHR/SI process.
- The Safeguarding Children's agenda had led the way for the Safeguarding Vulnerable Adults agenda and having the same Chairman for both areas of work in Sheffield had helped significantly.
- The Key priorities for 2013-2014 were:
  - To provide referrer training to heads of Therapy Services and other allied health services and to senior staff within the Primary and Community Care Directorate, to enable them to identify safeguarding concerns, in order where necessary, to make appropriate referrals into safeguarding procedures.
  - To develop Podcasts for Safeguarding Adults which could be used to provide safeguarding refresher awareness and at corporate induction to signpost to further training and support.

- To provide further training for STH staff on completing and accurately recording mental capacity assessments and best interest decision making.
- To provide awareness sessions for health staff on the Government's PREVENT strategy
- Contribute to the city wide working group developing multi agency training on restraint.

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Report and the Annual Safeguarding Adults Report.

### **STH/217/13**

#### **Provide patient centred services**

##### (a) Friends and Family Test: Update

The Chief Nurse presented the scores and response rates from the Friends and Family Test for July to October 2013 and which now included the Maternity Services Scores and Response Rate for October 2013

<b>SCORES</b>	Jul	Aug	Sept	Oct
STH Inpatient	76	79	77	76
National Inpatient Average	71	72	n/a*	n/a*
STH A&E	71	72	68	65
National A& E Average	54	56	n/a*	n/a*
STH Combined	75	75	74	73
National Combined Average	64	65	n/a*	n/a*

<b>RESPONSE RATES</b>	Jul (%)	Aug (%)	Sept (%)	Oct (%)
STH Inpatient	26.0	23.0	18.8	30.8
National Inpatient Average	27.8	28.9	n/a*	n/a*
STH A&E	5.7	7.2	7.3	8.9
National A& E Average	10.4	11.3	n/a*	n/a*
STH Combined	14.5	14.0	12.4	18.1
National Combined Average	16.1	17.1	n/a*	n/a*

\*National data for October is not available until the end of November 2013.

<b>MATERNITY SERVICES</b>	<b>October</b>	
	<b>SCORES</b>	<b>RESPONSE</b>
STH - Antenatal Services	70	5.1%
STH - Birth	95	9.9%
STH - Postnatal Ward	61	17.9%
STH - Postnatal Community	60	2.7%
Total	74	8.6%

Results for Maternity Services would be published from the end of January 2014. National benchmarking data was unavailable until then.

She explained that there had been a significant increase in the response rate in October 2013 and the hard work was continuing in order to further improve that position. She also reported that the Trust had learned from the actions taken by other organisations whose performance was much better than STH's.

##### (b) Quarterly Patient Experience Report: 1<sup>st</sup> April 2013 to 30<sup>th</sup> June 2013

The Chief Nurse presented the Quarterly Patient Experience Report for the period 1st April to 30th June 2013. The key points to note were:

- The report contained patient experience feedback from a wide range of sources, including surveys, frequent feedback, website feedback and complaints.
- Staff attitude was the subject that received the highest amount of website, comments cards and complaints feedback in the quarter. It was the top positive theme and communication was the top negative theme.
- The number of completed comment cards had reduced significantly since 1<sup>st</sup> April, 2013 because ,following the introduction of the Friends and Family Test, volunteers no longer proactively approached patients to complete them.
- 322 new complaints were received between April and June 2013. This reflected a 0.6% increase in comparison with the number of complaints received in the same period last year.
- In response to a cluster of complaints, the Radiology Department had installed a new telephone call handling system and no further complaints had been received.
- The Friends and Family Test response rate for quarter 1 was below the overall quarter CQUIN target of 15%. A number of measures had been put in place, or were planned, in order to improve response rates
- Frequent Feedback Inpatient Survey - Results suggested excellent performance for patients having confidence in doctors treating them; confidence in nurses treating them; pain management; and treating patients with respect and dignity. The results indicated that there was variable performance in some areas such as doctors talking in front of patients as if they were not there, and staff not introducing themselves.
- Patient Information - Since introducing the new system for reviewing and archiving of leaflets, standards had improved considerably. However there remained some out of date leaflets and Patient Information Leads had been asked to review them as a priority. The implementation of the new Interlagos Advanced Publishing System was progressing well with the backlog of leaflets from Community Services being migrated to the new system as the first priority.
- Visits - Governors visited the Hearing Services Department during April 2013 and positive feedback had been received.

The Board of Directors **RECEIVED** and **NOTED** the Quarterly Patient Experience Report for the period 1st April to 30th June 2013,

(c) Government Response to Francis

The Chairman asked the Chief Nurse what action the Trust would be taking with regard to the Government's recent decision that Trust's should display nursing staff numbers on wards. She explained that there was a lot of discussion around the matter in the media. However, she would be looking to Governors for support and help to identify a good way of presenting the information in a meaningful way for patients and visitors.

The Chairman felt that it would have been helpful if a national way to display such information had been identified so as to provide some form of consistency and to avoid confusion. He felt that it was perhaps a matter that the Shelford Group could take forward.

The Chief Nurse would report back in due course.

**Action: Hilary Chapman**

**Financial and Operational Performance**

(a) Report from the Director of Finance

The Director of Finance presented his written report (Enclosure G) circulated with the agenda papers and highlighted the following key points:

- As discussed earlier in the meeting the 2013/14 Integrated Sexual Health Services contract with Sheffield City Council had still not been agreed. Following discussions in early September 2013 formal contact from the Council was still awaited.
- The Month 6 financial position was a small deficit against plan of £595.9k (0.13%) reflecting a small further deterioration in the operating position in September offset by the planned release of uncommitted central contingencies.
- 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 (particularly regarding potential contract penalties) and deliver contract targets; to deliver CQUIN schemes; and to maximise contingencies.
- The activity position was an over-performance against the Trust's activity plan of £0.25m which was a reduction of £0.75 from month 5. Both elective and non-elective activity were behind plan in September 2013. However, there remained a significant gross over-performance on non-elective activity (£2.1m), albeit that £1.2m of that was not received due to the national rules on the Marginal Emergency Tariff (MRET) and Emergency Readmissions within 30 days. There were also over-performances on Critical Care (£0.8m) and out-patients (£1.1m), with a significant under-performance on elective activity (£2.6m). The major commissioner over-performances still related to NHS Sheffield (NHSS) and NHS England (NHSE) but there were under-performances for other CCGs.
- The Trust had arranged a meeting with the Clinical Commissioning Group to discuss the matter of not allocating financial penalties for failing to achieve the C.Diff target.
- The Trust's position on Monitor's new financial risk rating (Continuity of Services Risk Rating - COSRR) was likely to be satisfactory in the short-term but any deterioration in the Trust's Income and Expenditure performance would have a significant impact on it.

The COSRR had two metrics which considered Liquidity (the number of days of operating expenses which the Foundation Trust's working capital balances represented) and Debt Cover (the number of times the Trust's annual debt commitments were covered by the I&E position). Each metric was scored from 1 (very high risk) to 4 (low risk) with the COSRR score being the average of the two rounded up.

- The local and national planning processes for 2014/15 were underway and information to-date was reinforcing the belief that it would be a very

challenging year. It was clear that the Trust would need to deliver £30m of further efficiency savings in 2014/15 given the 5% National Efficiency Target and the Education and Training tariff income losses. The first cut plans submitted by Directorates had only identified efficiency savings of around £18m and therefore there was still much work to do.

Board members expressed concern that it appeared to be the same Directorates each year which struggled with finance and performance and asked if there was any possibility of their positions improving.

The Director of Finance was hopeful that the Neuroscience Directorate's position would improve but he was less confident about the position of the other Directorates showing significant deficits.

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

(b) **Report from the Director of Strategy and Operations**

The Director of Strategy and Operations presented the Activity and Access Report (Enclosure H) circulated with the agenda papers. The key points to note were:

- The targets for the 18 week admitted, non-admitted and incomplete pathways were met in September 2013.
- New outpatient activity was 1.8% above target in September 2013 and 1.4% above for the year to date.
- Follow up activity was -1.5% below target in September 2013 but 0.5% above for the year to date.
- The level of elective inpatient activity was 1.1% above target in September 2013 and 3.0% above for the year to date.
- Non elective activity was -0.8% below expected levels in September 2013 and 3.3% for the year to date.
- The waiting list for inpatients had increased by 378 and the outpatient queue decreased by 332 in September 2013.
- Accident and Emergency performance was below target in September 2013 at 94.6% seen within 4 hours. The performance for quarter 2 was 95.7% and the year to date performance for all attendances as at month 6 was 95.5%.
- All cancer targets had been met in Quarter 2. It was noted that achievement of the Cancer Screening Target in Quarter 3 would be extremely challenging.
- Achievement of the 18 week targets was extremely challenging.

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

**STH/219/13**

**Our Staff**

(a) **Report from the Director of Human Resources**

The Director of Human Resources presented his report (Enclosure I), circulated with the agenda paper, which included updates on the staff appraisal process, the flu vaccination programme and the Minutes of the Staff Engagement Committee. He highlighted the following points:

- Staff Appraisals - Following feedback from the pilot of the new performance and values/behaviour appraisal process, the appraisal document had been greatly simplified and also now included guidance notes for managers and staff.

The recording of appraisal completion rates on Electronic Staff Records had been addressed by providing training support for Directorates and appraisal completion rates were reported monthly to the Finance, Performance and Workforce Committee and Operational Board and quarterly to the Human Resources Senior Business Partnerships Meetings with care groups. Processes had also been put in place to provide information on a monthly basis to Directorates to aid managers in the planning of their appraisals.

In order to deliver a 95% appraisal completion rate by March 2014, from November 2013, Directorates would be sent monthly a spreadsheet giving details of appraisals outstanding and due. The spreadsheet would include an extra column i.e. "planned date of appraisal" which Managers would be required to populate and return to Deputy Director of HR who would work with directorate managers to achieve the set timescales

- Flu Vaccination Programme – It was noted that the Executive Summary contained an error under the heading Purpose of the Report. The last sentence should read "The current uptake is 57.3% and not 67.3%.....", although the Director of Human Resources further reported that as of Friday 15th November, 2013, the current uptake stood at 64.4% which equated to 6075 members of staff. The Trust was therefore on trajectory to meet its target of 75% of front line staff being vaccinated. The support of the Communications Department has been crucial to the success of the programme and would continue to be so.
- Staff Engagement Group - It was noted that to date the response rate for the Staff Survey was 41% compared to 52% last year. The Human Resources Directorate was working closely with the Communications on ways of encouraging staff to complete and return the survey.

There was a proposal to bring in a Family and Friends Test for Staff on a monthly basis. However the Trust felt it was not appropriate and had recommended quarterly as there was a real danger of the organisation and its staff being over surveyed.

## **STH/220/13**

### **Chief Executive's matters**

The Chief Executive briefed the Board on a range of national policies and initiatives that had been announced ahead of the anticipated publication of the final response to the Francis Report in the forthcoming week:

- Transforming Urgent and Emergency Care Services in England - Phase 1 Report - The report was published by Sir Bruce Keogh and the five key headlines were:
  - i. Providing better support for self-care to reduce avoidable attendances and admissions – the suggestion here was that there should be a more comprehensive and standardised approach to care planning
  - ii. Helping people with urgent care needs to get the right advice first time – the example given here was enhancing the NHS 111 service.
  - iii. Providing a more responsive out of hospital service to prevent A&E being the default choice for urgent care – the suggestion here was about delivering rapid telephone consultations in primary care and potentially federating GP practices to offer extended opening hours.

- iv. Ensuring that medical emergencies were treated in the right facilities with the right expertise – the suggestion here was to re-brand and re-configure A&E services into 40-70 major emergency centres and ordinary emergency centres which would be capable of assessing and initiating treatment for all patients but patients needing specialist treatment after assessment would be transferred to a major emergency centre.
- v. Connecting the whole urgent and emergency care systems together through networks – the suggestion here concerns major emergency centres taking lead responsibility for the quality of care and operational performance of services across the network.

Locally, this presented a significant opportunity to take these headlines forward both within Sheffield and across South Yorkshire as a whole.

- Government's refreshed Mandate to NHS England 2014/15 - The refreshed Mandate consolidated the DH's role within the new system to provide strategic direction of the service whilst allowing NHS England to determine how best to implement agreed objectives in partnership with Commissioners, Providers and other bodies in the system. The priorities within the Mandate had remained consistent with last year and mirrored the NHS Outcomes Framework:

- Preventing ill health, and providing better early diagnosis and treatment of conditions such as cancer and heart disease so that more of us enjoy the prospect of a long healthy old age.
- Managing ongoing physical and mental health conditions such as dementia, diabetes and depression so that we, our families and our carers can experience a better quality of life so that care feels much more joined up right across GP surgeries, District Nurses and Midwives, Care Homes and Hospitals.
- Helping us recover from episodes of ill health such as a stroke or following injury.
- Making sure we experience better care, not just better treatment so that we can expect to be treated with compassion, dignity and respect.
- Providing safe care – so that we are treated in a clean and safe environment and have a low risk of the NHS giving us infections, blood clots or bed sores.

The Mandate also tasked the NHS with a range of issues previously identified in a number of areas for enhanced focus.

The Mandate and also the Urgent and Emergency Care Report provided significant opportunities for the Trust and the Right First Time Project to take forward a number of important initiatives particularly around the formation of GP Consortia which had just been agreed within Sheffield.

- Government's response to Mid-Staffordshire - It was **AGREED** that the Board should hold a strategic session in January 2014 to discuss the Government's response to Mid-Staffordshire and the above reports.

**Action: Neil Riley**

In the interim the Chief Nurse and Medical Director would go through the recommendations in the report in order to establish the Trust's position against them.

**Action: Hilary Chapman/David Throssell**

The Assistant Chief Executive would circulate a summary of the report.

**Action: Neil Riley**

The Chief Executive also briefed members on the following matters:

- NIHR Clinical Research Network for Yorkshire and Humber - In September 2013, the Trust was selected to be the host organisation of the NIHR Clinical Research Network for Yorkshire and Humber. STHFT would be one of the 15 new host Trusts for the NIHR CRNs in England and would work with 22 partners across Yorkshire and Humber.

The Yorkshire and Humber CRN was allocated £27.6m per annum (£138m over 5 years) to support clinical research, the second largest allocation. The new contract was due to commence on 1st April 2014 and would be based on the NIHR 'draft' Performance and Operating Framework which had been provided by the NIHR CC.

The first Partnership Group Meeting was due to take place on 27<sup>th</sup> November 2013 and agreement would be sought from partners for the Transition Plan for the CRN which described the principles for new network structure, funding allocations and staff transition to the new network. The Transition Plan had been written in consultation with partners across the network and was now being reviewed by Andrew Cash and Andrew Riley for submission to the NIHR CRN CC by 25th November 2013. Feedback on the plan would be received in late December 2013.

The Trust had now commenced the selection process for new senior posts for the CRN:

- Clinical Director and Chief Operating Officer
- 6 Research Delivery Managers distributed across the region

A Host Contract Meeting would be held between the Department of Health and the NIHR on 28<sup>th</sup> November 2013 and Peter Sneddon would attend on behalf of the Trust.

- Communications - The Trust had been successful in securing part of a £50m Government fund to cut the NHS energy bill. Nearly £3m had been given to the Trust so that the Northern General site could switch to a cooler hot water system which would save the Trust around £810,000 per year.

The Sheffield Occupational Health and Wellbeing Service had recently achieved Safe Effective Quality Occupational Health Services accreditation.

### **STH/221/13**

#### **Chairman and Non-Executive Directors' matters**

Annette Laban reported that the first meeting of the refreshed Organ Donation Committee had been held and had gone well. Dates for meetings in 2014 had been set.

### **STH/222/13**

#### **For Approval/Ratification**

- (a) Outline Business Cases for a Trust wide Electronic Document Management System and a Trust wide Clinical Portal

Ms. T. Harding, Director of Informatics, was in attendance for these items.

The Medical Director gave a detailed presentation which focused on the scope of the Transformation through Technology Programme and on the governance arrangements (copy attached to the minutes). The programme involved the implementation of a triumverate of systems i.e. Electronic Document Management System, Clinical Portal and an Electronic Patient Record.

The overall aim of the programme was to improve the:

- patient experience - empowered through telehealth and better hospital process
- clinician experience - empowered through better and more sophisticated technology to focus on care
- management experience - empowered via efficient, cost effective, processes, better information & intelligence and greater utilisation of resources
- partner experience - empowered via better communications with each other

The cost and key benefits of the two systems submitted for approval were:

- Electronic Document Management System - Estimated 'Total Cost' was £12.8m (capital & revenue). Key benefits:
  - Reduction in administration
  - Trustwide access to full patient record
  - Reduction in stationery and admin costs
  - Saving of over 20,000sqm of library space
- Clinical Portal - Investment Cost was £13.8m. Key benefits:
  - clinicians have a fuller picture of medical history
  - Immediate access to information and remote access 24/7
  - Improved patient safety because the information in 'one place'

It was noted that the cost benefits of both these systems were very high level at the moment.

It was noted that the Trust was still waiting to hear from NHS England if it had been successful in its bids for funding from the NHS Technology Fund towards the cost of the above systems.

In terms of governance arrangements for the project the plan was to establish a T3 Programme Board whose purpose would be to drive delivery of the programme and monitor progress. The T3 Programme Board would report to the Technology Board. Also sitting beneath the T3 Programme Board there would be a Finance and Governance Sub Group whose purpose would be to focus on the cost benefits.

During discussion the following points were made:

- Failure to secure funding from the NHS Technology Fund would not stop the Trust from going ahead with the 2 business cases but it may slow down implementation.
- It was **AGREED** that a "Gateway Process" should be built into the governance arrangements as programmes of this size and complexity had the tendency to slip.

**Action: David Throssell/Tracey Harding**

- It was noted that the Full Business Cases for the two systems would be presented to the Board in either February/March 2014.
- It was **AGREED** that the Transformation Through Technology Programme was a significant organisational development issue and one that should be discussed at a Strategic Board session.

**Action: Neil Riley**

- In terms of procurement risk, the Trust would be able to learn from other early adopters and the big mistakes already made. The Trust would also be undertaking a due diligence exercise.

The Board of Directors **APPROVED** the outline business cases for:

- a Trust wide Electronic Document Management System
- a Trust wide Clinical Portal

(c) **Common Seal**

The Board of Directors **APPROVED** the affixing of the common seal to the following documents between the Trust and the League of Friends:

- a lease of premises within the Brearley and Huntsman Buildings at the Northern General Hospital
- a licence for alterations to accommodation within the Brearley and Huntsman Buildings at the Northern General Hospital

(d) **Board of Directors: Terms of Reference**

The Assistant Chief Executive reported that the Board's Terms of Reference had been reviewed and updated. The notable changes were:

- Membership updated
- Committee titles updated
- Quoracy rules updated in line with Constitution
- Accountable section updated to remove the Council of Governors in accordance with Health and Social Care Act.

The Board of Directors **APPROVED** the updated Terms of Reference.

**STH/223/13**

**To Receive and Note**

(a) **Declaration of Interest**

The Board of Directors noted the interest declared by the Chairman as detailed in Enclosure N and that it had been included on the Trust's Declaration of Interest Register.

**STH/224/13**

**Date and Time of Next Meeting**

The next meeting of the Board of Directors would be held at 9.15 am on Wednesday 18<sup>th</sup> December, 2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.

Signed: .....  
Chairman

Date: .....