



**Minutes of the Meeting of the BOARD OF DIRECTORS held on Wednesday 19<sup>th</sup> March, 2014, 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
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	

**IN ATTENDANCE:**

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

Dr. D. Hughes - item STH/54/14(a)

**OBSERVERS:**

2 members of staff  
3 members of the public  
1 Governor

**STH/51/14**

**Declaration of Interests**

No declarations of interest made.

**STH/5214**

**Minutes of the Meeting of the Board of Directors held on Wednesday 19<sup>th</sup> February 2014**

The Minutes of the Meeting held on Wednesday 19th February, 2014, were **AGREED, APPROVED** and **SIGNED** as a correct record by the Chairman

**STH/53/14**

**Matter(s) Arising:**

(a) **Right First Time**

(STH/44/14) As discussed at the February 2014 meeting the Chief Executive reported that the Trust was under significant pressure relating to the delayed transfers of care (DTC). Since the February meeting the Trust had discussed the problem with its partners and a piece of work had taken place which had been discussed in a meeting of the Right First Time (RFT) Programme Board on 14th March, 2014. At that meeting it was agreed that the model was right but there was not sufficient capacity being commissioned in terms of active recovery and non-reablement pathways. The RFT Board Meeting also agreed that a clinical evaluation looking at the whole system should be carried out by an external body.

The Board noted that the A&E target was currently back on track and the reduction in DTOC was a contributory factor.

The Chairman requested that this matter remain as a regular item of business on the Board agenda for the foreseeable future.

**Action: Sir Andrew Cash/Neil Riley**

## **STH/54/14**

### **Clinical Performance:**

#### (a) **Clinical Update: Genomics**

Dr. David Hughes, Deputy Medical Director, was in attendance for this item and gave a presentation on Genomics (copy attached to the Minutes), which was the study of all of an individual's genes. The presentation covered the following areas:

- What is genomics?
- What is going on in relation to genomics in the NHS at the present time/
- What are the implications of genomics for STH in the future, in terms of planning our clinical services and estates and equipment infrastructure?

Some of the key points to note were:

- 100,000 genome projects – all clinics would participate
- Diagnostic hubs - an NHS issue
- Genome Testing Centre - discussions with Leeds and Newcastle had gone well
- Need to understand how Academic Health Centres, Diagnostic Hubs and Genome Testing Centres fit together and to prepare the ground as best as possible.
- There was a sense that Sheffield needed to achieve hub status in order to prosper as a successful location for services and research and achievement of that would require a genuine collaboration between STH and the Sheffield Children's Hospital.

It was **AGREED** that the Board of Directors should be kept updated on progress on a quarterly basis.

**Action: David Throssell**

#### (b) **Infection Control Report**

The Chief Nurse presented the Infection Control Report (Enclosure B) circulated with the agenda papers and highlighted the following points:

- There had been 2 MRSA bacteraemia in February 2014 but following completion of the Post Infection Review one case had been attributed to the Clinical Commissioning Group. Therefore the Trust had recorded 1 Trust attributable case of MRSA bacteraemia during February 2014. The Chief Nurse explained that this was an extremely complex case and the Post Infection Review process determined that, whilst the bacteraemia should be attributed to the Trust, it was unavoidable. The full year performance was 4 MRSA bacteraemia and it had been 19 days since the last MRSA bacteraemia was attributed to the Trust.

- C.diff target performance was off trajectory against the C.diff plan. The Trust had recorded 3 positive samples in February 2014 and the year to date performance at the end of February 2014 was 74 cases of C.Diff against a contract threshold of 70.

The Chief Nurse reported that, as she had hoped, a much more scientific approach had been taken in setting targets for 2014/15 and STH had been set a target of 94. However the Trust planned to set its own internal target which would be under the current year's performance which as of today was 77 cases.

The Board of Directors extended their congratulations to the Infection Control Team and all staff on an excellent performance.

- MSSA performance was on trajectory against the MSSA plan. The year to date performance was 47 cases.
- Norovirus - The Trust had experienced some problems but no beds were currently closed due to infection.

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

(c) Healthcare Governance Report

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

- Quality Update - The Trust had received positive feedback from a successful visit from the Department of Health Francis Response Team on 5th February 2014 and had been offered a return visit to the Department of Health.
- Hard Truths - The full report would be submitted to the Board of Directors in May 2014.
- Quality Report - The Quality Report Steering Group had identified the following three areas for improvement:
  - To ensure that every hospital patient has the name above their bed of the Consultant and Nurse responsible for their care. (Francis recommendation)
  - Complaints Management
  - Review of mortality rates at the weekend
- Care Quality Commission - The Trust did not receive any new Information of Concern notifications.

As part of their routine monitoring CQC had written to the Trust requesting information about a patient who sadly died in Northern General Hospital in September 2013 whilst detained under the Mental Health Act. The Serious Untoward Incident Group would oversee the review.

- Intelligent Monitoring Report - The Trust had maintained a risk score of 4 placing it in the lowest risk band of 6.
- Dementia CQUIN Report - STH was currently enhancing the services offered to people with dementia. Priorities included improving the identification of dementia, staff training and patient and carer experience.

- Mental Health Report - The Medical Director chaired the STHFT Mental Health Committee which provided strategic leadership and coordination of mental health issues and developments. It comprised representatives from STHFT including a Patient Governor, Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) including Liaison Psychiatry, South Yorkshire Police and the NHS Sheffield Mental Health Commissioning Team. Part of the Committee's extensive remit was a major revision of the STHFT Mental Health Strategy which was 5 years old and felt to be outdated. A Steering Group had also been established and tasked with reviewing access to mental health services in A&E and the Medical Assessment Units and consisted of members from NHS Sheffield Clinical Commissioning Group, STHFT and SHSCFT.
- Sustainability Report - The Trust would meet the target requirements of the NHS Carbon Reductions Strategy for England.
- Serious Untoward Incidents - Two new incidents had been reported since the January HCGC meeting:
  - Patient Antibiotic Treatment Delayed - The patient attended the Emergency Department following a review at the GP collaborative. There was a two day history of being unwell and the patient had a swollen and inflamed elbow which had been gradually increasing in size. The patient was found to be allergic to the routine types of antibiotics therefore, a different type was prescribed. However there was a delay in the patient receiving the first dose which was given orally and not IV as planned. The patient started to show signs of deterioration although that was not reflected in the early warning score. IV antibiotics were later administered but unfortunately the patient's condition deteriorated rapidly and the patient sadly died.
  - Development of a Grade 4 Pressure Ulcer - A patient was admitted with a fractured neck of femur sustained as a result of a fall at home. The patient was operated on and cared for at the Northern General Hospital over the following month. During that time the patient developed a grade 4 pressure ulcer which was still present on discharge.

The Board of Directors discussed the need to set a Trust standard for 2014/15 in terms of reducing Grade 3 and 4 pressure ulcers.

**Action: Hilary Chapman**

The Chief Nurse stated that pressure ulcers would be a CQUIN target for 2014/15. She also stated that there was a need to work closely with carers in Health and Social Care on tissue viability as well as the need to involve patients and their relatives in their care.

Full investigations into the above incidents were being undertaken.

- Never Event Review - The updated Never Event Improvement Plan had been agreed by the Health Governance Committee. The Trust was expecting to receive the final report following the Commissioned External Review by the end of March 2014

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Update.

## STH/55/14

### Provide patient centred services

#### (a) Friends and Family Test (FFT)

The Chief Nurse presented the FFT results for February 2014 as set out in the presentation attached to the Minutes. The key points to note were:

- The A&E Score deteriorated by one point.
- The combined score remained just above the national average.
- Response rates remained good.
- Following a fall in the A&E scores in January 2014, an analysis of negative comments was undertaken which identified that 'waiting time' was the top underlying theme.
- The number of A&E patients responding had significantly increased since the introduction of SMS texting in December 2013. The effect of that increase had resulted in a decreased A&E combined score.
- The response rates for Antenatal Services and Post Natal Community Services were disappointing and further work was required in those areas.

The Board of Directors **RECEIVED** and **NOTED** the Friends and Family Test update for February 2014.

**The Chairman left the meeting at this point and Vic Powell, Senior Independent Director, took over the Chair.**

## STH/56/14

### Financial and Operational Performance

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

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

- The 2013/14 Integrated Sexual Health Services contract value with Sheffield City Council was now confirmed.
- The Month 10 results showed a positive position, although there was still a number of factors which would have a material impact on the Trust's final 2013/14 financial results.
- Month 11 looked solid and the Trust had received a £2.2 m infrastructure payment from NHS England to reflect the inadequate tariff reimbursement for very complex treatments.
- 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. The Neurosciences Directorate had made good progress and they had been removed from the Performance Management process.
- Directorates had reported an under-delivery of £5.1 m against Efficiency Plans at Month 10.
- Delivery of CQUIN schemes was going well.
- The planning processes and contract negotiations for 2014/15 were drawing to a conclusion, although it was proving very challenging given the NHS financial environment and the pressures being placed on acute providers.

- The Trust's second cut plans for 2014/15 identified an improved level of efficiency savings. However, they were still significantly less than required and the challenge from the national efficiency requirement and education and training income reductions means that a satisfactory outcome to the contract negotiations was critical.

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 referred to the Activity and Access Report (Enclosure E) circulated with the agenda papers and apologised that the information regarding late cancer waits had been inadvertently excluded from the report (a copy of that information was tabled). She also pointed out that the waiting list for inpatients had increased by 463 and not 575 and that the outpatient queue had increased by 111 and not 1321 as stated on the Executive Summary. The report would be amended accordingly and posted on the internet.

The Director of Strategy and Operations highlighted the following key points:

- The targets for the 18 week admitted and incomplete pathways were met in January but the target for completed non admitted was not.
- There were no patients waiting over 52 weeks.
- New outpatient activity was 3.3% above target in January and 2.6% above for the year to date.
- Follow up activity was 3.2% above target in January and 2.0% above for the year to date.
- The level of elective inpatient activity was 6.7% above target in January and 4.3% above for the year to date.
- The number of operations cancelled on the day for non clinical reasons (such as lack of beds) was 109 in January which was higher than in previous months where the average number of cancellations had been 83. The total number of cancellations for the year to date was 858 compared to a target of 752. A detailed piece of work was being undertaken by the Surgical Board (led by the Medical Director) to tackle the causes of cancellations and would be a key operational focus in the year ahead.
- Non elective activity was 2.0% above expected levels in January and 3.9% above for the year to date.
- Accident and Emergency performance was above target in January with 95.9% of patients seen within 4 hours. The performance for the Quarter was 95.9% and for the year to date 95.5% (as at month 10). As at 19<sup>th</sup> March, 2014, the A&E performance was 95.03% and there were no breaches that day.
- The performance against the Cancer Waiting Time Targets was on or above target. That was despite a very challenging January for the targets associated with 2 week waits and the 62 day referral to treatment. The percentages achieved were 92.5% and 83.7% respectively. The position had improved considerably in February and March and the position for quarter 4 was currently on target. Achievement of the targets for the Trust would be challenging, but was not abnormal for Quarter 4 where the seasonal increase in patients choosing not to have treatments and diagnostics were felt the most. The monitoring had been escalated to daily reporting and individualised plans for patients approaching breach dates.
- There was a declining performance in the 62 Day Cancer Pathway in that 43 referrals were received after day 38. The information on the 62 Day Cancer Pathway was discussed by the Cancer Strategy Group on a monthly basis and

the District General Hospitals had all committed to sharing the information with their Board of Directors in their public meetings.

The Board of Directors **AGREED** that:

- a review the 62 Day Cancer Pathway should be undertaken in June 2014 to check if there had been an improvement.

**Action: Kirsten Major**

- data on delayed transfers of care should also be included in future Activity and Access reports.

**Action: Kirsten Major**

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

(c) 18 Week Wait Performance

The Director of Strategy and Operations referred to the updated on 18 week wait performance (Enclosure F) circulated with the agenda papers and highlighted the following points:

- The Trust had met the 18 week referral to treatment target for admitted and incomplete pathways in January 2014. However the target for non-admitted had not been met in January 2014 and therefore it had not been met for the last three months (November 2013 to January 2014).
- The validation of incomplete pathways has reduced them by 3000 to date which had a positive impact on the Trust's performance. The aim was to ensure that the list was as valid as possible so that the Trust could rely on it for 18 weeks.
- All agreed actions within the action plan were progressing:
  - The Access Policy had been reviewed, revised and disseminated across the Trust and posted on the Trust's intranet.
  - Central Validation Team was being established
  - Ward based training has been rolled out and was progressing well
  - A comprehensive 18 week pathway monitoring report (18 Week Pipeline) was being piloted by Surgical Services
  - The Waiting List Task and Finish Group was next due to meet on 18<sup>th</sup> April, 2014.
  - All Directorates had been asked to put plans in place to ensure that the 18 week targets were met from July 2014.

**The Chairman returned to the meeting at this point and took back the Chair.**

During discussion the Director of Strategy and Operations made the following comments in answer to questions:

- In order to achieve 18 weeks the Trust would need to adopt a mixed model of both central and devolved arrangements including standard operating procedures.
- At present the Trust received most of its referrals in paper format and only 10% through Choose and Book. However the Trust was embarking on a joint project with the Clinical Commissioning Group with the aim that by the end of 2015 all referrals from GPs would come to the Trust via Choose and Book.

The Board of Directors:

- **RECEIVED** and **NOTED** the more detailed description of 18 week RTT performance as requested previously by the Board of Directors.
- was **ASSURED** that all actions were being progressed.

#### **STH/57/14**

##### **Our Staff**

(a) **Report from the Director of Human Resources: Findings of the 2013 NHS Staff Survey**

The Director of Human Resources referred to his report (Enclosure G) circulated with the agenda papers which set out the findings of the 2013 NHS Staff Survey.

He highlighted the following points:

- The majority of staff who returned the survey would recommend the Trust as a place to be treated or to work.
- The results of the survey showed that more staff would recommend the Trust than the national average. The majority of staff also said they were satisfied with the quality of work and patient care they delivered.
- The Trust had shown improvements in how well it engaged with staff and the survey particularly showed that more staff felt able to contribute towards improvements at work and that there was good communication between managers and other staff.

The Staff Engagement Action Plan would be developed during April 2014 and the revised version would be presented to the Board of Directors in May 2014.

**Action: Mark Gwilliam**

- The results also showed that fewer staff experienced harassment, abuse or bullying from other staff and patients than the national average.
- Fewer members of staff were working extra hours than the national average
- Staff believed the Trust provided equal opportunities for career progression or promotion.

The Board of Directors felt that it would be helpful if the Trust's results could be compared with that of other Teaching Trusts. The Director of Human Resources stated that he was looking at producing some data from the Shelford Trusts and would present that information firstly to the Finance, Performance and Workforce Committee and then to the Board of Directors.

**Action: Mark Gwilliam**

The Chief Executive stated that the improvement in the appraisal scores was an excellent achievement.

#### **STH/58/14**

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

The Chief Executive briefed members of the following matters:

- Week commencing 17<sup>th</sup> March 2014 was Nutrition and Hydration Awareness week. The aim was to highlight the importance of nutrition and hydration to patients in promoting health and wellbeing. The Chief Executive explained that there had been many changes in the way nutrition and hydration issues were addressed at the Trust in recent years. One of the main developments had been the introduction and support of the Nutrition Champions who work in clinical areas and promote good practice in patients' food and drink activities.
- Professor Alison Loescher, Consultant in Oral Surgery, had been appointed to the position of Clinical Director of Oral and Dental services with effect from 1<sup>st</sup> April 2014 and brings a wide range of experience and skills to the role. Professor Loescher would take over from Professor Ian Brooks who had shown outstanding leadership as Clinical Director over the last 14 years.

It was agreed that the Chairman would write to Professor Brooks on behalf of the Board of Directors to thank him for his contribution as Clinical Director.

- The Peer Activities in Sexual Health (PASH) Young People's Peer Education Project had won the young people's sexual health service/project of the year award at the UK Sexual Health Awards. The project was established in May 2004 by the Centre for HIV and Sexual Health Service and trains and supports young volunteers (16 – 20 years old) to deliver sexual health information and education sessions to young people in schools, colleges and informal youth settings.

The Board of Directors extended their congratulations to the whole team.

- Staff at the Jessop Wing had won team of the year in the Midwifery Awards for providing care for vulnerable women.

The Board of Directors extended their congratulations to the whole team.

- The Trust was undertaking a full investigation into the matters raised in the recent article published in the Mail on Sunday regarding the Assisted Conception Unit.
- Simon Stevens had been appointed as Chief Executive of NHS England following the retirement of David Nicholson at the end of March 2014.
- Jeremy Hunt, Health Secretary, had written to all NHS staff regarding whistleblowing. The main points were:
  - Whistleblowers would be listened to
  - Employment contracts would include the routes of how to raise concerns about care
  - There was a new independent national 'Help Line' for anyone wishing to raise a concern.
- The Assistant Chief Executive reported that he had recently attended an event for the Health Scientist Week. The event was about trying to encourage young people into the professions and provide an opportunity for them to explore the careers available.

#### **STH/59/14**

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

There were no matters to report.

**STH/60/14**

**To Receive and Note**

- (a) Declaration of Interest Register for Board Members and Senior Executives

The Board of Directors **RECEIVED** and **NOTED** the updated Declaration of Interest Register for Board Members and Senior Executives for the period 1st April 2013 to 31st March 2014.

**The Chairman left the meeting at this point and Vic Powell, Senior Independent Director, took over the Chair.**

**STH/61/14**

**Chairman's Appraisal**

The Assistant Chief Executive referred to the report (Enclosure H) circulated with the agenda papers which outlined the process followed for the Chairman's appraisal for the period 2012/13 and the outcome of that appraisal. The outcome of the appraisal had also been reported to the Council of Governors on 11<sup>th</sup> February 2014. The Board **NOTED** the outcome.

The Assistant Chief Executive stated that it felt timely now to undertake a review of the current appraisal process which was adopted some years ago as it was regarded as cumbersome and would benefit from improvement and streamlining. The Board of Directors **NOTED** that the Assistant Chief Executive would present a revised appraisal process to the Council of Governors and the Board of Directors in due course.

**Action: Neil Riley**

**STH/62/14**

**Date and Time of Next Meeting**

The next meeting of the Board of Directors held in public would be on Wednesday 16<sup>th</sup> April, 2014, in Seminar Room 1, R Floor, Royal Hallamshire Hospital at a time to be notified

Signed: .....  
Chairman

Date: .....