Minutes of the BOARD OF DIRECTORS held on Wednesday 19th November 2014, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT:	Mr. T. Pedder (Chair)	
	Sir Andrew Cash	Mr. V. Powell
	Professor H. A. Chapman	Mr. N. Priestley
	Mr. M. Gwilliam	Mr. M. Temple
	Ms. K. Major	Dr. D. Throssell
	Ms. D. Moore	Professor A. P. Weetman
	Mr. J. O'Kane	
IN ATTENDANCE:	Miss S.Coulson (Minutes)	Mr. N. Riley
	Mrs. J. Phelan	
	Mr. D. Child, Dr. A. Gibson }	item STH/258/14)
	Mrs P. Brooks, Ms J. Lowe }	item STH/260/14(a))
APOLOGIES:	Mrs. S. Harrison	Mrs. A. Laban
OBSERVERS:	5 Governors	
	1 member of staff	
	1 member of the public	

STH/255/14

Declarations of Interests

No declarations of interest were made.

STH/256/14

Minutes of the Private Meetings of the Board of Directors held on Wednesday 15th October 2014

The Minutes of the Meeting held on Wednesday 15th October, 2014 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/257/14

Relevant Matter(s) Arising

There were no matters arising.

STH/258/14

Clinical Performance

(a) Clinical Update: TTO's (To Take Out)

Dr. Andrew Gibson, Deputy Medical Director and Mr. Damian Child, Head of

Pharmacy Services gave a joint presentation on TTO's a copy of which was circulated with the agenda papers.

A Task and Finish Group had been set up to look at the management of TTO's which was critical to the maintaining patient flow through the organisation. In order to improve current practices the Task and Finish Group proposed that the Trust adopt a "Home Before Noon" Policy which would encourage more rigorous ward rounds and improved planning for discharge on the day before as well as improving the patient experience.

The Chairman thanked Andrew Gibson and Damian Child for their excellent presentation and the Board supported the use of a strap line but suggested that it should be a "Safely Home Before Noon" Policy.

(b) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report (Enclosure B) and highlighted the following topics:

- The HCGC had received a presentation on Management of the Deteriorating Patient and the key points to note were:

  - The results of the Resuscitation Audit suggested that cardiac arrest was more likely at the beginning of the week, the hour of cardiac arrest was more prevalent at 6.00am, more patients were male and the majority were of patients were aged over 71 years.

  - A structured casenote review highlighted areas for improvement on admission and within 48 hours.

  - Learning had been taken from other Trusts and in one area cardiac arrest had been reduced by 70%. Global evidence suggested that 85% of cardiac arrests were preventable.

- The outcome of the Cardiac Surgical Review was expected early in the New Year.

- The Trust Clinical Audit Programme included 352 projects which were divided into the following 7 main sections in order of priority:

  - The National Clinical Audit and Patient Outcomes Programme – NCAPOP (80)
  - Quality Accounts projects additional to NCAPOP (41)
  - NCEPOD (3)
  - Additional Regional / NHS Sheffield priorities (11)
  - NICE Guidance (109)
  - Additional Trust priorities (65)
  - Directorate priorities (43)

  The Trust monitored TCAP via bi-monthly meetings of the Clinical Effectiveness Committee (CEC). In addition, all organisations were subject to monitoring of progress with the commissioned element of the TCAP on a bi-annual basis by NHS Sheffield. The Chair of CEC actively intervened when delays with progress of individual projects were experienced

- Serious Untoward Incidents (SUIs)

  - Waiting List Management - Inaccuracies in the recording of patients on waiting lists had been identified and as a consequence some patients had been waiting longer than anticipated. Work was ongoing to establish whether any patient's prognosis may have been affected as a result of waiting longer than expected for treatment.

  - Confidentiality Incident - A patient reported that when they had returned home following a visit to the antenatal clinic they discovered that their handheld records document contained confidential clinical information relating to another patient. The patient to whom the notes related to was informed.

  - Pressure Ulcer Incident - A patient developed a complication following surgery and although the patient was at low risk of pressure ulcers the patient was placed on an air mattress as a preventative measure. Over the next week the patient's skin was noted to be red but not broken. However the patient then became incontinent and fell on to their bottom. Over the next few days the patient developed grade 2 sores to both buttocks, one of which progressed to a grade 3 sore.

  - Antibiotics Omitted - A patient was admitted with a possible appendicular abscess and was commenced on prescribed intravenous antibiotics. A decision was taken in conjunction with the patient to treat the abscess conservatively rather than by proceeding to surgery. The following day IV antibiotics were not prescribed as intended, and were subsequently not re-commenced for a further 2 days.

  Investigations into each of the above were being undertaken and reviewed to ensure lessons were learnt to prevent a recurrence.

  The Chief Nurse referred to the following two reports which had been considered in detail by the Healthcare Governance Committee:

  - Annual Safeguarding Children Report (Enclosure C) – The purpose of the report was to:

    - inform the Trust Executive Group and Board of Directors of the current arrangements for safeguarding children within the Trust
    - ensure the Trust meets NHS Sheffield Clinical Commissioning Group's (SCCG) assurance standards for safeguarding children.
    - demonstrate key achievements in safeguarding children over the last 12 months (2013/14).
    - identify the key priorities for 2014/15 to improve the processes, policies and audits, training and assurance for safeguarding children.

  - Annual Safeguarding Adults Report (Enclosure D) – The purpose of the report was to:

    - inform the Trust Executive Group and HCGC of the current arrangements for safeguarding adults including people with learning disabilities within the Trust.
    - demonstrate key achievements to safeguard vulnerable adults over the last 12 months

- identify the key priorities for 2014-15 to improve the processes, policies and audits, training and assurance in order to better safeguard vulnerable adults

The Chief Nurse emphasised that having the same independent Chair for both Adults and Children Boards was of significant value and maintained consistency.

The Chairman emphasised the importance of maintaining up to date training records of that training.

(c) Infection Control Report

The Chief Nurse presented the Infection Control Report (Enclosure E) and highlighted the following points:

- The Trust had recorded 1 case of MRSA bacteraemia during October 2014. The Post Infection Review process was currently determining the cause of the bacteraemia.
- *C.diff* target performance was off trajectory against both the internal and contract *C.diff* plan. The Trust had recorded 4 positive samples in October 2014 which took the year to date performance to 63 cases against an internal threshold of 46 and a Monitor threshold of 55.
- Monitor were using the number of cases of *C.diff* associated with lapses in care to determine whether the Trust was meeting its governance requirement in respect of *C.diff*
- Discussions were beginning with NHS Sheffield Clinical Commissioning Group about the Contract Penalties and how they would be applied if the Trust breached its contract target
- MSSA performance was off trajectory against the MSSA plan by one case. The year to date performance was 26 cases against an internal threshold of 25.

The Board of Directors **RECEIVED** and **NOTED** the infection control report.

STH/259/14

Provide patient centred services

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

The Chief Nurse presented the FFT results for October (a copy of which is attached to the Minutes). She explained that the scoring system for FFT data had now changed. NHS England no longer used the Net Promoter Scoring system and had now moved to a percentage system. FFT scores were now recorded taking the percentage of respondents who 'would recommend' our service which was taken from ratings 1 (Highly Likely) and 2 (Likely), and the percentage of respondents who 'would not recommend' our service which was taken from ratings 4 (Highly Unlikely) and 5 (Unlikely). She pointed out that 'Likely' respondents now counted towards the score which was not the case in the Net Promoter Scoring system.

She explained that the presentation showed the October results and that the September results had been converted into percentages in order to provide a comparator.

The key points to note were:

- The new percentage scoring system showed that the vast majority of patients responding to FFT would recommend the Trust to friends and family.

- The deadline for full Community roll out was January 2015. The Trust was working with all community areas to ensure that deadline was met.
- FFT was rolled out to Outpatients and Day case in October 2014 using SMS/IVM. The Trust was not required to report FFT data for those areas to NHS England until April 2015. Until that time all data would be reported in-house.

- Following an analysis of A&E FFT data for September and October the top 2 negative themes for both months were waiting times and staff attitude. There was a meeting planned with key colleagues in A&E to agree an action plan to improve their scores and response rates and to make improvements to the unit based on FFT feedback.

- National figures showing eligibility for participation in the Maternity Services FFT were no longer published. National averages could, therefore, no longer be calculated in-house to compare the Trust's response rates. Feedback from maternity providers suggested that identifying an accurate eligible population for questions 1, 3 and 4 was complex and time consuming. As a result, NHS England permitted providers to submit estimates for the eligible population data at questions 1, 3 and 4. As those figures were estimates, NHS England were no longer publishing a response rate for questions 1, 3 and 4.

- Work was ongoing to ensure that inpatient response rates meet the Q4 CQUIN target of a response rate above the Q1 response rate (34%).

- Work continued with maternity services to improve their response rates which had fallen again in each area of maternity.

- Response rates fell from those reported for September 2014. However that was mainly due to the late submissions from August 2014 being reported in the September data which artificially inflated the response rate for that month.

- Work was planned to increase the awareness of FFT, not only for staff in the Trust, but for patients and the local community. That would include improved reporting, better publicity and closer working with wards and departments. We hope that a fresh emphasis on the Friends and Family test would have a positive impact on the response rate.

- Worked was planned with day case areas to increase their response rates which were currently low.

The Board of Directors **RECEIVED** and **NOTED** FFT results for October 2014.

(b) Monthly Nurse Staffing Report

The Chief Nurse presented the Monthly Nurse Staffing Report for October 2014. (Enclosure F) circulated with the agenda papers and highlighted the following points:

- For each of the 72 clinical inpatient areas, the optimal number of hours of nursing or midwifery staff time required for day shifts and night shifts had been calculated for the month and the actual fill rate had been recorded.
- Overall the actual fill rate for shifts for Registered Nurses was 95.2% and for other care staff against planned levels was 92.2% during day shifts. Overall the

actual fill rate for shifts for Registered Nurses against planned levels was 92.7% during night shifts and for other care staff the actual fill rate was 103.1%.

- The report details those areas where there was a variance of greater than 15% between actual fill rates and planned staffing levels. The reasons for the variance were given and any actions being taken were detailed in the report.
- The report would be discussed in detail at the Healthcare Governance Committee meeting on Monday 24th November 2014.

The Board of Directors **RECEIVED** and **NOTED** the Monthly Nurse Staffing Report.

STH/260/14

Our Staff

(a) Staff Engagement/Listening into Action (LiA)

Penny Brooks, Clinical Director Primary and Community Services and Jaki Lowe, LiA Lead were in attendance.

The Chief Executive introduced the item and explained that staff engagement was a pillar of the Trust's strategy. Listening into Action (LiA) was in place in 46 Trusts across the Country. It was not a project or a programme but was a framework for organisations to change the way things were done and enable staff to make changes that improve patient care or contribute to the ability to make improvements. It was also a way of involving staff so that their contribution in driving the organisation could be harnessed..

Jaki Lowe gave a presentation, a copy of which was circulated with the agenda papers, and highlighted the following points:

- LiA had been devised by Optimise although the Trust ran it itself by taking the model and making it work.
- LiA worked on the premise of giving "permission to act"
- Cutting out time-wasting and unblocking the way
- It was evidenced based.
- LiA had its own impact measure – The Pulse Check had been circulated to all staff and the Journey Scorecard had been circulated to senior managers for completion. 3000 responses had been received to date.
- The Chief Executive was holding 10 Big Conversations with staff on the 28th November, 5th and 12th December 2014 at "The Edge". The days would split into three two-hour sessions with 100 staff at each session. A BME specific event would take place on 4th December specifically looking at how the Trust made it a great place for BME staff to work. Over the course of the next 12 months there would be teams (24) in every directorate who had undertaken a LiA scheme which was linked to the themes arising out of the Big Conversations.
- Board members and Governors were welcome to attend the Big Conversation events.
- The Trust Executive Group had identified a number of areas on which they want LiA to impact.
- A high impact communications campaign would be required to ensure that the messages were spread across the organisation and also create an appetite for involvement
- It was about doing things differently and trying something new.
- LiA was different to Microsytems as it had a shorter term of 20 weeks to deliver.
- It was important that staff were released from their duties to attend the Big Conversation events.

The Board of Directors thanked Penny Brooks and Jaki Lowe for their presentation and it was agreed that the Board would be kept updated on progress.

STH/261/14

Financial and Operational Performance

(a) Report from the Director of Finance

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

- The difficult national service/financial position in 2014/15 was causing a fair amount of on going media coverage. Overall the financial position of the NHS had been described as on a "knife edge".
- The Month 6 position was a deficit against plan of £336.0k which was 0.1% of the budget to-date. The operating position deteriorated by a further £0.5m in September 2014 to £4.3m (0.9%) but the release of uncommitted contingencies (£8m full year and £4m year-to-date) from Month 6 had had a significant impact on the overall position.
- The number of Directorates reporting deficits of over 5% had reduced from 10 to 7. In total those 7 Directorates were reporting deficits of over £5 million worse than plan at Month 6.
- The key on-going financial management actions remained to drive the Efficiency Programme; to progress the 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. Maintaining activity levels through winter and industrial action, minimising contract penalties and securing an "Infrastructure Payment" from NHS England to compensate for inadequate tariffs for the Trust's most complex work would be crucial to the ultimate outturn position.
- Financial Planning for 2015/16 was well underway and it was likely that the Trust would need to find around a further £30 million of efficiency savings if financial balance was to be achieved. The Trust would also need a fair national settlement in terms of tariffs and other business rules; a reasonable outcome to contract negotiations; and robust internal financial and business planning.

There was a discussion concerning the level of premium paid by the Trust for cover to the NHS Litigation Authority. The Director of Finance reported that discussions were on going with the NHSLA about taking into account the Trust's claims history when calculating its premium. At present the Trust had paid in £22 million more than the NHSLA had paid out on its behalf over the last five years.

The Board of Directors **NOTED:**

- The difficult national service/financial position in 2014/15.

- The Month 6 financial position and the key actions and issues which would determine the ultimate outturn position.

- The threats to the Trust's 2015/16 financial position from under-delivery of efficiency plans/unsatisfactory Directorate financial performance and the growing financial pressure in the Health and Social Care systems.

(b) Report from the Director of Strategy and Operations

The Director of Strategy and Operations referred to the Activity and Access Report (Enclosure H) circulated with the agenda papers and highlighted the following points:

- The targets for 18 week admitted and non admitted pathways were not met in September 2014. The Trust had achieved the target for incomplete pathways achieving 92.4% against the target of 92%. Detailed planning was currently underway to forecast 18 week performance in future months.
- New outpatient activity was 10.5% above target in September 2014 and was 5.2% above for the year to date.
- Follow up activity was 1.2% below target in September 2014 and was 0.9% below target for the year to date.
- The level of elective inpatient activity was 0.2% below target in September 2014 and 1.2% above for the year to date.
- In September 2014 there were 86 operations cancelled on the day for non clinical reasons compared to the target of 75. The year to date total was 497 against a target of 300 which was 0.81% of all planned operations for the year to date.
- Non elective activity was 4.1% below target in September 2014 but remained 1.9% above for the year to date.
- At any one time in September 2014 there was on average 51 patients whose discharge from hospital was delayed for non clinical reasons compared to 60 last month.
- The waiting list for inpatients fell by 40 and the outpatient queue fell by 2430.
- Accident and Emergency activity was 4.1% above target in September and was above for the year to date. In September, 2014, 5.6% of attendances were seen within 4 hours, giving a year to date performance of 95.6%. October 2014 had been a very challenging month and the Trust was experiencing a difficult start to November 2014. There was considerable emergency pressure across both hospital sites.
- Activity had increased across almost all modalities. In September 2014, the Trust saw 3000 more new attendances than in the same month in 2013 and that was a huge increase. The referrals were a mixture of GP and Consultant led referrals.
- In September 2014, the Trust had treated all the patients who had been waiting over 52 weeks. The Director of Strategy and Operations assured the Board that those patients' cases had been reviewed and none had been compromised by the length of their wait although she acknowledged that the long wait was not an acceptable position.
- The cancer targets were achieved for Q2 but the position for Q3 for the 62 day referral to treatment standard was proving challenging.
- There were no cases of MRSA reported in September.
- There were 12 cases of C Diff in September compared to a target of 8, giving a total of 59 for the year to date compared to the target of 47. The annual target was no more than 94 cases.

The Board of Directors **RECEIVED** and **NOTED** the Activity and Access Report for September 2014.

(c) 18 Week Wait Performance

The Director of Strategy and Operations referred to the update on the Trust's 18 Week Wait Performance (Enclosure I) circulated with the agenda papers. She highlighted the following points:

- The paper provided an update on performance against the 18 week referral to treatment targets for the first six months of this year.

- The Trust had received 5% (6600) more referrals than contracted for by Commissioners. The referrals were from both primary care and Trust Consultants and translated into more outpatient attendances. At the same time the Trust's outpatient waiting list had decreased in size and the number of admitted pathways had increased; the Trust's inpatient list had remained the same; long waits had gone down but the shorter waits had increased.

- The average waiting time for care at the Trust was 8 weeks.

- The Trust continued to meet all the cancer treatment waiting time standards – the prioritisation of those urgent pathways inevitably sometimes impacted on the Trust's 18 week performance in non-cancer, non-urgent diagnoses.

- The number of non-admitted and admitted patients treated within 18 weeks in September was below the required national waiting time standards. The figures were 82.0% (target 90% admitted patients) and 92.3% (target 95% non-admitted patients). The Trust had met the target for incomplete pathways (92%) every month so far this year apart from August 2014 when the performance was just below target at 91.9%. The position improved in September 2014 to be at 92.4%. When considered together that performance data demonstrated that Directorates were implementing their recovery plans and that the future position in relation to waiting times was considerably more robust and sustainable.

- The number of 18 week pathways that have been closed in the second quarter of the year was higher than in the first quarter.

In summary there was more work to be done but there had been a very significant improvement in the organisation in the last six months. The Director of Strategy and Operations pointed out that the building blocks were in place but embedding them would take more time. The systems in place also needed to be made more accessible and user friendly.

STH/262/14

Chief Executive's matters

(a) NHS England Five Year Forward View

The Chief Executive referred to the NHS England Five Year Forward View (Enclosure J) recently published by NHS England. He highlighted the following key points:

- The document set out NHS England's strategy for the NHS for the next five years and was endorsed collectively by Monitor, the NHS Trust Development Authority, Care Quality Commission, Public Health England and Health Education England.
- The NHS appeared to be moving away from mergers and acquisitions and the document described new relationships between organisations, patients and the public.
- Prevention strategies and self-management were key to the reduction in demand for health care services.
- The report outlined seven models for future service provision and NHS England wanted local areas to choose from them.

- The report indicated that an estimated £30bn funding gap could not be closed without more funding alongside further action on demand and efficiency.
- There was a possibility that some organisations would be asked to be pilots of future organisational arrangements and it was likely that there would be a transformational fund set aside to fund those pilots.
- Sheffield and the sub-region had all the right ingredients to be successful going forwards e.g. Right First Time, Working Together and a good health economy but it was important to ensure that those projects did not become fragmented.

The Chairman stated that it was a good document which was full of interesting ideas and presented a number of challenges in securing effective implementation. He felt that it was important to seize the opportunity locally and that the Trust should consider organising a conference of interested parties in early 2015 to discuss the ideas in the report.

It was agreed that the Board should have a further discussion at the December 2014 Meeting and in the meantime wait and see what emerged from the publication of the Dalton and Rose Reports in December 2014.

The Board of Directors **RECEIVED** and **NOTED** the NHS England Five Year Forward View and noted the potential implications.

STH/263/14

Chairman and Non-Executive Directors' matters

The Chairman reported that he would be meeting with local MPs in the next couple of weeks.

STH/264/14

For Approval/Ratification

(a) Anti Fraud, Bribery and Corruption Policy

The Director of Finance referred to the Anti-Fraud, Bribery and Corruption Policy which had been revised and updated to reflect current NHS Protect guidance and terminology as well as the Trust's Local Counter Fraud Service details. There had also been a slight re-wording of the narrative relating to the scope of the policy to ensure it explicitly covered contractor staff as well as employed staff.

There had been no significant changes from the existing Fraud, Bribery & Corruption policy on either:

i) the Trust's stance on fraud, bribery and corruption, or
ii) the expectations from, or responsibilities of, our staff towards any of these acts.

The Policy had been scrutinised by the Audit Committee.

The Board of Directors **RATIFIED** the Anti-Fraud, Bribery and Corruption Policy.

(b) PACS (Picture Archiving and Communication System) Full Business Case

The Medical Director reported that the PACS contract came up for renewal in June 2013. The current contract was extended while the Trust went through the procurement process in accordance with the NHS Supplies Framework.

The Board of Directors approved the Full Business Case earlier that day and the purchase of a replacement PACS system from the favoured supplier AGFA based on an option appraisal. The system would be implemented in the Spring of 2015 and in place by June 2015.

STH/265/14

To consider any other items of business

There were no items of any other business.

STH/266/14

Date and Time of Next Meeting

Wednesday 17th December, 2014, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.

Signed …… Date: ……
Chairman