



Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC on Wednesday 27th February, 2013, in the Board Room, Fairlawns, Middlewood Primary Healthcare Centre, 621 Middlewood Road Sheffield. S6 1TT

PRESENT:	Mr. T. Pedder (Chair)
	Sir Andrew Cash
	Professor H. A. Chapman
	Mr. J. Donnelly
	Ms. V. Ferres
	Mr. M. Gwilliam
	Ms. K. Major
	Mr. V. Powell
	Mr. N. Priestley
	Dr. D. Throssell
	Professor A. P. Weetman
APOLOGIES:	Ms. S. Harrison
	Mr. A. Riley
IN ATTENDANCE:	Miss S Coulson (Minutes)
	Mrs. J. Phelan
OBSERVER:	Dr. S. Ghafur, Service Improvement Fellow
PUBLIC:	6 Governors

STH/25/13

Declaration of Interests

No declarations of interest were made.

STH/26/13

To receive and approve the Minutes of the Meeting held 16th January, 2013

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

- Page 4 - STH/04/13(c) first bullet point – External Visits – the last sentence should read “An action plan was drawn up in December 2012 and all the findings had been addressed and actions had either been completed or were in hand.”
- Page 4 - STH/04/13(c)(i) – first bullet point – delete the word “just”
- Page 11 - STH/09/13(b) – the fourth paragraph should be amended to read “During discussion, the Director of Strategy and Planning, in her capacity as SIRO, stated that Board members should not use Dropbox to view public board papers as it was not an authorised piece of software.”

STH/27/13

Matter(s) Arising:

(a) Flu Vaccination

(STH/03/13(a)) The Director of Human Resources reported that the uptake of the flu vaccination had risen to 56.6%. It was noted that the Doncaster and Bassetlaw Foundation Trust had an 88% uptake. The Medical Director reported that he had

contacted Doncaster to enquire how they had managed to achieve that level of uptake and was informed that they employed two members of staff who visited the wards administering flu jabs. The Chief Nurse/Chief Operating Officer stated that that was similar to the approach which had been used at this Trust for the last two years where vaccinations were given in or near to clinical areas and which had increased the Trust's vaccination rate.

The Trust Executive Group had discussed how the Trust might do things differently next year in order to further improve the level of uptake.

(b) Crude Mortality Reporting

(STH/04/13(c)(i)) The Medical Director reported that feedback from the further review would be available for the March Board Meeting. All the data had now been collected and case notes reviewed.

Action: David Throssell

(c) Saville Investigations

(STH/04/13(c)(ii)) The Trust Secretary reported that all Governors were Criminal Records Bureau checked.

(d) Senior Information Risk Owner (Change)

(STH/09/13(b)) The Trust Secretary reported that, following discussions at the January Meeting on the security of board papers, he had set up a project looking into the feasibility of becoming a paperless Board. Some other Foundation Trusts already worked in that way by using a piece of software. He was arranging a visit to Guys and St. Thomas NHS Foundation Trust for a demonstration of the software. If the software proved suitable for the Trust, he would arrange a demonstration for Board members and produce a business case

(e) Major Trauma Centre

The Director of Strategy and Planning reported that the intention was to bring the Full Business Case to the March Board meeting. In advance of that she informed the Board that the Trust was preparing and planning to be a full Major Trauma Centre and would accept all cases from 2nd April, 2013. A huge amount of work had been put into looking at the current data and the conclusion was that it did not accurately describe the number of cases the Trust may receive.

The Trust had put in place a number of additional resources in Accident and Emergency, Orthopaedics, Neurosciences and Therapy Services.

The Director of Strategy and Planning reported that:

- the new Standards had been published in December 2012 and a gap analysis was currently being undertaken against them.
- a Peer Review visit would take place on 11th/12th March 2013.
- the Trust was hosting the Operational Delivery Network in South Yorkshire for Major Trauma Centres.

Clinical Performance

(a) Infection Control Report

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

The key points to note were:

- The Trust had recorded 3 MRSA bacteraemia (year to date)
- C.diff performance remained below threshold against the C.diff plan.
- One ward was currently affected by Norovirus
- The Labour Ward had now reaccredited
- The MRSA screening figure for December was 110% and 118% for January. A figure of over 100% would indicate that the volume of screens being undertaken was in line with all patients being screened for MRSA as per Trust policy.
- 5 Trust attributable cases of MSSA bacteraemia were recorded in January 2013. That was the same as the monthly trajectory that the Trust had set itself.

In response to a question, the Chief Nurse/Chief Operating Officer explained that to achieve the Infection targets in the next financial year it would be essential to keep the deep cleaning programme running regularly and for that to happen a decant ward would need to be identified. The provision of a decant ward would also enable the Estates Department to undertake the ward maintenance programme at the same time as deep cleaning programme.

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

(b) Healthcare Governance Report: Care Quality Commission (CQC) Inspection Report

The Medical Director referred to the final CQC Inspection Report (Enclosure C), circulated with the agenda papers. The report related to the unannounced inspection at Northern General Hospital on 14th December 2012 and the interviews conducted on 20th December 2012. The visit focussed on the following 3 standards:

- Outcome 4 – Care and welfare of people who use services
- Outcome 7 – Safeguarding people who use services from abuse
- Outcome 16 – Assessing and monitoring the quality of service provision

CQC inspectors visited wards MAU1, MAU3 (medical assessment units), Hadfield 3 (geriatric medicine) and, Huntsman 4 (orthopaedics).

The outcome was that the CQC found the Trust to be meeting all three standards that were inspected.

It was a very good report and positive comments had been received from patients re ulcer care and prevention, medicine reconciliation and dementia care. The CQC drew the following points to the Trust's attention:

- The issue of layout of Hadfield 3 and the restrictions that it placed on some elements of falls prevention.
- Some areas of privacy and dignity practice on Hadfield 3 and MAU1 were raised. Those matters which related to ensuring privacy curtains were correctly positioned and that staff were careful to consider whether they could be

overheard when undertaking clinical handovers were either addressed at the time or shortly afterwards.

- The majority of staff interviewed were not fully aware of the detail of the Trust's Whistle-blowing Policy although they knew that the information was likely to be available on the Trust intranet or through external organisations such as the Nursing and Midwifery Council (NMC).

The action to be taken was that the Director of Human Resources would rewrite the Whistle-blowing Policy and an internal awareness campaign would be developed. However, it was noted that in an organisation with a positive culture of openness and transparency the use of the Whistle-blowing Policy to raise concerns should be as a last resort.

Action: Mark Gwilliam

The Chief Nurse/Chief Operating Officer explained that recently a ward sister had felt confident enough to contact her direct to ask for advice in the absence of being able to contact a Matron or Nurse Director at that particular time.

The Board of **NOTED** the report and also that the Meeting of the Healthcare Governance Committee due to be held on Monday 21st January 2013, had to be cancelled due to the adverse weather conditions that day.

STH/29/13

Patient Experience

(a) Friends and Family Test

The Chief Nurse/Chief Operating Officer gave a presentation on the Friends and Family Test (copy is attached to the Minutes).

She explained that:

- the Friends and Family Test was a simple standardised measure of patient satisfaction being introduced to support ongoing improvements by the NHS to improve patients' care and experience of being in hospital.
- by April, all inpatients and those attending A&E within our hospitals would have the opportunity to answer a simple questionnaire about their experience in hospital within 48hrs of their discharge.
- results would be fed back nationally but more importantly to each ward/department on a monthly basis to enable on-going improvement in areas raised by patients and to highlight where excellent practice or experience was also being provided to patients.
- although the test was simple the methodology for calculating the score was complex, The FFT scores would be calculated based on the net promoter score using the following methodology and which gave a score of between -100 and +100:

The number of patients who would be extremely likely to recommend - (response category: **extremely likely**)

-
(minus)

The number of patients who would not recommend - (response categories: - **neither likely nor unlikely, unlikely and extremely unlikely**)

Board members were extremely concerned to learn that the “likely” category was to be disregarded in the scoring methodology and felt that the DoH should be encouraged to review the methodology.

- a FFT Project Group had been established to take forward the implementation across the Trust and to work with a selected partner to support data input and reporting and
- if the Trust failed to achieve the baseline response rate of at least 15% it would result in non-payment of the CQUIN.

The following points were made during discussion:

- The Chief Executive emphasised that the FFT was an improvement tool and should be used in conjunction with other types of feedback on patient care which the Trust already uses.
- Professor Weetman felt that it would be interesting to differentiate the responses between first and repeat attenders as he felt that the experience of a patient on a first time visit may vary from a patient who attends the hospital on a regular basis.
- The Chief Nurse/Chief Operating Officer explained that there would be an information board at the entrance to each ward which would include information on the results for that area of the FFT test and any improvements resulting from comments received.

The Chairman thanked The Chief Nurse/Chief Operating Officer for a detailed presentation.

STH/30/13

Financial and Operational Performance:

(a) Report from the Director of Finance

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

- The Month 9 financial position was a very small surplus against plan, with an operating deficit offset by the release of uncommitted contingencies, a significant over performance on activity and an under delivery against Directorate efficiency plans.
- There had been a small deterioration in January 2013 but nothing that would prevent the Trust from meeting its Financial Plan for 2012/13.
- The level of activity over performance continued to cause concern for NHS Sheffield and there were contractual issues still to be resolved.
- The key financial management actions for the Trust remained to drive the Efficiency Programme; progress the Performance Management Framework work with Directorates; secure general improvements in financial positions across Directorates; contain operational pressures; agree appropriate actions to assist NHS Sheffield/manage contractual challenges; manage the process of revaluation of the Trust’s estate; and maximise contingencies.

- Additional national/SHA funding received would help mitigate in-year operational pressures.
- The 2013/14 financial planning process was now well underway and the extent of the challenge was clear following the release of national planning information/guidance during December 2012. Much would now depend on the outcome of the contract negotiation
- Progress with agreeing contracts was proving difficult given the national arrangements to split money and contracts for local and specialised services and those arrangements were still not resolved. The Director of Finance was not optimistic that agreement would be reached by the deadline of 15th March, 2013, as once arrangements were clear there would be at least 3 weeks' work for the Trust's contracting team to calculate the impact.
- The Director of Strategy and Planning reported that the Trust were experiencing some difficulties around the provision of sexual health services as the Sheffield City Council were seeking to reduce funding for such services.

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

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

The Chief Nurse/Chief Operating Officer referred to the Activity and Access Report (Enclosure E) 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 December.
- All incomplete 18 week pathways over 26 weeks continued to be validated on a regular basis.
- New outpatient activity was 0.8% below target in December and was now 0.5% above target for the year to date.
- Follow up activity was 2.3% above target for the year to date.
- The level of elective inpatient activity was 6.8% above target in December and was now 1.5% above target for the year to date.
- Non elective activity was 13.4% above expected levels in December and was now 4.0% above for the year to date.
- The waiting list for inpatients fell by 89 in December and the outpatient queue had not changed during December.
- Accident and Emergency performance had been extremely challenging again due to demand and other issues. 89.2% of A&E attendances were seen within 4 hours. The performance for quarter 3 was 92.02%. The Accident and Emergency Department had been under unprecedented sustained pressure since October 2012 and it was looking extremely challenging to achieve the target for Quarter 4. It was **AGREED** that an action plan detailing short and medium term actions to achieve the target in Quarter 4 should be presented to the March 2013 Board Meeting.

Action: Hilary Chapman

The Director of Strategy and Planning reported that all cancer targets had been met in Quarter 3.

The target proving most challenging for Quarter 4 was "First treatment started within 31 days", although it was being managed.

The Chief Executive referred to the issues with the Electronic Patient Record system at the Rotherham Foundation Trust which had recently been in the media. The Director of Strategy and Planning was not aware of any delays with Rotherham

cancer patients. However, the Trust had been in contact with Rotherham to check out the position with regard to patient pathways for Rotherham residents.

The Board **RECEIVED** and **NOTED** the Activity and Access Report

STH/31/13

Our Staff

- (a) **Report from the Director of Human Resources: Employment Law Developments for 2013**

The Director of Human Resources referred to his written briefing paper (Enclosure F) circulated with the agenda papers. The paper provided Board members with an update of the changes to employment law during 2013 and the potential impact of those changes on the Trust.

The employment law developments had been categorised with red indicating a significant potential impact, amber indicating moderate impact and green minimal potential impact. The only significant impact was concerning the changes to collective consultation for 100+ staff from 90 days to 45 days

The Director of Human resources also highlighted:

- In December 2012, the Criminal Records Bureau and the Independent Safeguarding Authority merged to become the Disclosure and Barring Service (DBS). In April 2013, the DBS would be launching an Update Service which would enable individuals to register once for a criminal records check which would then be automatically updated and available for organisations to check. This would make the certificate portable between roles and should decrease the administration for employers and employees. A new certificate would only be issued where the DBS received new information. It was also planned that, in 2013, the DBS would start issuing the disclosure certificate to the applicant only and not the employer.
- In Summer 2013, fees would be introduced into the employment tribunal which claimants would have to pay to bring a claim. /The cost of the fee had not been confirmed.

STH/32/13

Review of the Trust's Constitution

The Trust Secretary referred to Enclosure G and the supporting papers. He explained that a major review of the Trust's Constitution had been undertaken which was timely given that it had not been reviewed since the Trust was designated a Foundation Trust in 2004. In agreement by the Board of Directors this had been led by the Constitution Review Steering Group which included Governors and Non Executive Directors.

The Health and Social Care Act that came into force from 1st October 2012 had implications for the Constitution of all Foundation Trusts. The Act was being implemented incrementally by the publication of "Commencement Orders"

There were also a number of other documents which support the Constitution and required updating and these were set out in the flowchart (Paper G). The chart showed the scale of the work involved. The green boxes denoted documents already worked on. The most significant piece of work which was outstanding was the review of the Trust's Standing Financial Orders and Scheme of Delegation although that piece of work was in hand.

The key points to note were:

- The Trust had adopted Monitor's Model Core Constitution
- Increased maximum number of consecutive terms of office for Governors from 2 to 3 and introduced a 3 year rest rule before being able to seek re-election.
- Introduced "Public outside Sheffield" constituency for Public Constituencies and updated existing boundary definitions to fit with Boundary Commission definitions of Sheffield City Council wards.
- Provisionally, as an interim for 3 years, introduced an additional Staff Constituency – Primary and Community Care Services,
- Reduced the number of Appointed Governors from 13 to 8 and updated details of remaining Governors.
- In relation to the Terms of Office for Non Executive Directors, the Trust had adopted those recommended in the Code of Governance for Foundation Trusts i.e Non-Executive Directors would be appointed for a Term of Office of no more than 4 years, subject to re-appointment. They may serve no more than 8 years or 2 consecutive full Terms of Office but the maximum tenure to be extended by annual reappointment, in exceptional circumstances.
- Made provisions for disqualification and expulsion of Trust members.

The Trust Secretary reported that Monitor had approved Version 2 of the Constitution and therefore the Trust was compliant with the current provisions of the 2012 Health and Social Care Act.

The latest Commencement Order gave responsibility for agreeing amendments to the Constitution to the Council of Governors and therefore the timetable for agreeing Version 3 could slip as there was no need to submit Version 3 to Monitor by the end of March 2013. It was proposed, therefore, to cancel the Extraordinary Meeting of the Council of Governors on Monday 18th March, 2013 and to submit Version 3 of the Constitution for approval to the Council of Governors Meeting on Tuesday 30th April, 2013.

The Board of Directors **NOTED** the work undertaken to date and **AGREED** the revised timetable for taking the work forward.

STH/33/13

Hillsborough – NHS Response

The Trust Secretary referred to the written report (Enclosure H) circulated with the agenda papers. The purpose of the report was to update the Board of Directors on the review of the findings of the report '*Hillsborough: the report of the Hillsborough Independent Panel*' and ensure arrangements for responding to major incidents were as robust as possible, including the way in which Trusts worked with local agencies.

There were in total 24 references to either the Northern General Hospital and Royal Hallamshire Hospital within the report and with the exception of one they were either factual or positive. The only negative reference related to the recording of tests for blood alcohol levels..

In response to that criticism the Trust had taken the following action:

- Any blood samples taken from a Major Incident casualty would now be recorded in the Major Incident patient's notes; also since the introduction of electronic reporting the Trust had an allocated set of electronic numbered patient record sheets for Major Incident casualties.
- It was not currently routine to test for blood alcohol concentration in the Emergency Department and that would also be the case in a Major Incident. If the police requested a blood alcohol test, that should be carried out by the police surgeon and not by the Emergency Department doctor. In exceptional circumstances, where the police surgeon is unavailable, the police can ask a doctor not involved in the care of the patient concerned to take the blood alcohol test.

The key points to note were:

- The Major Incident Plan has been reviewed and included a Mass Casualties plan, which was tested in July 2011.
- The Major Incident Plan 2011 clearly identified a suitable reception area for relatives and friends (Firth Wing Therapy Services Unit).
- Sheffield Teaching Hospitals Emergency Planning Manager meets formally with other Category One responders in Sheffield on a regular basis.
- During a Major Incident a Police Casualty Bureau would be established in the Accident and Emergency Department.
- The Trust had 21 Health Protection Agency trained loggists who would be available to take contemporaneous notes as an event unfolded.
- Any blood samples taken from a Major Incident Casualty would now be recorded in the Major Incident patient notes.

Professor Weetman felt that it needed to be clearly stated that a doctor could decline to take a blood alcohol test if asked by the police to do so when the police surgeon was unavailable (Section 9 Blood Samples - second bulletpoint).

The Board of Directors **NOTED** the Trust's response to the Report of the Hillsborough Independent Panel and the action taken

STH/34/13

Chief Executive's Matters

The Chief Executive briefed members on the following matters:

- 14 Hospital Trusts were being investigated in relation to their mortality rates. Those included Hull, North East Lincolnshire, and United Lincolnshire Hospitals. As previously reported to the Board, Sheffield Teaching Hospitals NHS Foundation Trust's mortality rates were however lower than expected and therefore the Trust was not likely to be investigated.

The Chief Executive stated that it was important the Trust learned the lessons from Mid Staffordshire and that it should move forward with confidence through the difficult times ahead.

- On 23 January, 2012, it was announced that NHS Sheffield Clinical Commissioning Group (CCG) had been authorised as one of 67 organisations to be authorised in the second wave. The CCG received full authorisation without conditions. Almost half of CCGs in the country were now authorised.
- On 14th February, 2013, the Health Minister formally announced that the Trust had been successful in being designated as one of 8 centres for the provision of specialist

prosthetic support to veterans. The service would be for the Yorkshire & Humber region.

Following discussion, it was agreed that the Director of Finance would report back on the cost and funding arrangements for the service.

Action: Neil Priestley

- Dr James Catto had been appointed as Editor in Chief at European Oncology, the official journal of the European Association for Urology.
- The BBC would be following stories of neonatal babies via Embrace over the next three months and STH would be involved as appropriate.

STH/35/13

Chairman and Non-Executive Directors' Matters

The Chairman reported that the process for recruiting a Non Executive Director, following the departure of Rhiannon Billingsley, had commenced following a meeting of the Council of Governors Nomination and Remuneration Committee the previous week. An advert would be placed and a recruitment agency would be utilised.

Ms. Ferres reported that, on behalf of the Chairman, she had attended an awards ceremony for the first round of coaches for the Micro Academy which had been extremely interesting. She reported that the staff were keen to know more about the work of Non Executive Directors.

STH/36/13

For Approval/Ratification

(a) **Common Seal**

The Board of Directors **APPROVED** the affixing of the common seal to the following contract:

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Jarvale Construction Limited for works on the Laboratories Rationalisation Project (Contract Value £467,562.00 and forms part of the 2012/13 Capital Programme)

(b) **Oxygen Business Case**

The Director of Finance referred to the report (Enclosure J) circulated with the agenda papers.

Following discussion, the Board **APPROVED** in principle the commitment to a five year contract subject to satisfactory resolution of remaining contractual and management issues.

STH/37/13

To Receive and Note

(a) **Health and Policy Statement**

The Board of Directors **RECEIVED** and **NOTED** the Health and Policy Statement. The Statement had been reviewed as part of its 3 yearly review process but it was noted that no amendments had been made.

It was felt that the abbreviations within the Statement should be typed out in full.

STH/38/13

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held at 9.15 am on Wednesday 20th March, 2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.

Signed Date:
Chairman