



Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC on Wednesday 20th March, 2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

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

APOLOGY:

Ms. S. Harrison

IN ATTENDANCE:

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

Dr. G. Hood (item SWTH/53/13(a))

OBSERVER:

Dr. S. Davies, Service Improvement Fellow
Dr. M. Macdonald, Service Improvement Fellow

PUBLIC:

3 members of the public

STH/50/13

Declaration of Interests

No declarations of interest were made.

STH/51/13

To receive and approve the Minutes of the Meeting held 27th February 2013

The Minutes of the Meeting held on Wednesday 27th February, 2013, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman, subject to the following amendment:

- STH/27/13(a) Flu Vaccination - the percentage figures in the first paragraph were incorrect and should read 56.6% (instead of 66%) and 88% (instead of 98%).

STH/52/13

Relevant Matter(s) Arising

(a) **Crude Mortality Reporting**

(STH/27/13(b)) The Medical Director referred to discussions at previous Board Meetings at which he reported that the Trust, in common with national and international data, had showed a spike in deaths during the week commencing 2nd January, 2012. It was agreed that further investigation of the data was required.

Since those discussions the data has been analysed by the Dr. Foster Real Time Monitoring process. A comparison of the deaths recorded by the Trust against what Dr. Foster would expect to see for the period December 2011 and January 2012 inclusive was undertaken. The findings were that the spike of deaths experienced by the Trust was consistent with national and international norms.

The Mortality Steering Group was undertaking further analysis, looking at sub sets of specific diagnoses within those deaths. A report would be presented to the Board via the Healthcare Governance Committee in due course.

(b) Agenda for Change (AfC)

The Director of Human Resources reported that NHS Employers had met with Trade Unions in February 2013 and had agreed five amendments to the National Terms and Conditions. The majority of Unions had accepted the changes:

- the removal of enhancements in sick pay with the exception of pay bands 1 - 8
- incremental pay progression to be linked to performance
- removal of accelerated pay progression associated with preceptorship for staff joining pay band 5 as new entrants
- for staff in bands 8C, 8D and 9, pay progression into the last two points in a band would become annually earned, and only retained where the appropriate local level of performance was reached in a given year
- the scope to put in place alternative, non AfC, pay arrangements for Band 8C and above
- to have organisational change policies in place

A paper would be presented to the Trust Executive Group in April 2013.

STH/53/13

Clinical Performance:

(a) Clinical Update: Postgraduate Medical Education

Dr. Gillian Hood, Director of Postgraduate Medical Education, was in attendance for this item.

The Medical Director introduced the item and explained that the purpose of the presentation was to inform Board Members of the challenges facing the Trust as a result of the significant reduction in junior posts as part of the shift from secondary to primary care (GP practice and Psychiatry).

Dr. Hood gave a detailed presentation which covered the magnitude of the problem facing the Trust. She also emphasised that the shift affected the whole of the NHS and not just this Trust. The key points to note were:

- The Trust would lose the following posts in 2014:
 - F1 – 14 posts from surgery which was 10% of the total number of F1 posts which was 146
 - F2 – 7 posts from surgery which was 10% of the total number of F2 posts which was 76 posts

There were currently 730 trainees and with the loss of 25 across the specialities by August 2014 the Trust would have lost 3% of its trainee medical workforce. F1 posts were funded 100% by the Deanery and F2 posts were funded 50% by

the Deanery and 50% by the Trust. It was important to understand that the salaries would be lost with the posts so would not be available to fund Advanced Nurse Practitioners. Post reductions were occurring across the Deanery and were not restricted to Sheffield.

- Dr. Hood was looking at innovative ways of providing community based training in order to retain posts within the Trust and also at training more Advanced Nurse Practitioners. Advanced Nurse Practitioners were already in place in Cardiac, Emergency Department, Head and Neck and the Operating, Critical Care and Anaesthetic Directorates.
- Locum Appointments for Training (LAT) – There would be no LAT recruitment in run-through or surgical specialties. LAT recruitment in other specialties only via the nationally co-ordinated selection process which was to be phased out beyond 2013. There would only be local recruitment to LAS posts only (Locum Appointment for Service – short term appointments (3 months)).
- Core Surgical Training would also be affected.
- The Trust would find it difficult to comply with the European Working Time Directive (EWTD) as a result of the reduction in junior doctors. Current rotas were only just compliant with the EWTD.

A Working Group, with a Project Manager, had been set up to undertake an analysis of the tasks identified as medical and review non-medical solutions where it was identified that a doctor was not required.

During discussion the following points were raised:

- The Medical Director emphasised that there needed to be a multi-disciplinary response to the problem. The Trust needed to address the issue as the reduction in junior doctors risked requiring more Consultant cover which the Trust did not have sufficient Consultant staff to provide. It was recognised that although compared to 10 years ago there were more Consultant staff working on the front line and the service was less dependent on junior doctors, they remained a crucial part of the workforce. The options were that the Trust:
 - could recruit doctors in non training grade posts and provide them with some internal education programme but it was important that the Trust did not run a parallel process to the national programme.
 - could train up more Nurse Practitioners. However one of the difficulties with that in the past has been that the Trust has trained up staff and then they may have left to work in another Trust.
 - needed to look more creatively at working practices.
- The Chief Executive stated that he could see the logic but that there were risks in shifting posts into mental health and primary care. He felt that the Local Education Training Board had a critical role to play in the matter.
- It would have a significant impact on the Trust's aspiration of providing 24/7 working.
- The Trust should look carefully at the training of Advanced Nurse Practitioners and consider putting in place some kind of reward structure or pay back time period for providing investment for training. The Trust should also look at developing a regional approach for that type of post.

The Chairman thanked Dr. Hood for an interesting presentation and for informing the Board on the challenges ahead.

It was **AGREED** that this matter should be brought back to the Board in due course.

Action: Dr. D. Throssell

(b) 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:

- No cases of MRSA bacteraemia had been recorded since the previous report and it had been 150 days since the last Trust attributable case.
- January MRSA screening figures were 118%. Screening figures for February were not yet available.
- Guidance on the reporting and monitoring arrangements and Post Infection Review process for MRSA bloodstream infections from April 2013 had been published to support commissioners and providers of care to deliver zero tolerance on MRSA bloodstream infections. The guidance sets out a requirement to institute a Post Infection Review in all cases of MRSA bloodstream infections and the purpose of the review was to identify how a case occurred and to identify actions that would prevent it reoccurring

The outcome of the Post Infection Review would be to attribute responsibility for MRSA bloodstream infections. It required all organisations involved in the patient's care pathway, to jointly identify and agree the possible causes of, or factors that contributed to, the patient's MRSA bloodstream infection.

- The Trust had recorded 7 positive Cdiff samples for February. The year to date performance was 94 cases of C.diff against a contract year to date threshold of 123. The Department of Health, Monitor and Contract threshold for the year was 134.
- Surveillance for C.diff- It was good practice to consider carefully any areas which had experienced more than one episode of C.diff within a 28 day period. The positive samples were tested to see if they were the same ribotype which may indicate that cross infection had taken place. A series of audits were undertaken by the IPC team to check performance on essential infection control standards such as commode cleanliness and hand hygiene regardless of whether the episodes of C.diff were thought to be linked or not.
- Norovirus - the Trust had experienced minimal levels of Norovirus during February 2013.

The Chairman referred to a recent article in the local media which was a misrepresentation of the facts and could have caused some anxiety for patients coming into the hospital. It was thought that the information in the article had been taken from the Infection Control Report. Following discussion, it was agreed that the Chief Nurse/Chief Operating Officer and the Communications Director would review the format of the report to ensure that it was produced in a way which was easily understood in the public domain.

Action: Professor H. Chapman/Mrs. J. Phelan

Although the newspaper had issued an apology, it was agreed that the Chief Executive and Communications Director would discuss the matter further with the Editor.

Action: Sir Andrew Cash

(c) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Summary for February 2013 (Enclosure C) circulated with the agenda papers.

The summary covered the following matters:

- Quality update - the initial analysis of the 'Francis Report' had been disseminated in the form of a presentation to a wide variety of groups and committees within the Trust. Individual Care Groups and Directorates had been asked to disseminate within their areas. Following this initial dissemination phase there would be a period of action planning with the final outcomes to be presented to the Board of Directors in July 2013.
A 'Francis' development session for the Healthcare Governance Committee was planned along with other Trust wide events.

A briefing session on the 'Francis Report' was held on Wednesday 27th February 2013 for Governors and Board Members.

- External Visits, Accreditations and Inspections - There had been 3 external visits:
 - A Coroner's Rule 43 letter had been received following an inquest into the death of a patient at Bassetlaw District General Hospital. The main area for review related to protocols in place for transferring patients to STHFT for emergency intervention. Work was ongoing in this area.
 - British Standards Institute (BSI) audited the Clinical Engineering Department (January 2013) and recommended continuing certification for design, manufacture, service and repair of scientific equipment and medical devices on receipt of an action plan to resolve one minor non-conformity.
 - The Down's Syndrome screening Quality Assurance Support Service (DQASS) provided a statistical analysis report on Down's syndrome ultrasound screening results (February 2013). The ultrasound practitioners were congratulated on their exceptional results and no action plan is required.
- Care Quality Commission compliance - The CQC had published a final report following the routine unannounced inspection at Northern General Hospital on the 14th December 2012 and the interviews conducted on the 20th December 2012. The Trust were found to be meeting all 3 standards that were inspected.
- Directorate Governance Arrangements - A new policy had been developed to formalise, clarify and develop local healthcare governance arrangements. Further changes to the policy were required to reflect how the Board, the Healthcare Governance Committee and Trust Executive Group ensure that local governance arrangements were effective.

The Policy would be submitted to the Board of Directors in due course.

- Sharps Management update - The Healthcare Governance Committee was informed that all relevant policies and local risk assessments are complete with regards to sharps management.
- Moving and Handling Report - Overall there had been good progress during the year. However it was noted that the purchase of centrally-funded slide sheets had been slow mainly due to the procurement process requiring European tender. The next step is to ensure robust product evaluation prior to Trust wide implementation. The report also highlighted that equipment for bariatric patients could be difficult to monitor and manage in the current stores and premises available. The use of the equipment library and a centralised tracking system was being explored to help resolve the situation.
- Sustainability - The Trust was on trajectory to achieve the 2015 NHS carbon reduction target given current performance trends. To meet carbon reduction targets post 2015 would require a step change in service provision. If the Trust intended to achieve those targets, strategic planning would need to be established in 2013.
- Water Quality - The Water Quality Steering Group (formerly Legionella Water Quality Steering Group) had been re-named to more accurately reflect the work of the group. It was noted that robust procedures were in place to prevent and manage infection control incidents that may arise from water related issues.
- RCOG Maternal Deaths Review - The findings of the review, initiated by the Trust, were that there were no direct deaths (deaths resulting from obstetric complications of the pregnant state (pregnancy, labour and postnatal) from interventions, omissions, incorrect treatment or from a chain of events resulting from any of the above). The external assessors from the Royal College of Obstetricians & Gynaecologists had no criticism of the obstetric or midwifery care in any of the cases reviewed.

Following the review, further developments focussed on ensuring good use was made of multidisciplinary teaching opportunities and clarifying lines of communication relating to training and changes in practice. Work continued to ensure optimum levels of Midwifery and Obstetric staff, which includes enabling appropriate Midwifery supervision, clearly defining roles and responsibilities within the team, and progressively increasing out of hours Consultant Obstetrician presence on the Labour Ward. The introduction of case notes using digital technology would support chronological entry into records to assist in ensuring legible and ordered case notes, with implementation planned for October 2013.

The Board of Directors **NOTED** the report.

(i) Dr. Foster Good Hospital Guide 2012 – “Fit for the Future”

The Medical Director explained that the Guide was issued on 2nd December 2012 and for the first time compared hospitals’ efficient use of clinical resources with indicators of quality of care. Dr Foster had looked at the relationship between clinical efficiency and quality by comparing mortality ratios with an index of 13 indicators of inefficient practice.

The Trust's results were:

- Mortality Analysis (4 measures of mortality were examined) - The Trust was found to be “lower than expected” in 1 out of 4 (the SHMI = 92) and

“within expected range” for 3 out of 4 (HSMR (98), deaths in low risk conditions (0.85) and deaths after surgery (1.01))

The Trust was reported to have an overall 3 year HSMR “lower than expected” at 94.02.

- Efficiency Analysis (13 indicators of efficiency were measured - The Trust was reported as “better than expected” in 3 indicators (score +3) “within expected range” in 4 indicators and “worse than expected” in 6 indicators (score -6). That gave an overall efficiency score of -3 (i.e. -6+3) and did not register as an outlier.

The Trust's results against the indicators were:

- Emergency readmissions within 7 days included many that were avoidable if managed better. The Trust rate for readmissions within a week was 3.2 “within expected range” and the national range was between 2.2 and 4.5.
- The Guide reported that 31% of readmissions within 28 days of hospital discharge were for patients over 75 years old. The Trust rate for readmissions (all ages) within 28 days was “higher than expected”.
- The Trust rate for short stay admission without a diagnosis was “better than expected”
- The Trust was one of the 5 trusts with the lowest rates for scheduled operations that were not performed (joint second at 1.7% - “better than expected”). The highest rate was attributed to Harrogate and District at 5.7% and the lowest UCL at 1.3%.
- The Trust's rate for use of day case surgery was “within expected range”
- The lowest excess bed day rate was 4.1% and the highest was 23.0%. The value for the Trust was “higher than expected” at 14.8%. Excess bed days looked at the number of patients who stayed in hospital greater than a predicted number of days.
- Trust rates for long stay elderly patients and long stay surgical patients were both “higher than expected”
- Outpatient rates of follow up and attendance for the Trust were both “as expected”.
- The Trust rate for operations not performed at weekends was “higher than expected” and the rate for availability of scans at weekends was lower than the national average.
- Only 57% of Trusts confirmed in the Dr Foster survey that they had an enhanced recovery programme following hip and knee replacements (which helps with early discharge).

It was noted that The Trust of Year was awarded to Cambridge University Hospitals with Frimley Park Hospital and Airedale as runners up – all had high efficiency and low mortality scores.

The full report was available on the Dr. Foster website.

Financial and Operational Performance

(a) Report from the Director of Finance

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

- The Month 10 financial position was a small deficit against plan, with an operating deficit largely offset by the release of uncommitted contingencies, a significant over performance on activity and an under delivery against Directorate efficiency plans.
- Whilst the level of activity over performance had been a major issue for NHS Sheffield, contractual issues were now largely 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; manage contractual issues; and maximise contingencies.
- Additional national/SHA funding received non-recurrently in 2012/13 would more than mitigate in-year operational pressures.
- The 2013/14 financial planning process was now nearing completion although contract negotiations were still on-going and would be crucial to the ultimate achievability of the Trust's Financial Plan.
- However, the on-going challenge of achieving major efficiency savings (£25 million) whilst delivering key service targets, improving quality and coping with operational pressures would also remain fundamental to the Trust's success in 2013/14.

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 presented the Activity and Access Report (Enclosure F) 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 January.
- All incomplete 18 week pathways over 26 weeks continued to be validated on a regular basis but the number had risen again from 547 at the end of December to 600 at the end of January.
- New outpatient activity was 8.1% below target in January and was now -0.4% below target for the year to date. However, this was largely due to an under recording of activity in the Clinical Decisions Unit that was being corrected.
- Follow up activity was 2.1% above target for the year to date.
- The level of elective inpatient activity was 3.1% above target in January and was now 1.7% above target for the year to date.
- Non elective activity was 2.1% above expected levels in January and was now 3.8% above for the year to date.
- The waiting list for inpatients rose by 64 in January and the outpatient queue rose by 644.
- Accident and Emergency performance had been extremely challenging again and the Trust underperformed significantly with only 90.1% of A&E attendances being seen within 4 hours. However, this was an improvement on the position in December when the performance was 89.2%. That meant that the performance for quarter 4 and the full year would be below 95%.

The Chief Nurse/Chief Operating Officer highlighted some of the reasons sitting behind that position:

- activity in A&E had increased this year at a rate of 7%
- in Medicine it had risen 10%
- patients coming into hospital were sicker
- usual challenges experienced in winter around severe weather conditions and Norovirus
- patient flow through the Trust
- some internal disruption due to the A&E capital scheme

It was noted that the picture was similar across the country. The Trust had an action plan to address the position which included actions that needed to be done both internally and externally.

The A&E capital scheme was due to be completed in July 2013 and additional staff had been appointed.

The Director of Strategy and Planning reported on the cancer targets. The key points to note were:

- There was a typographical error in the table on page 6. The number of breaches in Q4 against the target "subsequent treatment started within 31 days - surgery" should read 8 and not 88.
- All targets had been met as at 14th March, 2013.
- She explained that the target for "treatment started within 62 days from GP referral" was 85% and as at 14th March, 2013, the Trust had achieved that but it had required a significant effort by the staff involved. However, she was confident that the target would be achieved for Q4.
- Q1 would be a challenge given the number of bank holidays during that period.

The Board of Directors NOTED the activity and access report.

STH/55/13

Our Staff

(a) **Report from the Director of Human Resources: Results of Staff Survey**

The Director of Human Resources referred to the paper detailing the results of the staff survey (Enclosure G) circulated with the agenda papers. The key points to note were:

- The survey was conducted in the Trust during October and November 2012. A total of 5000 staff were sent surveys of which 850 were the CQC sample. The response rate was 52% which was above the NHS average of 50%. The survey was shorter than in previous years and there were only 28 key findings. Not all key findings were comparable to previous years.

➤ The Trust had had the following positive results:

- majority of staff working in our hospitals or the community (70%) would be happy to recommend the Trust as a place to be treated, or work to a friend or family member which was above the NHS average.
- The majority of staff also said they were satisfied with the quality of work and patient care they delivered.
- More members of staff felt able to contribute toward improvements at work
- Less members of staff were working extra unpaid hours than the national average
- More staff had a performance appraisal
- Fewer staff experienced harassment, abuse or bullying from other staff relative to the national average
- The overall staff engagement score for the Trust had been maintained at 3.61.
- More members of staff said hand washing materials were always available than the national average

The survey also highlighted the areas where the Trust needed to continue its work to support staff in relation to a few key findings which had showed a year on year deterioration. However, a number of actions were already being undertaken to address those areas. Some of the ongoing actions were:

- The Trust was in discussion with Sheffield University regarding setting up a research project on staff motivation to gain a better understanding of the factors that impact on staff motivation.
- Launch of and embedding the new Trust PROUD values and behaviours.
- Roll out of a new well structured PROUD appraisal process.
- Investment in INSIGHTS team effectiveness accreditation which would support more teams in reviewing effectiveness (STH scores were lower than other acute trusts on reviewing team performance regularly and was the reason it always scored poorly on this key finding)
- 360 Leadership Framework facilitators to be trained
- Equality and diversity training now part of the ILM level 3 programme and in the new HR development programme
- Increased leadership and management training to enable managers to develop
 - engaging and transformational leadership styles
 - effective management series to include a session on Coaching
- HR development programme being developed to give line managers tools to support team
- Development of mental health pathway

The survey results would be discussed at the Joint Negotiation Committee on 11th April, 2013 and also by the Staff Engagement Executive Group and the Trust staff engagement action plan would be revised accordingly. The results would be disseminated to all Directorates who would be asked to develop action plans against them.

The Director of Human Resources reported that as the national survey was quite cumbersome the Trust planned to develop its own survey which would cover all staff. The plan was to make it more concise and conduct it on a more frequent basis. The results of an internal survey would be available much quicker enabling action to be taken in a timely manner.

Concern was expressed that only 61% of staff said that handwashing materials were always available. That was felt to be a curious score and the Trust needed to assure itself on that point and that handwashing material was available at all times.

Concern was also expressed that effective team working was in the bottom five ranking scores. The Director of Human Resources stated that team working was discussed in the Leadership Programme and was also well addressed in the appraisal training.

The Communications Director reported that there was a good uptake of tools such as survey monkey by Staff Engagement Leads who carried out their own surveys in their respective areas. She also mentioned that a new intranet site was being developed which would enable the Trust to tailor messages to groups of users.

The Board of Directors **NOTED** the NHS 2012 benchmarked staff survey findings.

STH/56/13

Deliver Best Clinical Outcomes

(a) Full Business Case – Major Trauma Centre (MTC)

The Director of Strategy and Planning referred to her written update on the Major Trauma Centre (Enclosure H) circulated with the agenda papers.

The key points to note were:

- The model was 3 MTCs for Adults (Hull, Sheffield and Leeds) and 2 MTCs for Children (Sheffield and Leeds). The catchment area was based on a 45 minute journey time.
- At this time last year the Trust, along with Hull, agreed to take all Priority 1 cases from 1st April, 2012. That arrangement had now been in place for a year and on the whole had gone very well.
- Since the Board Report in November 2012 a further review of the development plans for Major Trauma had taken place, taking into account the publication of the national specification in December 2012, and further analysis on potential activity changes undertaken in conjunction with the Yorkshire and Humber Observatory. This had increased the previous activity assumptions and would suggest that an additional 147 cases could be estimated during 2013/14 in addition to existing direct admissions and existing transfers in.
- Plans were in place for Consultant presence in Accident and Emergency to be increased to 16 hours per day 7 days per week, requiring an additional 4 WTE consultant posts and recruitment plans were progressing for a Consultant in Rehabilitation Medicine and Band 7 Rehabilitation and Trauma Allied Health Professional to address the national specification requirements.
- A peer review process for Regional Trauma Networks was undertaken on 11th March 2013. The feedback report would be made available within 4 weeks. Initial feed back was positive and highlighted the enthusiasm and engagement of the clinical staff and senior management at STH. The panel members also praised a number of innovations including the redesigned neurosurgical

pathway and Trauma Live system. Development areas included encouragement for the promotion of the Operational Delivery Network as an inclusive network to ensure continued engagement of the Trauma Units, and for the MTC to take the lead role in education, training and TARN data improvements in the network.

- It was noted that the helipad at the Northern General Hospital did not meet current standards. Options and costs were still being assessed. However an estimate of the capital charges had been included in the revenue costs based on a £2 million scheme. Charity funding options and assessment of potential patient numbers were being reviewed.
- The establishment of the Sheffield Adult MTC was being developed in two phases:

Phase 1 – to be implemented in 2012/13

- Agreement of all necessary clinical protocols and procedures between Sheffield MTC, Trauma Units and the ambulance services (Yorkshire Ambulance Service (YAS) and East Midlands Ambulance Service (EMAS)).
- Setting up of Major Trauma clinical governance network for South Yorkshire and Bassetlaw with regular morbidity and mortality meetings.
- Regular education sessions for the network.
- Start to implement new service standards for existing patient flows including introduction of Rehabilitation Advice Note.
- Trauma team and multidisciplinary working.
- Live list of major trauma patients to track and coordinate care.
- Improved TARN data collection.
- Secondary transfer arrangements confirmed: Trauma Units to MTC within 48 hours.
- Repatriation arrangements confirmed: MTC to Trauma Units within 48 hours.
- Additional staffing established from Best Practice Tariff income to cope with new systems and interim designated minimum standards:
 - Additional neurosurgeon based on the NGH site to meet MTC standards
 - TARN administrator to ensure prompt collection and recording of data
 - 2 Trauma Nurse Coordinators
- Resources for imaging including CT scanning to be provided within the required timescales by extending the core hours of the second scanner.
- Additional Orthopaedic surgeons for trauma and elective workloads with increase in orthopaedic lists from within activity income.

Phase 2 – For implementation during 2013/14

- Full implementation of the YAS triage system and MTC fully open to all bypass cases including East Midlands from 2nd April 2013.
- Contingency plans were being developed to minimise any risk inherent in greater than expected numbers of major trauma cases or greater than expected numbers of over triaged cases than had been planned.
- Compliance with the national service specification.
- Additional Emergency Department staffing to meet increased workload and minimum standards.
- Paramedic in the YAS Control Room to direct transfer of major trauma patient to MTC/Trauma Unit on clinical need alone.
- The timely secondary transfer of a patient with major trauma from Trauma Units to MTCs, would be coordinated by the Trauma Unit and MTC, the inter-hospital transfer would be arranged using the regional inter-facility

transfer system currently in place across the region for Yorkshire Ambulance Service and East Midlands Ambulance Service.

- Timely repatriation of patients from MTCs to Trauma Units was essential. A protocol had been agreed for this to take place within 48 hours of the decision and the repatriation would be undertaken using urgent tier ambulances.
 - Emergency transfer, secondary transfer and repatriation would be supported by an 'assumption of acceptance' principle between MTCs and Trauma Units.
 - Ongoing prospective data collection and analysis
- The Director of Strategy and Planning confirmed that she was confident that the Trust had the infrastructure in place to deal with the additional cases expected in 2013/14.
- The Director of Strategy and Planning explained that there was still a degree of uncertainty around the activity and standards of becoming a MTC and she outlined the risks:
- Uncertainty about the activity projections for both the major trauma and collateral cases, and therefore the respective impacts on the MTC and Trauma Units.
 - The scope for potential disruption of other hospital services at the MTC due to the unpredictable and critical nature of major trauma admissions. That risk was, to some degree, mitigated by the additional infrastructure which had been proposed.
 - Uncertainty regarding the size of the financial gap, due to changing activity assumptions, and how this would be bridged without compromising other services.
 - The scale of the recruitment of consultant medical staff at the MTC and the elapsed time to achieve that in full.
 - Experienced staff may be attracted to the MTC from the other Trusts who would be providing Trauma Unit services creating staffing difficulties for them.
 - The difficulty for commissioners and Trauma Units regarding any change to funding flows and impact on residual emergency services and function as a Trauma Unit.
 - The development of a network wide, fully integrated major trauma rehabilitation system would be required in the future for improvements in rehabilitation services. This was seen as one of the biggest challenges.

The Board of Directors:

- **NOTED** the update on the development of the Service Development Plan for the Major Trauma Centre and confirmed its **SUPPORT** for the full opening of the Major Trauma Centre on 2nd April 2013.
- Extended their sincere thanks to the Team who had led this work.

STH/57/13

Delivering the Trust's Corporate Strategy 2012-17

(a) Summary of Directorate Strategies

The Director of Strategy and Planning referred to the summary of Directorate 5-year Strategies (Enclosure I) circulated with the agenda papers. The key points to note were:

- All directorates were asked to develop their own five year strategies in line with the Corporate Strategy " Making a Difference". This enabled the strategic thread of the organisation to run from the high level organisation wide position to the implications and requirements at a specific Directorate level.
- Each Directorate Strategy provided information on the current position of the directorate, where the directorate wanted to be in five years' time, how it would achieve that and what benefits it would provide. It also detailed how the directorate would know it had achieved its strategy. The strategies would also serve to provide Board members with a 'snapshot' of each directorate.
- The strategies would be used to inform the annual Directorate Review meetings held in early summer as well as the development of objectives for Clinical Directors, Nurse Directors and General Managers. Directorates would also be expected to use their strategies as the basis for the development of annual business plans.
- Key themes had been identified from the strategies and were set out in Appendix 1 of the summary. Organisation wide actions to address common themes or issues arising from the strategies were set out in Appendix 2 of the summary.

It was agreed that Clinical Directors should present their strategies to the Board during any planned Board visits to their areas. The Trust Secretary agreed to review the information circulated to Directorates regarding the format of Board visits and would include that point in the revised version.

The Chairman thanked the Director of Strategy and Planning for an excellent piece of work.

STH/58/13

Chief Executive's matters

The Chief Executive briefed the Board on the following matters:

- Hallamshire Hospital Care Quality Commission report - The Care Quality Commission had made an unannounced inspection in January 2013 visiting Wards Q1 and Q2 (Geriatric/ Stroke Service), the Day Surgery Unit and also Ward M2. The inspection was focussed on two standards i.e. respecting and involving people who use services and supporting workers. During their visit the Inspectors spoke with 22 members of staff, 12 people using the service and 5 relatives.

Both standards were fully met and the Inspectors had given the Royal Hallamshire Hospital a glowing report after they found staff were fully supported in their work, efficient and professional, while patients felt respected and fully informed about their care.

- Clinical Director changes - The following changes were due to take place:
 - Dr. Andrew Farkas, Clinical Director, Obstetrics and Gynaecology was standing down at the end of March, 2014, and Dr. Andrea Galimberti had been appointed as the new Clinical Director for Obstetrics, Gynaecology and Neonatology with effect from 1st April, 2013. Dr. Galimberti has been a Consultant Obstetrician and Gynaecologist at the Trust for 12 years and has been Lead Obstetrician and Labour Ward Lead for 5 years.
 - Professor Tim Stephenson, Clinical Director, Laboratory Medicine was standing down at the end of March 2013 after serving 14 years as Clinical Director. Dr. Branko Perunovic had been appointed as the new Clinical Director for Laboratory Medicine with effect from 2nd April, 2013. Dr. Perunovic has been a Consultant Histopathologist at the Trust for almost 7 years and has been Lead Clinician for Histopathology since 2009.
 - Professor Deborah Bax, Clinical Director, Specialised Medicine, was retiring at the end of March, 2013, and the process to appoint her successor was under way.
 - Professor Ian Rennie, Clinical Director, Ophthalmology, was standing down on 1st May, 2013, and the process to appoint his successor was under way.
 - Dr. Guy Veal, Clinical Director, Operating Services, Critical Care and Anaesthesia was standing down on 1st May, 2013, and the process to appoint his successor was under way.
- Awards - A number of Trust staff had been recognised for a number of national awards in the last month:
 - The Renal Team had been named as two of the four finalists in the BMJ 2013 Renal Medicine Team of the Year. The two services highlighted for their achievements are:
 - Yorkshire and Humber Shared Haemodialysis Care Team
 - Remote Monitoring for Chronic Kidney Disease - Sheffield Kidney Institute.
 - Jane Harding and Margaret Harrison, Specialists from the Community Lymphoedema Service had been nominated for the Lymphoedema Nurse of the Year Award 2013. The award was part of the British Journal of Nursing and recognises the hard work and dedication of those who care for people with Lymphoedema.
 - The Sexual Health Team won the sexual health media campaign category at the UK Sexual Health Awards for their innovative HIV rap video and social media campaign. The campaign was aimed at young people to remove some of the stigma associated with HIV.
 - The Department of Haematology and the Jessop Wing Neonatal Unit had both been shortlisted as finalists in the National Patient Safety Awards.
 - The Department of Haematology had been shortlisted in the Diagnosis category for the use of Haemato-oncology Diagnostics'
 - The Jessop Wing Neonatal Team had been shortlisted in the Infection Control and Hygiene category for their: "Reduce the rate"-initiative to reduce neonatal central line infections.

- INSIGNEO - This was a joint partnership between the Trust and the University of Sheffield and was a major piece of research development.

A computer model of the human musculoskeletal system was to be mapped out by researchers at the University of Sheffield and Sheffield Teaching Hospitals following a £6.7 million grant announced by the UK's Minister for Universities and Science, David Willetts last week. The model would lead to personalised treatment for diseases such as osteoporosis, arthritis and back pain - saving money and leading to better outcomes and faster recovery.

- Appointment of new Clinical Research Office Director - Dr. Peter Sneddon had been appointed as the new Clinical Research Office Director. He joins the Trust from Cancer Research UK, where he was an Executive Director and prior to that he was Deputy Director of Research and Development at the Department of Health.
- Don Valley stadium - Olympic legacy project - The Trust has been part of a group of City organisations involved in developing plans for the Don Valley Olympic legacy project. – The proposal was the most comprehensive Olympic legacy project outside of the capital and could create up to 940 jobs. The plans included:
 - Potential new homes for the Sheffield Eagles (Rugby League) and Titans (Rugby Union) teams – as well as new venues for basketball, gymnastics and snooker
 - A High Performance Centre linking professional and elite sport on the site to the development of Sheffield Hallam University's Centre for Sports Engineering Research and the developing Medical Advanced Manufacturing Centre at the AMRC
 - The siting of the new National Centre for Sport and Exercise Medicine (NCSEM)
 - The potential development of a second University Technical College for Sheffield

The proposals build upon the existing strengths of Sheffield and offer the opportunity to create a unique relationship between sport, exercise and health that would keep Sheffield at the forefront of innovation in the country; even more importantly they would bring very significant benefits to our local population. The NCSEM would be a key partner in developing and implementing the vision for the Don Valley Stadium site over the next few years.

- Lets Talk - As part of the on-going Let's Talk staff engagement programme, the Chief Executive would be inviting acute and community staff to share with him their views and ideas as the Trust moved forward with the second year of our Making a Difference strategy. The series of 20 plus open sessions would also coincide with the 6-monthly Consultant update sessions. The open sessions were in addition to the Chief Executive's fortnightly to clinical areas to meet staff and patients.

STH/59/13

Chairman and Non-Executive Directors' matters

The Chairman and Non-Executive Directors had no matters to report.

STH/60/13

For Approval/Ratification

(a) **Common Seal**

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

- Deed of Surrender and a 5-year Lease (8th November 2012 to 7th November 2017) with UK NEQAS of 2 Rooms within the Old Histopathology Building at the Northern General Hospital. The rent was £5,566 per annum excluding VAT

(b) Ensuring an Open Culture: Whistle Blowing Report

The Director of Human Resources referred to his written paper (Enclosure K) circulated with the agenda paper which outlined the arrangements in place within the Trust to ensure an open culture and to consider any additional actions required.

In response to a letter to all FT Chairs from the Rt. Hon Jeremy Hunt, MP, the Secretary of State for Health regarding ensuring an open NHS culture, the Human Resources Department had looked at the use of contracts and compromise agreements over the last 4 years and the Board could be assured that no confidentiality clauses had been put into contracts in that time period which breached the Public Interest Disclosure Act 1998.

A review of the Trust's Whistleblowing Policy was being undertaken to reflect changes to national guidance and to make it more user friendly. Once revised, approved and ratified it would be re-launched supported by a robust awareness campaign. The Policy was to be discussed at the Joint Negotiation Consultative Committee on 11th April, 2013.

The Board felt strongly that the Whistleblowing Policy should be used as a last resort and staff should feel able to raise concerns with their Managers.

It was felt that the proposed internal staff survey should include a question on staff's awareness of the Whistleblowing Policy.

Action: Mr. Mark Gwilliam

The Chief Executive also undertook to include it in his Let's Talk staff open staff meetings.

Action: Sir Andrew Cash

STH/61/13

To Receive and Note

(a) **Board Visit Programme 2013/14**

The Trust Secretary referred to Board Visit Programme for 2013/14 (Enclosure L) circulated with the agenda papers. He explained that the visits covered a cross section of the organisation and included visits to integrated services following the integration of community services.

It was **AGREED** that the February 2014 meeting should be held on Wednesday 19th February, 2014 and not 27th February as stated on the programme. The Chairman recognised that it was half term week but asked Executive Directors to send their deputies if they were unable to attend.

Action: Neil Riley

STH/62/13

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held at 9.15 am on Wednesday 17th April 2013, in the Undergraduate Common Room, Northern General Hospital

Signed:
Chairman

Date: