



Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC on Wednesday 17th April, 2013, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT:

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

APOLOGIES:

Mr. A. Riley
Mr. N. Riley

IN ATTENDANCE:

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

Dr. R. Sidhu (item SWTH/79/13(a))

OBSERVER:

Dr. A. Brooks Leadership Fellow
Ms. Kirstie Stott, General Management Training Scheme

PUBLIC:

3 members of the public

STH/76/13

Declaration of Interests

No declarations of interest were made.

STH/77/13

To receive and approve the Minutes of the Meeting held 20th March 2013

The Minutes of the Meeting held on Wednesday 20th March, 2013, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman, subject to the following amendment:

- STH/52/13(b) Agenda for Change (last sentence) 2014 should read 2013.

STH/78/13

Relevant Matter(s) Arising

(a) Infection Control Report

(STH/53/13(b)) The Chief Nurse/Chief Operating Officer reported that she had already made some changes to the wording of the Infection Control Report in order explain matters more clearly and this would be kept under review.

The Communications Director reported that the Trust was in regular contact with the local media.

STH/79/13

Clinical Performance:

- (a) Clinical Update: An endoscopic Journey to the last frontier-Unravelling the small bowel.

The Medical Director introduced Dr. Reena Sidhu, Consultant Gastroenterologist, who had recently won the Hopkins Endoscopy Prize for her investigation of the small bowel.

Dr. Sidhu's presentation covered the following areas:

- Capsule Endoscopy
- Double Balloon Endoscopy
- Intraoperative Enteroscopy

The Chairman thanked Dr. Sidhu for a very interesting presentation.

- (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:

- MRSA - the Trust was set different thresholds for MRSA by different organisations as set out below:
 - National (Department of Health): 1
 - Monitor (de-minimus): 6
 - Contract (penalties apply): 12

In March 2013 there had been 1 case of MRSA bacteraemia. However it was not Trust attributable. The full year performance was 3 cases of MRSA and therefore the Trust had breached its MRSA bacteraemia Department of Health threshold for 2012/2013 but had finished the year under the thresholds prescribed by Monitor and the contract with Commissioners.

- C.Diff - The Trust had recorded 10 positive samples in March 2013.

The full year performance for 2012/13 was 104 cases against a contract threshold of 134. However the Trust had been set a contract threshold of 77 for 2013/14 which would be extremely challenging.

In answer to a question from the Chairman, the Chief Nurse/Chief Operating Officer explained that to achieve that target the Trust would need to ensure that facilities were available so that the deep cleaning programme could be undertaken. She explained that the Trust Executive Group was investigating the possibility of a modular build facility on the Northern General Hospital campus. However that would have a significant cost attached to it and was not included in the Financial Plan for 2013/14. The Estates Directorate were in the process of drawing up plans and options which would be discussed by the Trust Executive Group.

It was **AGREED** that the Board of Directors should receive an update on this matter at the May 2013 meeting.

Action: Professor H. Chapman

- MSSA - The Performance on MSSA for the full year was 74 cases; there were 71 cases in 2011/2012. The monthly graph in the report highlighted an improvement during the year with 18 fewer cases reported for the period October 2012 to March 2013, when compared to the period April 2012 to September 2012. If the rate seen during the second half of the year was sustained throughout 2013/14 the Trust would meet the improvement target it had set itself of less than 60 cases for the year.
- Norovirus - The Trust had experienced minimal levels during February 2013 and there had been minimal impact on service delivery.

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

(c) Healthcare Governance Report

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

- Quality and Francis Report - The first meeting of the short term Working Group established by the Trust to look at the most effective way of engaging individuals, services and external partners in the development work required as a result of the 'Francis Report' would take place on 24th April 2013.
- eCAT Annual Report - The report summarised the processes, outcomes and developments of eCAT over the last year.
- External Visits, Accreditation and Inspections
 - NHS Yorkshire & the Humber Stroke Accreditation External Team completed the Stroke Services Accreditation Annual Review (December 2012). The service was praised and was successful in retaining Level 1 accreditation. Six recommendations were made for quality improvement during the next 12 months and an action plan would be produced.
 - Cancer Peer Review Zonal Team Visit (October 2012) assessed compliance against measures specific to each selected cancer Multidisciplinary Team (MDT). One area for improvement had been raised regarding the Neurosciences MDT which had been entered onto the Trust's Risk Register. An Action Plan had been drawn up and the Cancer Peer Review Team was satisfied that it would address the issue.
- Annual Report of the Hospital Transfusion Committee - The report detailed progress made during 2012 towards safer blood transfusion and the key objectives for 2013. One area being focussed on was the progression of the Electronic Blood Tracking System.

(i) Healthcare Governance Arrangements Policy

The Medical Director referred to the Policy (Enclosure D) circulated with the agenda papers. He explained that the Policy had been developed to formalise, clarify and develop local healthcare governance arrangements.

The Policy builds on the resource requirements that were already in place as outlined in the Statement on Healthcare Governance Arrangements for Directorates and Corporate Departments (2009) and did not require the introduction of any new posts.

The Policy described clinical directorate and corporate governance structures, duties and communication mechanisms and included expectations for governance records and audit of compliance

The Medical Director emphasised that it was an important document in relation to standardising governance arrangements across the Trust.

Following discussion, the Medical Director explained that Sandi Carman, Head of Patient and Healthcare Governance, and Pauline Watson, Governance Improvement Manager, in developing the Policy would have undoubtedly drawn on other organisation's policies and documents. He would be very surprised if any other NHS organisations had a more detailed Healthcare Governance Arrangement Policy.

Vicki Ferres felt it was an excellent piece of work and that Directorates would find it extremely helpful. She emphasised that what was important was how the information would be collated and monitored.

It was noted that the Policy had been shared with the Clinical Commissioning Group.

The Director of Finance felt that Section 3.3 which described the Trust Executive Group's accountabilities and responsibilities should be more explicit and include the performance management of all Directorates' Governance arrangements, rather than just relating to each Director's own Directorate. The Medical Director agreed to look at the wording of that section.

Action: Dr. D. Throssell

(ii) Quarterly Hospital Mortality Report

The Medical Director referred to the Quarterly Mortality Report (Enclosure E) circulated with the agenda papers. The key points to note were:

- HSMR 2012/13 - The rolling HSMR for the period January 2012 to December 2012 of 93.4 for All Admissions was "significantly lower than the national benchmark". The rebased value for this time period was 98 (94-102) and was within the expected range.

STH NHSFT	Rolling 12 months HSMR Jan 2012 - Dec 2012
All Admissions	93.4 (89.7 – 97.2)
Elective Admissions	87.9 (70.7 - 108.0)
Non Elective Admissions	93.6 (89.8 - 97.6)

- SHMI 2011/12 - The most recent information from the Information Centre, published 24th January 2013, covered the period 1st July 2011 to 30th June 2012 and reported a SHMI value for the Trust of 0.92 (0.89 -1.12 *over-dispersion control limits of 95%*) for an expected 3789 deaths. The next publication was expected in January 2013.

The SHMI value of 0.92 within "expected" range as reported by the Information Centre and "lower than expected" as reported by Dr. Foster
A route cause analysis of the SHMI value was underway.

(iii) 2013/14 Infection Prevention and Control Programme

The Chief Nurse/Chief Operating Officer referred to the 2013/14 Infection Prevention and Control Programme (Enclosure F) circulated with the agenda papers. She explained that the programme had been developed by the Infection Prevention and Control Team and had been approved by the Infection Prevention Control Committee on 8th March 2013 and ratified by the Trust Executive Group and Healthcare Governance Committee. She explained that the programme covered all areas and complied with the Health and Social Care Act 2008.

The focus for 2013/14 would be on the following areas:

- Trust-wide achievement of annual IPC Accreditation
- Compliance with the Health and Social Care Act 2008
- Prevention and Control of Norovirus
- Prevention and Control of *C.difficile*
- Prevention of MRSA
- Update of the infection prevention and control education induction and annual update e-learning packages
- Continued integration of Community Services into the wider Trust in respect of infection prevention and control

The Chairman asked if the Trust compared its programme with other similar organisation's programmes. The Chief Nurse/Chief Operating Officer stated that the Trust's programme was more comprehensive than most of its fellow organisations and indeed other organisation requested copies of it. She also stated that Dr. Bates' (Director of Infection Prevention and Control) reputation was nationally renowned and that she had excellent networking arrangements through which she would be aware of any new ideas/innovations for infection control. The Chief Nurse/Chief Operating Officer emphasised that the Trust was never complacent about infection control and were always looking at what other organisations were doing and had indeed had visited organisations who had performed well in certain areas to learn from their success. Dr. Bates had a league table of showing which organisations were best in certain areas. However, it was noted that no one organisation was good at all aspects of infection control.

It was also noted that the Board of Directors could gain assurance from the results of the External Review undertaken in August 2011 which reported that the Trust was doing everything possible in relation to infection control.

In order for the Board to be assured that the Trust's programme was as comprehensive as possible, the Chairman requested it be benchmarked against that of other similar organisations. The Chief Nurse/Chief Operating Officer **AGREED** to discuss that piece of work with Dr. Bates.

Action: Professor Hilary Chapman

The Board of Directors **RECEIVED** and **NOTED** the 2013/14 Infection Prevention and Control Programme.

(iv) Patient Experience and Involvement Annual Report 2012

The Chief Nurse/Chief Operating Officer referred to the Patient Experience and Involvement Annual Report 2012 (Enclosure G) circulated with the agenda papers. The report provided an overview of the key achievements during 2012 and the key objectives for 2013 as listed below:

- Key achievements during 2012 included:
 - Successfully completing the ongoing programme of national and local patient surveys.
 - Developing Patient Experience Reports at group, directorate and ward levels.
 - Promoting excellence in customer care through targeted staff training programmes.
 - Supporting environmental improvements including A Floor outpatients and Brearley 7.

- Key objectives for 2013 included:
 - Implementation of the new Friends and Family Test by 1st April 2013
 - Implementation of telephone interpreting in Community Services
 - Implementation of the new Interlagos patient information management system

The Chief Nurse/Chief Operating Officer explained that there had been huge interest in the report in both its content and format and it had been tested out on extensively on staff, patients and Governors.

In answer to a question from the Chairman, the Chief Nurse/Chief Operating Officer explained that the Trust had a multifaceted approach to picking up any trends both through formal and information methods such as, eCat, Governance Reviews, complaints incidents and information received via the family and friends feedback.

Members expressed a few comments on the layout which were noted by the Chief Nurse/Chief Operating Officer.

The Board of Directors **RECEIVED** and **NOTED** the Patient Experience and Involvement Annual Report 2012

STH/80/13

Financial and Operational Performance:

(a) Report from the Director of Finance

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

- The Month 11 financial position was a 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.

- Whilst the level of activity over performance had been a major issue for NHS Sheffield, contractual issues were now resolved.
- 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 a satisfactory outcome to patient service contract negotiations and delivery of challenging efficiency targets would be crucial to successfully delivering the Trust's Financial Plan.
- The key financial management actions remained to drive the Efficiency Programme; to progress the PMF work and secure good financial performance generally across Directorates; to contain operational pressures; to manage contractual issues and deliver contract targets; and to maximise contingencies.
- The on-going challenge of achieving major efficiency savings whilst delivering key service targets, improving quality and coping with operational pressures would remain fundamental to the Trust's success in 2013/14 and beyond.

The Board of Directors **NOTED** the 2012/13 Month 11 financial position and the progress on the 2013/14 financial planning.

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

The Chief Nurse/Chief Operating Officer referred to the Activity and Access Report (Enclosure I) circulated with the agenda papers and highlighted the following key points:

- The targets for the 18 week admitted, non admitted and incomplete pathways were met in February 2013.
- All incomplete 18 week pathways over 26 weeks continued to be validated on a regular basis and the number fell from 600 at the end of January 2013 to 438 at the end of February 2013.
- New outpatient activity was 3.0% below target in February 2013 and was now on target for the year to date.
- Follow up activity was 2.1% above target for the year to date.
- The level of elective inpatient activity was 4.2% above target in February 2013 and was now 2.0% above target for the year to date.
- Non elective activity was 10.3% above expected levels in February 2013 and was now 4.4% above for the year to date.
- The waiting list for inpatients fell by 273 in February 2013 and the outpatient queue fell by 293.
- Accident and Emergency performance had been extremely challenging again and the Trust underperformed with only 92.5% of A&E attendances being seen within 4 hours. However, this was an improvement on the position in January 2013 and December 2012 when the performance was 90.1% and 89.2% respectively. That would mean that the performance for quarter 4 and the full year would be below 95%.

The Chief Nurse/Chief Operating Officer emphasised that she had never experienced such a sustained level of pressure as faced by the Trust since September 2012. She reported that staff were working extremely hard and should be applauded for achieving the level of performance they had against that level of pressure. The Board of Directors echoed her sentiments and also extended their appreciation and support to the staff on the front line.

In answer to a question from the Chairman about whether quality of care was being affected, the Chief Nurse/Chief Operating Officer explained that quality in terms of the patient experience in the Emergency Department was being affected as patients waiting over 4 hours was not what the Trust set out to achieve.

The Chief Executive reassured the Board that there were no outcome and safety issues as a consequence of failing the A&E target. However the Trust wished to give patients attending A&E a better experience.

Concern was raised whether there had been an increase in the number of complaints by patients regarding their attendance at the A&E Department. The Chief Nurse/Chief Operating Officer reported that the analysis of complaint data was underway and stated it would be interesting to see if that was the case and also to look at the feedback from the Friends and Family Test.

The Chief Nurse/Chief Operating Officer reported that it was a similar picture in all other local A&E Departments.

The Chief Executive reported that the Trust had commissioned ScHAAR to undertake some research to look at what the reasons were for the high admission rates.

- Cancer Targets - The Director of Strategy and Planning reported that the Trust had achieved all the Cancer Targets for Quarter 4 although it was noted that some were extremely tight. She emphasised that it was a fantastic achievement given the pressure the Trust was under and had only been achieved as a result of the huge efforts made by clinical teams and administrative staff who track individual patients as they moved through the pathways.

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

STH/81/13

Our Staff

- (a) **Report from the Director of Human Resources: Health and Wellbeing**

The Director of Human Resources referred to the update on Health and Wellbeing initiatives (Enclosure J) circulated with the agenda papers.

The key points to note were:

- the introduction of a Staff Health & Wellbeing funding stream, using 'Superdraw' promoted by the Sheffield United Supporters Association, in line with the Patient Lottery already in place.
- the range of staff discount events organised by the Health and Wellbeing Committee.

- The Trust had signed up to take part in the second Royal College of Physicians audit to explore the depth and range of implementing the NICE Guidelines on Staff Health & Wellbeing. The audit was scheduled to take place later in the year, and the Health and Wellbeing Committee would be working hard to ensure that sufficient evidence was available to demonstrate a year on year improvement in our approach to implementing the NICE guidance

The Board of Directors **RECEIVED** and **NOTED** the update on Health and Wellbeing initiatives.

STH/82/14

Review of the Trust Constitution

In the absence of the Trust Secretary, the Assurance Manager referred to the revised version of the Trust's Constitution (Enclosure K) circulated with the agenda papers. He explained that Version 3.1 of the Constitution was the culmination of a huge piece of work. The intention behind the work was to update the Constitution and key supporting documents to ensure the Trust's governance arrangements followed best practice and were internally coherent and that the Trust maintained compliance with the relevant provisions of the Health and Social Care Act as the Commencement Orders were issued.

A task and finish Committee of the Board (The Trust Constitution Review Steering Group) was set up to oversee the review process. The work was undertaken in 3 phases:

- Phase 1 of the review produced Version 2 of the Constitution which was compliant with the provisions of the Health and Social Care Act that came into force from 1st October 2012 under Commencement Order 2. Version 2 was approved by the Board of Directors in November 2012 and was subsequently given final approval from Monitor in February 2013.
- Phase 2 was the redraft of Version 2 using Monitor's Model Core Constitution and to update or develop supporting documents, was the biggest piece of work, the scale and complexity of which had been greater than at first envisaged.
- Phase 3 – To ensure that Version 3 of the Constitution was compliant with the fourth Commencement Order which would come into force on 1st April, 2013.

The Assurance Manager went through the various amendments contained in Version 3.1 as listed in the Executive Summary.

The following points were made during discussion:

- The Chairman referred to Section 24 (Page 10) Board of Directors Composition and asked the Assurance Manager to look into whether it would be possible, for succession planning purposes, to state that the Board could have 7 Non Executive Directors for a period of time.

Action: Andy Challands

- Subject to approval of Version 3.1 by the Board of Directors, it would be submitted to the Council of Governors (COG) on 30th April, 2013 and subject to the COG's approval would come into immediate effect. The Chairman stated that consideration would need to be given to how it was all going to work.
- It was noted that the revised Constitution would also need to be ratified at the Annual Members Meeting to be held on a date to be agreed in September 2013.

- John Donnelly, on behalf of the Trust Constitution Review Steering Group and the Board of Directors, extended his appreciation and thanks to Andy Challands, Assurance Manager, for his contribution to the review the Constitution.

The Board of Directors **APPROVED** Version 3.1 of the Trust's Constitution prior to seeking its approval by the Council of Governors on 30th April, 2013.

STH/83/13

Chief Executive's matters

The Chief Executive referred to his written report (Enclosure L) circulated with the agenda papers and highlighted the following points:

- Terms of Reference of the Research, Innovation and Education Committee - The Chief Executive explained that the Trust's strategy included the aim – "Deliver excellent research, education and innovation" and that following the appointment of a Director for the Sheffield Clinical Research Office (Dr Peter Sneddon) and the development of the Yorkshire and Humber Academic Health Science Network, it was timely to identify a Board committee which could oversee the delivery of that aspect of the strategy.

The following points were made during discussion:

- The membership of the Committee may need to be reconsidered as it was felt that it may not appropriate if the Committee was to be established as a Committee of the Board. The Committee was unique in that a number of its members were from external organisations.
- Concern was raised that there was no mention of education in the Terms of Reference.
- Consideration needed to be given to how the Committee would report to the Joint Steering Group with the University of Sheffield.

It was **AGREED** that the Terms of Reference should be revised and brought back to the May Board Meeting.

Action: Sir Andrew Cash/Neil Riley

The Board of Directors **AGREED** in principle to the establishment of such a Committee subject to the Terms of Reference being reviewed.

- Increase in Organ Donors - The Medical Director explained that data on the Trust's performance relating to organ donation was presented to the Board of Directors in December 2012 but the recent media release had brought it to the forefront again.

He explained that in 2001-2005/06 the Trust was in single figures for the number of organ donations but since then the number had increased to double figures. In 2010/11 there were 17 donations and for 2012/13 the total was 14. Therefore whilst the Trust had not increased the number of organ donations by 50% since 2007/08 as set by the Organ Donation Taskforce in 2008, there was a clear improving trajectory over the last 8 years.

In order to promote a further increase in the number of organ donated the Trust was increasing the number of Specialist Nurses in Organ Donation from 2 to 3 and was also appointing a second Clinical Lead in Organ Donation for the Northern General Hospital site where it was considered that the greatest potential for organ donation existed.

- Clinical Director appointments:
 - Mr. Stephen Winder had been appointed Clinical Director for the Ophthalmology Directorate with effect from 1st May 2013.
 - Dr. Christine Bowman had been appointed Clinical Director of the newly merged Directorate of Communicable Diseases and Specialised Medicine with effect from 1st April, 2013.

STH/84/13

Chairman and Non-Executive Directors' matters

Date of the June 2012 Board Meeting

The Chairman reported that the Board Meeting in June would be held on Wednesday 12th June, 2013 and not 19th June 2013. He acknowledged that John Donnelly and Shirley Harrison would not be able to make the new date due to prior commitments.

STH/85/13

For Approval/Ratification

(a) **Common Seal**

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

- Renewal of the Lease previously with Telefonica O2 UK Limited (now Cornerstone Telecommunications Infrastructure Limited) for an Aerial Mast on the roof of the Charles Clifford Dental Hospital
- Occupation Agreement between Sheffield Teaching Hospitals NHS Foundation Trust, Sheffield Health & Social Care Trust and the Sheffield Children's Hospital

It was noted that the Lease with the Secretary of State for Health for Blocks 38 and 50 at the Northern General Hospital had been withdrawn because the necessary documentation had not been forwarded to the Trust:

STH/86/13

To Receive and Note:

(a) **Board of Directors and Senior Executives Declaration of Interests**

The Board of Directors **RECEIVED** and **NOTED** the Declaration of Interests for members of the Board of Directors and other Senior Executives. It was noted that the Director of Finance had been omitted from the register and his nil return would be added to the list.

STH/87/13

To consider any other items of business

No additional items of business were raised.

STH/88/13

Date and Time of Next Meeting

The next meeting of the Board of Directors would be at 9.15 am on Wednesday 15th May,

2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.

Signed:
Chairman

Date: