

**Matters of a PRIVATE NATURE considered at the Meeting of the BOARD OF DIRECTORS held on Wednesday 17 August 2011, in the Large Committee Room, Weston Park, Hospital**

**PRESENT:** Mr D R Stone (Chair)  
Sir Andrew Cash Mr V Powell  
Professor H A Chapman Mr N Priestley  
Mr J Donnelly Mr I Thompson  
Ms V Ferres Dr D Throssell  
Mr M Gwilliam Professor A P Weetman  
Mrs S Harrison Professor R Billingsley  
Ms K Major

**IN ATTENDANCE:** Mr N Riley  
Mr A Riley  
Mrs J Phelan  
Dr A Scott (for item STH/99/11)

**APOLOGY:** Professor M. Richmond

**STH/93/11**

**Minutes of the Previous Meeting**

The Minutes of the previous meeting held on 20 July 2011 were **APPROVED** and **SIGNED** by the Chairman as a correct record.

**STH/94/11**

**Discussion on morning's visit to Central Health Clinic**

Members of the Board found the visit very interesting and Professor Billingsley commented that there were opportunities to improve services further by reducing the amount of silo thinking for instance between the addiction services and mental health services in the city. She noted that the tendering processes within Sheffield brought tensions to the provision of services on a coherent basis. There were interesting issues in relation to GU Medicine and sexual health services as exemplified by the tariff issue outlined at the visit and the fact that different information systems were in place. She also noted that there were potential uses of technology which could be applied to improve services further.

Members felt that the visit felt different from previous visits in that there is now increasing evidence of services having thought through the integration opportunities. A consistent theme, however, of visits to all three current business units have been innovation and enthusiasm displayed by the staff.

It was noted that a number of the services visited provided services to people with chaotic lifestyles and that this was a relatively new area of business for the Trust. It was noted that the GP Collaborative needed a clear sustainable strategy going forwards and the Chairman and Chief Executive emphasised that perhaps the greatest challenge now facing the Trust as a whole in moving forward was building General Practitioner engagement and leadership as services developed.

Overall, therefore, it was agreed that this had been yet another good visit, meeting an impressive group of staff on the whole and that over the course of the three visits the tone and mood had been improving in terms of identifying opportunities for integration. It was

**AGREED** that the Trust Secretary would write accordingly to the staff on behalf of the Chairman.

**Action: Mr Neil Riley**

### **STH/95/11**

#### **Transforming Community Services: Update**

Andrew Riley introduced the paper which had been previously circulated with the agenda. He reported that a series of workshops had been held, including one the previous day, which had been both building the vision for transforming services and developing the eleven workstreams which had been previously identified. The outcome of these workshops would be consolidated into a single three year strategic plan which will be brought to the Board on 21 September 2011. The outcomes will also feed in to the refresh of the strategy which will be coming to the Board in October 2011.

The key message that appeared to be coming out of these workshops was that whilst the Trust offered excellent specialist services it needed to build its generic services for the people of Sheffield to a similar standard.

In relation to the management cost savings required as part of the TCS transfer, the Director of Human Resources commented that the target of £820k had very largely been met with a modest shortfall of £80k which would be made up in the next phase of work. He was pleased to report that the number of redundancies had been reduced to 5 of which 4 were voluntary. Whilst a collective grievance from the Trade Unions had been received concerning the process it now appeared that the issues had been resolved and the Trust was on course for formal implementation of the revised management arrangements from 17 October 2011.

The Chief Nurse/Chief Operating Officer reported that Penny Brooks had been appointed as the Clinical Director of Community and Primary Care Services and would commence on 5 September 2011. She was a District Nurse by background and had considerable experience in this area of practice including working at Board level. From a series of induction visits which the Chief Nurse had made she had concluded that there were considerable opportunities and enthusiasm to improve services further.

The Chief Executive brought this discussion to a close by proposing that it was now timely for a further meeting of the Investment Committee to be held to consider the high level management arrangements for these services going forwards and that this meeting should take place, if possible, before the October 2011 Board meeting.

**Action: Chief Executive/Trust Secretary**

### **STH/96/11**

#### **Clostridium Difficile**

The Chief Nurse/Chief Operating Officer introduced the paper which had been previously circulated with the agenda. She informed the Board that the current position in terms of the number of cases was 100 and that the action plan had been updated in respect of actions 1.9, 1.10, 1.11, 1.12, 2.12, 5.7, 7.3, 7.4 and 7.5.

She also reported that the Trust had commissioned an external review of the actions being taken to manage this particular aspect of infection control with the intention of providing assurance to the Board as to whether everything that could be done was being done. The review will be carried out by former members of the Department of Health Cleaner Hospitals Team and would take place in the following week. In addition the Trust has welcomed the opportunity for the Strategic Health Authority to visit the Trust (medical staff plus the Acting Chief Nurse from the SHA) to look at the actions being taken to address this issue. Weekly summit meetings were continuing to take place chaired by either the Chief

Executive or the Chief Nurse/Chief Operating Officer with mandatory attendance from high incidence wards. Analysis had been completed of the typical C.diff patient being treated within the Trust. This profile confirmed the views of the staff at ward level concerning the sort of patients who might experience C.diff i.e., a female patient admitted as an emergency receiving antibiotic treatment over the age of 65 and going through the Medical Assessment Unit prior to a stay on a base ward.

The Chairman and Non Executives raised the following issues:

- What had the Trust learnt from its visit to Cambridge – the Chief Nurse/Chief Operating Officer responded that most the important point had been the importance of environmental cleaning and that it may take up to six months to address this issue.
- How were the risks identified as high in the action plan being addressed – the Chief Nurse/Chief Operating Officer explained that in relation to item 1.5 the plan to transfer elective orthopaedics to the Hallamshire site was progressing but may not take place until the end of October 2011. Whilst this would help considerably the Trust would also need to maintain significant focus on the arrangements at the Northern General as winter was approaching and, therefore, this aspect of the action plan remained challenging. In respect of 1.11, the Chief Nurse/Chief Operating Officer explained that optimizing the admission process was a fundamental part of the medical length of stay workstream which was currently being set up. It would require a fundamental change to existing practice. The Chief Nurse/Chief Operating Officer explained the current process whereby all patients who were admitted via A&E went through an assessment unit and the future may well involve a pull system where it was clear that the patient required a definite specialty admission which would build on the medical reconfiguration which had already taken place and provide an opportunity for such a change of practice.

The Chairman summarised the discussion on this item by noting that the Board was content with the good work being done and formally noted the current status of the action plan.

#### **STH/97/11**

##### **Health Bill: Update**

The Chief Executive reported on two developments in relation to this matter. The first was that it had been announced that the current ten SHAs would be clustered into four Strategic Health Authorities and that the Trust would fall within the North Strategic Health Authority which would consist of the current North West, North East and the Yorkshire and the Humber Strategic Health Authorities. It has also been announced that the Chair of the Cluster SHA would be Mrs Kathryn Riddle and the Chief Executive would be Ian Dalton. These arrangements would be in place until April 2013. The Chief Executive went on to report that guidance on specialist commissioning had also now been received and it was the intention that each Trust would hold a separate single contract for all tertiary services and that that contract would be held with the National Commissioning Board.

The Board **NOTED** the position.

#### **STH/98/11**

##### **Minutes of the Meetings:**

- (a) Unadopted Minutes of the Meeting of the Healthcare Governance Committee held on 25 July 2011

Ms Ferres brought the following matters to the attention of the Board:

- Serious Untoward Incident (SUI) – the Medical Director explained that this related to a system failure within the Diabetic Eye Screening Service which had been fully investigated and appropriate action taken to rectify the position. Whilst the overwhelming majority of patients had suffered no harm as a result of this failure regrettably this was not the case for one patient and a formal report will be submitted to the Trust's Serious Untoward Incident Group within the next week concerning this matter. Arrangements were in hand for the appropriate member of the Consultant medical staff to meet with the patient to discuss the clinical outcome for this particular patient.
- Annual Complaints Report – the Chief Nurse/Chief Operating Officer explained that in future this report would show an activity denominator and provide a definition of unfounded in relation to complaints. In response to a query from the Chairman, the Chief Nurse/Chief Operating Officer explained the definition of response times that was used in relation to the standard of 25 days. ie., this related to when the final written response was sent.
- Patient Experience Report – the Chief Nurse/Chief Operating Officer explained that it was the intention to place this report on the Trust's public facing website. In response to a query from the Chairman concerning the range of sources utilised within the report, it was noted that a wide number of sources were utilised. Mrs Harrison commented that the report was a little busy in respect of pages 14 and 15 for a webpage and the Chief Nurse/Chief Operating Officer explained that this, along with other issues, would be tested for accessibility prior to the report being placed on the website. It was agreed, however, that overall the report was very attractive and easy to read.

## **STH/99/11**

### **Clinical Update: Diabetes**

The Medical Director introduced this presentation by explaining that Dr Scott had been the Clinical Director for the service for the last sixteen months and had done a considerable amount of work in terms of service transformation of this particular clinical service.

Dr Scott made the presentation (copy attached to the minutes) and the following questions/debate was held.

It was noted that the service had been successful in providing educational sessions for General Practitioners and that this appeared to be due to the timing of the sessions in terms of clinical advances in the treatment of diabetes which were of interest to General Practitioners. It was noted that there were only a very small number of General Practitioners with formal training which would enable them to operate as General Practitioners with a special interest in diabetes within the city. In response to a question concerning education and training for staff, Dr Scott explained that whilst mentorship was currently offered he acknowledged that this was an area that needed to be addressed going forwards. In relation to the financial aspects of the service, it had been agreed that the income identified for community diabetes services should be ring fenced in order that the new service could be successfully established and also check the assumption that there were no overhead costs involved in the provision of the new service. This whole process needed to be managed carefully given the Foundation Trust's reliance on income from these services. It was noted that the evaluation of the community diabetic service should be carefully carried out and that it may be helpful to learn the lessons from the recent work done by The King's Fund about how such services should be evaluated.

In conclusion, the Chairman thanked Dr Scott for a highly interesting presentation.

**Minutes of the Meetings:**

(a) Minutes of the Meeting of the Human Resources Committee held on 18 July 2011

Professor Billingsley noted the following points:

- Workforce efficiencies would be a significant part of the debate at the September meeting of the Board.
- Transforming Community Services had been addressed earlier on the agenda.
- The business case was being prepared for the next stage in the development of the oracle learning management system.
- In future iterations of the work plan for this Committee, a further column would be added to demonstrate how the work plan fitted with the strategic plan for the Trust as a whole.

The minutes of the meeting were **NOTED** by the Board.

(b) Minutes of the Meeting of the Finance Committee held on Monday 8 August 2011

Mr Powell brought the following matters to the attention of the Board:

- The Trust's overall position at month 3 which whilst healthy in overall terms was reliant on reserves being allocated so that they could be reflected in the operating position of the Trust.
- The Committee had noted that Directorate recovery plans would be submitted by the end of August 2011 and that as part of agreeing such recovery plans the deployment of contingencies going forwards would need to be addressed.
- Cancer Waiting Times – the Director of Service Development reported that, as previously agreed, a meeting had been held in early August to consider how best to bring in a revised breach reallocation rule. Whilst there has been considerable resistance at this meeting to such a notion it had been noted that the agreement was that either the STH proposal or a revised alternative would be agreed at the cancer board in September 2011 in order that this matter could be addressed.
- The NHS Sheffield financial position was a cause for concern in terms of the overall position at month 3 and the slippage on the QIPP programme.
- It had been announced that community assets could now be transferred to Foundation Trusts and this was being explored.

Mr Thompson queried the progress with the KM&T intervention. The Director of Finance responded that the scoping work had been commenced and the high level documentation to support the projects would be completed by early September in order that a full update could be given at the September meeting of the Board. The Board **NOTED** the minutes of the Finance Committee.

**Chief Executive's Report**

The Chief Executive introduced the paper which had been previously circulated with the agenda. He drew the Board's attention to the following key points concerning performance:

- Emergency Services – The Trust has made a good start to quarter 2 with performance of the quarter to date standing at 97.3%. It is anticipated, but not yet confirmed, that the extended range of indicators will apply for quarter 2 and the Trust is now monitoring performance on this basis. As previously reported, the most challenging area will be the total time spent in the A&E Department and work is under way to further improve patient flow which is the key issue in ensuring satisfactory performance against this standard.
- Cancer Services – The Trust has made a good start in quarter 2 against the whole range of cancer targets although it is anticipated that the final month of the quarter (September) may well be more challenging.
- In financial terms, as previous reported as part of the Finance Committee discussions the Trust is overspent by £2.6m against its allocated budget (1.3% of turnover) at the end of month 3. The Trust has identified central reserves of £10m which have also been identified and committed. In recognition of the size of the available non committed contingency reserves, the month 3 results have been adjusted to reflect the release of the year to date portion of this £10m. Hence £2.5m has been released to reduce the year to date deficit against the financial plan to £148.5k.
- In terms of patient activity, the level of elective inpatient activity is 3.4% above target for the year but is lower than last year. New outpatient activity is 2.2% above target and follow ups 1.8% below target. Non elective activity is 3.3% above expected levels but lower than last year. The waiting list for inpatients increased by 970 in June and the outpatient queue increased by nearly 878. The performance against the 18 Weeks target in June was on target for both non admitted and admitted patients. In terms of 18 Weeks, of the 19 Directorates where the admitted pathway is applicable, 13 achieved the 95<sup>th</sup> percentile target. The Directorates that exceeded the 23 weeks were General Surgery, Orthopaedics, Urology, ENT, Neurosciences and Cardiothoracic. Action plans have been identified for all these Directorates to ensure an improvement in their position and this is particularly the case in General Surgery where some of the most significant problems were evident. All Directorates met the 18.3 weeks target for the 95<sup>th</sup> percentile for non admitted pathways.

In overall terms, therefore, the Trust was in a healthy position at the end of month 3.

The Chief Executive also reported on two issues which had arisen since his report had been prepared and these were as follows. As part of the continuing dialogue with Consultant medical staff five further open meetings had been arranged building on the previous series of meetings which had been well received and well attended. He also reported that the Trust had been successful in being identified as part of the National Centre for Sports and Exercise Medicine and in recognition of this had been allocated £10m of funding to take this initiative forward. The Trust would be visited by the Secretary of State and Lord Coe in November 2011 as part of this initiative and the Chief Executive would provide further updates to the Board on this matter. Finally, the Chief Executive reported that the Trust had been visited by a team from the Department of Health/Treasury to look at how 18 Weeks was managed within the organisation. The Trust was one of six sites visited as part of this piece of work and we had received positive feedback from the team at the conclusion of the visit.

The Chairman reiterated that the financial position of the Trust going forward would be the major feature of debate at the September meeting of the Board. The Chief Executive's report was **NOTED**.

#### **STH/102/11**

##### **For Approval/Ratification:**

(a) **Audit Committee Annual Report and Draft Terms of Reference**

The Trust Secretary referred to the paper which had been previously circulated with the agenda and the Board **APPROVED** both these items. Mr Powell commented that it was important that in future the annual reports from the work of the Board Committees should be timed to coincide with the production of the annual accounts and the Trust Secretary confirmed that arrangements were being put in place to ensure that this was the case.

(b) **Common Seal**

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

- Contract between STH NHS Foundation Trust and TEC Williams (Building) Limited for work to form a radiology management suite in building 101 at Northern General Hospital to a contract value of £324,236.41 which formed part of the 2011/12 capital programme.

#### **STH/103/11**

##### **To Receive and Note:**

(a) **ORMIS: Update**

The Medical Director referred to the update which had been previously circulated with the agenda. He reminded the Board that ORMIS was an information system which allowed detailed examination of the pathway for patients as they went through theatres. Whilst it was difficult to identify specific benefits which had arisen from its implementation it was clear that it had been an excellent facilitator in improvement through the provision of timely and relevant information. The paper identified six measurable benefits which were linked to the implementation of the information system as follows:

- i) Optimising the use of space to increase revenue.
- ii) Reducing on day cancellations.
- iii) Specific schemes.
- iv) Redirection of management in admin and clerical staff.
- v) Reducing paper based systems.
- vi) Avoiding costs.

In the Medical Director's view, the biggest gain had been in terms of better planning of utilisation of theatres in order that additional theatres had not been required in the time the information system had been implemented.

In response to a query from the Chairman, the Medical Director considered that theatres were reasonably efficient and that future plans for improving efficiency even more would need to centre around the creation of incentives for theatre users to make the best use of the facilities available.

(b) Annual Business Cycle

The Trust Secretary introduced the paper which had been previously circulated with the agenda. The Board considered that the cycle should better reflect the strategy of the organisation and also be designed to help the Board to assess the extent to which it was balancing its time between strategic and operational issues. It was noted that this had been envisaged in the reference to the paper that further updates would be provided once the refresh of the strategy had been completed and it was agreed, therefore, that the current cycle should be noted as work in progress with a further update coming to the Board once the work on the strategy refresh had been completed.

(c) Late Tender

The Trust Secretary introduced this paper which had been previously circulated with the agenda. The Board was pleased to note that action had been taken to minimise such a situation arising again and confirmed that whilst a more permanent solution was being put in place it would be important to inform tenderers that they should expect acknowledgement of receipt of tender and should not assume that their tender had been received unless they received such positive assurance.

(d) Feedback from Monitor on the 2011/12 Annual Plan Review

The Trust Secretary referred to the paper which had been previously circulated with the agenda. The Board noted receipt of this feedback and in particular the point made by Monitor that in implementing its annual plan the Trust would need to ensure that the requirements of financial balance did not lead to any damage in the quality of services provided by the Trust.

**STH/104/11**

**Medical and Dental Staff Exclusions**

The Medical Director referred to his previous report to the Board on an individual case. He reported that the individual member of staff remained off sick.

**STH/105/11**

**Any Other Business**

The following items of Any Other Business were raised:

- The Chief Executive informed the Board that the Foundation Trust Network had been established as a separate entity and that the current Director would be retiring in April 2012. It was clear that with the movement of all providers to Foundation Trust status that the FTN would have an important part in the future landscape and that it would be important for the Trust to consider its own future contribution to the work of the Foundation Trust Network.
- Mr Donnelly reported on his attendance with the Chairman at the routine monthly meeting with Governors at which they held the Board to account. Mr Donnelly reported that it had been a positive and challenging meeting.
- Quality Governance Framework – Mr Powell reported that the first meeting of the Board's Task and Finish Committee to consider this item had been held and that further meetings had been scheduled so that a final report on this matter could be brought to the October meeting of the Board.

- The Annual General Meeting – the Trust Secretary reported that the Annual General Meeting would be held on Monday 26 September 2011 at 2.00pm in the Medical Education Centre at the Northern General Hospital.

**STH/106/11**

**Date and Time of Next Meeting**

The next Meeting of the Board of Directors will be held at 11.00am on Wednesday 21 September 2011 in the Boardroom, Northern General Hospital.