

Minutes of the Meeting of the BOARD OF DIRECTORS held in Public on Wednesday 16th May, 2012, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital

- PRESENT:** Mr. T. Pedder (Chair)
 Professor R. Billingsley Mrs. S. Harrison
 Sir Andrew Cash Ms. K. Major
 Professor H. A. Chapman Mr. N. Priestley
 Mr. J. Donnelly Professor M. Richmond
 Ms. V. Ferres
- APOLOGIES:** Mr. M. Gwilliam Professor A. P. Weetman
 Mr. V. Powell
- IN ATTENDANCE:** Mr. S. Burgin Mr. A. Riley
 Miss S. Coulson Mr. N. Riley
 Mrs. J. Phelan
- IN ATTENDANCE:** Mr. P. Lawson }
 Mrs. J. Watkins } Item STH/68/12
 Mrs. J. Smith }
 Mrs G. Smith }
- OBSERVERS:** 3 members of the Public } A list of observers is retained by the
 1 Governor } Trust Secretary

Prior to commencement of the meeting, the Chairman welcomed members of the public and staff to the first meeting of the STH Board of Directors held in public.

STH/65/12

Declaration of Interests

There were no declarations made.

STH/66/12

To note that there was a Private Meeting of the Board of Directors held on Wednesday 16th April 2012

The Chairman stated that as this was the first meeting held in public there were no Minutes to receive.

STH/67/12

Relevant Matter(s) Arising from the Meeting held on Wednesday 16th April, 2012

- (a) Major Trauma Centre (MTC)

(STH/49/112(a)) The Director of Service Development assured the Board that arrangements were going according to plan since becoming a MTC on 1st April, 2012, and being given interim designation to receive all Priority 1 cases. She reported that since 1st April, 2012, the Trust had received 16 bypass cases which previously would have been taken to their local District General Hospital. On evaluation of those 16 cases, 6 were deemed to be genuine Priority 1 cases. The position was being continually monitored and the Operational Group met fortnightly.

The Medical Director stated that in the future attention would need to be given to repatriation of patients.

It was noted that a Clinical Governance Network, including representatives of the Ambulance Service, was being set up across the South Yorkshire network.

STH/68/12

Clinical Performance

(a) Clinical Update: Frailty Unit

Dr. Peter Lawson, Clinical Director, Mrs. Janette Watkins, General Manager, Mrs. Julie Smith, Nurse Director and Mrs. Gill Smith, Matron, were in attendance for this item.

The Medical Director introduced the item and explained that the Frailty Unit was an exciting development. He explained that three years ago the Trust commenced a programme of reconfiguration across the Trust's campuses. Part of the programme was to look at the configuration of Acute Medicine and the decision was taken to create four Directorates including the Geriatric and Stroke Medicine Directorate. A particular challenge for that Directorate has been dealing with the number of frail elderly patients it received. On looking at how to improve the flow of those patients through the hospital and to ensure that they receive the best possible care the model of a Frailty Unit has emerged. The development of the Unit was also part of the Right First Time Project and was an integral part of the Trust's Emergency Care Operational Plan.

Dr Peter Lawson gave a presentation and the key points to note were:

(i) The objectives of the Frailty Unit were:

- Patients would be assessed and admitted to hospital only if clinically necessary or discharged to appropriate community services or support care
- Assessment for on going care completed in home environment not in hospital
- Plan on-going care so that a patient's condition can be safely managed in the community
- Improve patient flow within NGH to ensure best use of beds for patients requiring specialist care

(ii) The expected outcomes were:

- Improve patient experience and satisfaction
- Improve quality of care for frail older people including healthcare associated infections
- Deliver multi-agency working
- Patients fully assessed and care plan determined within 4 hours enabling on average two additional patients per day sent home safely
- Reduce overall length of stay in hospital

(iii) Increase in Community Intermediate Care Services including the rapid response service to ensure patients could be returned home safely.

(iv) Community Matrons working in the Frailty Unit to advise on accessing

information from Community.

- (v) Working with GPs to refer patients earlier in the day.
- (vi) Working with the Ambulance Service to transport patients to hospital sooner.
- (vii) Agreeing a joint streamlined assessment with Social Services.
- (viii) It was important to get the message out that it was much better for patients to be supported in their own home if appropriate.

The following points were raised during discussion:

- (i) It would be useful to try and introduce some metrics around falls as well as boosting services so that people at risk of falls would not need to come into hospital. Internally a significant amount of work was taking place to reduce the number of inpatient falls. It was noted that falls in general were part of the Right First Time Project.
- (ii) The development of the Acute Medicine Consultant Pool has been really important in getting an early specialist's opinion.
- (iii) It was important for the Trust to work with GPs on the benefits of early visits in order to allow patients to be transported to hospital as early as possible.
- (iv) As the Frailty Unit developed there would be a need to look at extending/changing the service hours at weekends
- (v) The Medical Director and Director of Service Development were engaged in a piece of work looking at the future use of the GP Assessment Unit. It was recognised that as the Frailty Unit developed the GP Assessment Unit would need to evolve to complement it. It was noted that Commissioners were keen to be involved in discussions.
- (vi) The Community Geriatricians were involved in working with Care Homes with high admission rates.
- (vii) Advanced Care Plans involved the patient, relatives, Care Home staff and GPs.

The Chairman thanked Dr. Lawson and his team for an interesting presentation and invited him to give a further update/progress report in 6 months' time.

(b) Infection Control Report

The Chief Nurse/Chief Operating Officer presented her written report (Enclosure A) circulated with the agenda papers. The key points to note were:

- (i) MRSA - She explained that there were 3 different thresholds for MRSA which the Trust had to meet:
 - Department of Health (1 case per annum)
 - Monitor (6 cases per annum)
 - Commissioner (12 cases per annum)

The Trust had recorded 1 case of MRSA in April 2012.

- (ii) Clostridium Difficile (C.diff) – The Trust had recorded 10 samples in April 2012 and to date there had not been any cases in May. Therefore the C.diff performance remained on trajectory against the C.diff plan.
- (iii) MSSA/EColi – There were no national benchmarks available to allow the Trust to compare its performance. However, the Chief Nurse/Chief Operating Officer emphasised that it was the Trust's goal to continue to work to reduce these infections.
- (iv) Norovirus – The Trust continued to experience some disruption by outbreaks of Norovirus during April 2012. However, to date the number of cases and wards affected was reducing. Currently only 2 wards were affected.
- (v) Quarterly Infection Prevention and Control Feedback - As part of the Trust's Infection Control Programme, wards and departments have had the opportunity to raise issues which they felt the Board of Directors should be aware of. The following matters had been identified for quarter 4:
 - 1 Care Group was still finding the e-learning programme challenging
 - Care Groups were either currently being refurbished or were making cases to have individual areas upgraded.
 - Directorates highlighted that they continued to progress Infection Control Accreditation for their wards or departments.
 - Concerns regarding the cost of DIFFICIL-S®. Although it was noted that from April 2012 this would be centrally funded and the Neonatal Unit had completed a full risk assessment and action plan in relation to the Department of Health guidance on Pseudomonas in taps.

The Board of Directors **RECEIVED** and **NOTED** the update on Infection Control.

(c) Report from Chief Nurse/Chief Operating Officer and Medical Director

The Medical Director referred to his written report (Enclosure B) on healthcare governance work reviewed by the Trust over the last month.

He highlighted the following matters from the report:

- (i) Care Quality Committee (CQC) Compliance – There had been a number of visits to the Trust by the CQC over the past 12 months. There had been an unannounced visit on 21st March, 2012, looking at the documentation around consent for the termination of pregnancies. The Medical Director was pleased to report that the CQC had not raised any concerns.
- (ii) Management of Asbestos – The Trust had a nominated person to ensure that the Trust had safe and effective methods for the management of asbestos. The Trust had a property portfolio of 173 buildings and accurate records for each building must be maintained. The Trust had therefore invested in MICAD, an electronic database for recording asbestos containing materials in accordance with health and safety legislation and best practice guidance. MICAD was also linked to the Estate Intranet Property Register.

The Trust had recently been visited on two occasions by the Health and Safety Executive and no issues or concerns had been identified.

- (iii) Information Governance Toolkit (IGT) - The IGT Version 9 submission was made formally on 29th March 2012, with all Controls at Level 2 or above. As a consequence the submission was “Green” and “Satisfactory” for all areas.
- (iv) Information Security - The Trust had no breaches of security involving the loss of Personal Identified Data (PID) in 2011/12. The role of Senior Information Risk Owner (Kirsten Major, Director of Service Development) was now embedded at Board level.

Data transfer was a significant risk for the organisation and it was important to remind staff of their responsibilities with regard to the transfer of person identifiable data and other sensitive or confidential information.

There had been 469 requests for information under the Freedom of Information Act. It was recognised that significant amount of staff time was involved in processing these requests.

- (v) Emergency Preparedness – A number of key projects had been successfully supported in 2011/12 by the Emergency Planning Team. These included the day of industrial action (Nov 2011), Blackstart generator testing (Dec 2011) and the replacement of electrical transformers (March 2012) and more recently the industrial action on 10th May 2012.

Due to the significant operational pressures experienced by the Trust in the last 3 months, the Emergency Planning Team was currently developing a surge plan/management framework for dealing with increased demand on inpatient and community services managed by Sheffield Teaching Hospitals.

- (vi) Research Activities - The Trust was involved in conducting 843 clinical research studies, managed using local systems implemented in accordance with national regulatory systems.

425 studies were supported by the National Institute for Health Research (NIHR), which provided funding for projects and programmes, and infrastructure, providing income to the Trust, Admitting Directorates and Support Services as applicable.

Of the 209 studies given permission to start, all 209 were given permission by an authorised person less than 30 days from receipt of a valid submission; all studies were considered and supported through the governance process to achieve authorisation and this was ongoing during the conduct of the study.

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Summary Report.

- (d) 2011/12 Annual Report of the Healthcare Governance Committee (HCGC) including 2012/13 Workplan

The Medical Director referred to the 2011/12 Annual Report of the Healthcare Governance Committee and the 2012/13 Workplan (Enclosure C) circulated with the agenda papers.

He highlighted the following points:

- (i) Minor amendments had been made to the membership list in the Terms of Reference and to the Annual Work Plan.

- (ii) 2 new reports had been added to the Work Plan i.e. Occupational Health Annual Report and Organ Donation Report
- (iii) The Reports on Diabetes (NSF) and Longer Term conditions (NSF) had been removed
- (iv) The agreed Work Plan for 2011/2012 had been completed with the exception of 3 scheduled reports which had been deferred to the next financial year. The Committee had also received unscheduled reports and commissioned a robust action plan to address issues with C.Difficile.
- (v) All meetings were held, quorate and well attended with the individual attendance rates exceeding the stipulated 50%.

The Chairman emphasised the importance of patient experience reporting as part of the work of the HCGC. It was agreed that it would be placed on the agenda and discussed at the Committee's forthcoming Time Out session .

The Board of Directors **APPROVED** the 2011/12 Annual Report of the HCGC and 2012/13 Workplan subject to consideration of including patient experience reporting under the Committee's responsibilities.

STH/69/12

Patient Experience

(a) Future Arrangements for Monthly Reporting

The Chief Nurse/Chief Operating Officer explained that improving patient experience was at the top of the Trust's agenda and work was taking place on further developing a ways of monitoring it. The intention was to continue to provide a quarterly Patient Experience Report to the Board and a Complaints and Compliments Report on a monthly basis.

(b) Right First Time: Update

The Chief Executive explained that the Right First Time Programme was a 5-year transformational programme and was about making sure Sheffield residents received the best possible healthcare and social care services. The programme was divided into three interlinking projects:

- (i) Integration of Community Services with Primary Care - led by Penny Brooks, Clinical Director, Community Services Care Group
- (ii) Urgent Care System – led by Professor Mike Richmond, Medical Director, and Eithne Cummings (GP)
- (iii) Discharge/Assessment Process – led by Eddie Sherwood, Sheffield City Council

The programme was overseen by a Project Board which reported to the Transforming Sheffield Health Steering Group.

The Chief Executive emphasised the importance of a city-wide engagement and communication strategy and the Communications Director confirmed that work was underway on the matter.

The Medical Director stated that an additional component to the second project was around the out of hours response in Primary Care Services which historically had been delivered by a collaborative.

STH/70/12

Financial and Operational Performance

(a) **Report from the Director of Finance**

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

- (i) A satisfactory provisional 2011/12 outturn Financial Position had been achieved. The draft Accounts had been submitted to Monitor on 23rd April, 2012 and a meeting with External Auditor was scheduled for Friday 18th May, 2012. A meeting of the Audit Committee would be held on 24th May 2012, to consider and approval the Annual Report and Accounts and, subject to no particular issues being raised, the Board would be asked to formally adopt the accounts on 24th May, 2012.

The Accounts showed a surplus for 2011/12 of £7.98m (0.96% of turnover) compared to the planned surplus of £6.7 million. It was noted that the surplus would be retained within the Trust and had already been applied to provide crucial funding for the Trust's Capital Programme. The planned use of the surplus would be explained and communicated to the public in more detail at the Trust's Annual Public Meeting on 25th September, 2012. The Director of Finance explained that it was part of the Trust's Strategy to deliver a surplus each year. If it failed to do so, it would not be able to invest in the way it wanted to in terms of the Capital Programme, equipment, refurbishment of wards, information technology and the catering infrastructure.

There had been no unexpected issues following the transfer of Community Services and at the year end the Primary and Community Care Directorate had made a small surplus.

There had been a 7% increase in turnover which largely related to the new Primary and Community Services.

The Trust ultimately over performed on 2011/12 cost and volume contract activity by £3.9m.

The Trust had £0.5m of contract penalties for not achieving the C.Diff target and cancelled operations.

There were 12 Clinical Directorates with deficits of more than 5% of budget at the year end which demonstrated the challenge of delivering high levels of efficiency savings year after year whilst continuing to deliver good access times and high quality services.

Overall Directorates had reported delivery of £24m of efficiency savings in 2011/12.

The 2011/12 provisional financial results were submitted to Monitor as part of the recent Q4 monitoring returns and resulted in a Financial Risk Rating of 3 (3.45 rounded down to 3).

- (ii) 2012/13 Financial Plan - Good progress was being made on the implementation of the 2012/13 Financial Plan. Key pieces of work included:
- Finalising and signing the 2012/13 patient services contracts.
 - Finalising the initial contract values with commissioners (including the more remote SCGs).
 - Determining where contract activity levels appear inadequate to deliver the 18 Weeks RTT targets and confirming the internal activity plan.
 - Progressing key efficiency plans, particularly the Emergency Care Operational Plan.
 - Making preparations for Month 1 reporting.
 - Progressing planning for delivery of CQUIN targets.
 - Identification of possible contingencies.
 - Making arrangements for the case-note review required to determine the targets/potential income losses relating to Emergency Readmissions within 30 days.
 - Further development of Directorate financial plans and notification/finalisation of budgets, including allocation of funding from the internal activity plan.

The key risks to the 2012/13 Financial Plan was the delivery of the Efficiency Plans particularly the Emergency Care Operational Plan and delivery of CQUIN targets.

A key piece of work due to commence was around the case notes review of emergency readmissions within 30 days of discharge. This would provide a better understanding of the nature of the readmissions and how they could be managed going forwards.

The Trust had planned for a £6.7m surplus in 2012/13.

The Board of Directors **RECEIVED** and **NOTED** the report from the Director of Finance.

(b) Report from Chief Nurse/Chief Operating Officer

The Chief Nurse/Chief Operating Officer referred to the Performance Report for 2011/12 (Enclosure E) circulated with the agenda papers and highlighted the following points:

- (i) The report was currently being redeveloped for 2012/13 and next month's report would be in a slightly different format.
- (ii) Overall the Trust had performed well against all the key national targets set by the Department of Health and local Commissioners in 2011/12.
- (iii) The Trust had achieved all the Cancer and Waiting Time Targets as well as the targets against the 18 week standards.
- (iv) The Trust saw more new outpatients than expected but had seen less follow ups which was the agreement made with Commissioners.
- (v) The number of elective patients treated was 4.9% above the expected level. However the number of non elective patients treated was 1.1% below expected levels.
- (vi) The Accident and Emergency Department treated 4000 more patients than

expected. Despite that level of activity, over the year as a whole 95.6% of patients were seen within 4 hours. The Chief Nurse/Chief Operating Officer confirmed that the growth was across the board rather than in one specific area. The position needed to be addressed going forward by the Right First Time Programme. It was agreed that the Director of Service Development should provide the Board with an update on the 111 initiative. The Communications Director reported that she was constantly communicating with the public on where best to attend for treatment.

Action: Ms. Kirsten Major

- (vii) The Trust had not performed well in two areas i.e. C.Difficile and operations cancelled on the day. Clearly the Trust's aim was to improve performance in those areas.
- (viii) The Trust had met all the CQUIN targets with the exception for Asthma Care.
- (ix) Targets for treating patients within 18 weeks of their referral were met for the Trust overall. However in 2012/13 it would be an ongoing challenge for each individual speciality within the Trust to meet the 18 weeks standard but plans were in place to achieve that by the end of the first quarter in most specialities.

The Board of Directors **RECEIVED** and **NOTED** the Performance Report for 2011/12.

STH/71/12

Our Staff

(a) Report from the Director of Human Resources

Mr. S. Burgin, Head of Health and Wellbeing/Occupational Health Business Manager, referred to Human Resources update (Enclosure F) circulated with the agenda papers. He highlighted the following points:

- (i) Staff Survey – The overall picture was a positive one and the survey showed that more staff were satisfied with working for the Trust compared to the previous survey. Other highlights from the report included:
 - More staff at STH would recommend the Trust as a place to work and to receive treatment compared to other Acute Trusts.
 - Fewer staff worked unpaid overtime compared to the average for NHS Acute Trusts
 - Fewer staff experiencing harassment, abuse or bullying relative from other staff to the national average
 - Fewer staff were intending to leave when compared to the national average
 - 77% of staff agreed their role made a difference to patients, compared to the NHS average of 74%
 - 70% of staff said hand washing materials for control of infection purposes were always available compared to the NHS average of 66%
- (ii) Health and Wellbeing – The following matters were noted:
 - a further Health and Wellbeing Festival was to be held in June 2012.
 - more exercise classes were being run on site

- a fast track musculoskeletal service for staff was being piloted in the Jessop wing during 2012 with a view to rolling it out across the Trust in 2012/13.
 - improvements to the mental health service for staff suffering with stress/anxiety/depression were planned.
- (iii) Appraisal System – The new values and behaviourally based appraisal system was launched in the Trust on 1st April, 2012 initially for senior leaders. Following evaluation the plan was to roll it out across the Trust. The system was based on the values in the new Corporate Strategy.
- (iv) Industrial Action – 42 staff were reported as being on strike on 10th May 2012. As a result of emergency planning arrangements put in place the Trust experienced minimal disruption.

The Board of Directors **RECEIVED** and **NOTED** the Human Resources update.

STH/72/12

Research, Education and Innovation

(a) **Academic Health Science Network for South Yorkshire (AHSN): Update**

The Chief Executive reported that the national policy document on the setting up of AHSNs was due out in the next few weeks. The purpose of AHSN was to undertake research and translate discoveries from research into the NHS along with industry creating wealth and employment. He was keen that STH should be part of the first wave of networks.

The Corporate Affairs Director, who was leading on this matter, reported that in preparation for being part of the first wave he had attended a workshop along with representatives of all the organisations involved as well as a number of other key partners such as the University. They discussed the local network, what it should look like and the areas to focus on. The workshop had been very successful and there was unanimous agreement that an expression of interest should be submitted followed by an outline business case by the end of July 2012. The full business case would need to be submitted in September/October.

It was noted that there was an overlap between the work of the AHSN and the Collaboration for Leadership in Applied Health Research Centre (CLAHRC) in terms of assistive technology and links with local industry.

STH/73/12

Chief Executive's matters

The Chief Executive reported the following matters:

- In terms of performance he was pleased with the first six weeks of the current financial year.
- Rachel Cutting, Senior Embryologist in the Assisted Conception Unit had been awarded Healthcare Scientist of the Year. It was **AGREED** that the Chairman would send her a letter of congratulations on behalf of the Board.

Action: Mr. T. Pedder

- John Campbell, Chair of Staff Side, had been elected as Lord Mayor of Sheffield.
- The Trust had become the first regional Stem Cell Collection Centre outside of London.

- The Health Foundation Programme bid had been successful and was one of 8 successful bids out of 220 bids. It had been a challenging process which had been led by the Medical Director. The bid focussed on service improvement and linked the Trust with Dartmouth College in Boston, USA. The Trust would receive £0.5m over a period of 2.5 years to enhance its service improvement capability and capacity in the organisation via the training of coaches across the Trust.

The Chairman felt it would be useful for the Board to receive a more detailed report on this initiative in due course.

Action: Professor M. Richmond

- The Leadership Forum had been held the previous week at which Directorates were asked to think about producing their own strategies which linked into the new Corporate Strategy.

STH/74/12

Chairman and Non-Executive Directors' matters

The following matters were reported:

- Clinical Commissioning Group Cluster (NHS South Yorkshire and Bassetlaw) – Shirley Harrison had attended the meeting on behalf of the Chairman. Chairs of all Acute Trusts in the area had been invited to attend. She reported that Andy Buck had given a progress report about reorganisation and restructuring. The general view was that Sheffield was well placed and ahead of the curve.
- AHSN – The Strategy Director of the Sheffield University was calling a meeting of interested parties and the Chairman had been invited to attend.
- Cutlers' Company – The Cutlers' Company was working with schools on life skills and the Trust had agreed to participate in the programme.

STH/75/12

For Approval/Ratification

(a) Common Seal

The Board of Directors APPROVED the affixing of the Common Seal to the following document:

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Henry Boot Construction Limited for refurbishment of Wards K1 and K2 as the Critical Care Unit at the Royal Hallamshire Hospital (contract value £3,099,765.00 – forms part of the 2009/10 Capital Programme)

STH/76/12

Date and Time of Next Meeting

The next Meeting of the Board of Directors would be held at 9.15 am on Wednesday 20th June in the Board Room, Fairlawns, Middlewood Primary Healthcare Centre, 621 Middlewood Road Sheffield. S6 1TT