

Minutes of the Meeting of the BOARD OF DIRECTORS held in Public on Wednesday 20th June, 2012, in the Board Room, Fairlawns, 622 Middlewood Road, Sheffield

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	Professor A. P. Weetman
	Mr. M. Gwilliam	

APOLOGY: Mr. V. Powell

IN ATTENDANCE:

Miss S. Coulson	Mr. A. Riley
Mrs. J. Phelan	Mr. N. Riley

Dr. D. Kiely – item STH/91/12(a)

OBSERVER: 1 member of the Public

Prior to commencement of the meeting, the Chairman announced that Professor Mike Richmond, Medical Director, had tendered his resignation in order to take up a new post and would be leaving the Trust at the end of August. 2012.

STH/88/12

Declaration of Interests

Rhiannon Billingsley stated her interest in connection with the Sheffield National Centre of Excellence for Sports and Exercise Medicine.

STH/89/12

Minutes of the Meeting held on Wednesday 16th May 2012

The Minutes of the Meeting held on Wednesday 16th May, 2012, were approved and signed as a correct record by the Chairman.

The Chief Nurse/Chief Operating Officer pointed out that the Minutes were correct. However, there was an error in her report (which was posted on the internet) to the May meeting. The paper wrongly stated that the A & E Department had had an increase in attendances of over 22,000 more than last year. That figure was incorrect and should have read 1,190 attendances more than last year.

The Trust Secretary would arrange for the report on the intranet to be replaced.

Action: Mr. N. Riley

STH/90/12

Matters Arising

(a) Patient Experience Report

(STH/69/12) The Chief Nurse/Chief Operating Officer reported that work was on going regarding bringing existing data together to provide the Board with a comprehensive and meaningful monthly patient experience report.

Action: Professor H. Chapman

(b) 111 Initiative

(STH/70/12(b)) The Director of Service Development reported that there was a delay (announced nationally) concerning the 111 initiative and therefore it would be brought back to a future meeting when the position was clearer.

Action: Ms. Kirsten Major

(c) Major Trauma Centre

(STH/67/12(a)) The Director of Service Development reported that, although the collection of data by the Ambulance Service was underway, it was felt that the data collected in the first three months was not sufficient to give the Trust the confidence to plan appropriately to move to Phase 2 from 1st July, 2012. Therefore in early June 2012 a decision was taken across South Yorkshire not to proceed to move into Phase 2 at the current time.

A formal review would be undertaken at the next meeting of Trauma Review Group which meets on a monthly basis.

The Director of Service Development would provide a further update at the July 2012 Board meeting.

STH/91/12

Clinical Performance

(a) Clinical Update: Pulmonary Hypertension and Overview of current developments and the future

Dr. David Kiely, Consultant in Respiratory Medicine, was in attendance.

The Medical Director introduced Dr. Kiley and explained that he had been in post for over ten years and the Pulmonary Hypertension Service at STH was testament to Dr. Kiely and his team for the excellence they had pursued. The Unit at STH was the largest in the UK and had grown significantly since Dr. Kiely's appointment and was now a centre of excellence.

Dr. Kiely gave a presentation. He explained that Pulmonary Hypertension was a disease of the lungs which had an affect on the heart and primarily was suffered by young women. Although the reasons why it affected predominantly young women was not known.

The key points to note were:

- 25% of patients in the UK suffering from Pulmonary Hypertension were treated in STH
- Early diagnosis was key. There was some screening in place for high risk patients and that needed to be expanded.
- There had been a massive growth in clinical activity during the last ten years and a significant part of that was in outpatient treatment.
- New technology had been developed and was now used to treat patients.
- A focus on service redesign by the team had led to waiting times in clinic being reduced by 50%

- The Unit had a referral population of over 15 million. It had approximately 1200 patients of which approximately 750 were on targeted therapies. In 2011/12, the Unit saw:
 - 1416 different patients
 - 500 new referrals
 - 600 patients had RHC
 - approx 400 patients underwent MR imaging
- Research was a major part of the Unit's work in looking for new therapies. Moving forwards the plan was to drive and expand the research programme and in so doing raise their international profile. That would involve attracting new individuals to the Trust and it would also be necessary to allocate the clinical team with dedicated time to undertake more research. The Unit was planning to put forward a bid for a European grant later this year. The Service had 6 papers published last year.
- Dr. Kiely felt that the tariffs did not fit well with the disease and perhaps a package of care for a year would be good way forward.
- The Unit worked closely with the Obstetric Team as the disease leads to high mortality in pregnant women. A new approach of managing these patients had been developed which had reduced the mortality rate from 30-50% to around 10%.
- The challenges for the Service were to:
 - maintain a high quality, efficient accessible service
 - establish Sheffield as a major translational research centre for Pulmonary Hypertension

The Chairman thanked Dr. Kiely 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:

- (i) MRSA - The Chief Nurse/Chief Operating Officer explained that the Trust was set different thresholds for MRSA by the following organisations:
 - National (Department of Health): 1 case per annum
 - Monitor (de-minimis): 6 cases per annum
 - Contract (penalties apply): 12 cases per annum

In May 2012, the Trust recorded 1 bacteraemia and a route cause analysis was being undertaken. There was concern that the bacteraemia occurred on the same ward as the case in April 2012.

It was noted that to date the Trust had had 2 cases of MRSA and therefore had breached the Department of Health threshold for 2012/13.

- (ii) C. Difficile - The C.Difficile performance remained on trajectory. In May 2012, the Trust recorded 4 cases. This was the lowest number reported since the Trust commenced collecting data on C.Difficile.

- (iii) MSSA - No threshold had been set for MSSA but the Trust continued to submit data on cases of MSSA bacteraemia to the Health Protection Agency. Cases were labelled as either Trust attributable or community acquired. In May 2012, the Trust recorded 8 cases of MSSA. In the last 12 months the Trust had recorded 68 cases and work continued to reduce the number of cases.
- (iv) E.coli - In May 2012, the Trust recorded 29 cases. It was not expected that the Trust would be set a reduction target for E.Coli bacteraemia as it was often not directly associated with healthcare.
- (v) Norovirus - The Chief Nurse/Chief Operating Officer was pleased to report that the position with regard to Norovirus was improving and the Trust had no beds closed at the present time. In June to date there had been 5 cases.

The Medical Director reported that QUEST visited the Trust on Monday 18th June, 2012 and Dr. Bates, Director of Infection Prevention and Control, gave a presentation on the Trust's experiences regarding infection control. The Team were extremely interested and expressed a wish to learn more about how the Trust had achieved the improvements in performance.

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

(c) Healthcare Governance Report

The Medical Director referred to his written report (Enclosure C) circulated with the agenda papers. The report covered the following areas:

- (i) Care Quality Commission Compliance – The Trust had an unannounced visit by the CQC on 21st March, 2012 to review the Termination of Pregnancy regulated activity at the Royal Hallamshire Hospital. In all cases the Trust was found to be fully compliant and no concerns were raised and therefore no action plan was required. A copy of the report was circulated with the agenda papers.
- (ii) Medical Equipment Management – The Medical Equipment Management Group's Terms of Reference and membership had been updated. The updated Terms of Reference extended the Group's remit to provide support and management to the major medical equipment programme, ensure the ongoing development of effective links with Capital Investment Team, maintaining the investment in medical equipment, ensure that all training records were appropriately maintained, ensure incidents were reported effectively and strengthening the governance arrangements for ensuring that all loan equipment was appropriately managed across the organisation.
- (iii) National Institute of Clinical Excellence (NICE) Implementation - The NICE Implementation Steering Group had successfully managed all guidance referred to the group during the financial year 2011/2012 (22).

The Trust processes had being audited by NHS Assure (Internal Auditors) and received a 'B' rating signifying significant assurance that there was good internal control of the process of managing NICE guidance.

Implementation Leads had been identified for each NICE quality standard.

- (iv) Complaints and Feedback Report – March 2012 - The number of complaints received in March was consistent with the average number received per month over the past year (118). The March Complaints and Feedback information was discussed and actions agreed at the Patient Experience Committee on 30th April 2012. Further detail and analysis of complaints during 2011/2012 would be undertaken as part of the Trust's annual complaints review.

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Report for June 2012.

Reports on the following two areas were circulated with the agenda papers (Enclosures D and E):

(i) Cancer Service Improvement

The Director of Service Development had pleasure in reporting that all cancer targets had been met in all four quarters in 2011/12 and emphasised that it was an outstanding achievement and was a result of a significant amount of hard work by all the staff involved.

The Trust had undergone a Cancer Peer Review in June 2011 and the four areas reviewed were Head and Neck, HPB (Pancreatic), Specialist Urology and Thyroid. No immediate risks were identified but one serious concern was identified relating to the fact that there was no named palliative care core team member on the HPB Team. That issue had been addressed and resolved by changing job plans and there was now a Palliative Core Team member on the HPB Team.

It was noted that a Cancer Peer Review was currently ongoing within the Trust.

The Chairman suggested that it would be helpful if the Board were provided with data against which they could compare and assess the compliance rates of the June 2011 Cancer Peer Review.

The Director of Service Improvement agreed to provide further data.

Action: Ms. Kirsten Major

The following points were raised during discussion:

- It was AGREED that the Board should congratulate staff on the significant achievement of achieving all the cancer targets.
Action: Mr. N. Riley
- Whilst the quality of care was commended, concern was expressed at the levels of demand on the outpatient clinics, the environment of some of the waiting areas and the waiting time for some non urgent test results within Weston Park Hospital. The Director of Service Development explained that there was work to be done on some patient pathways which would involve the rescheduling of Multi-disciplinary Team Meetings. She also agreed to check whether the cancer outpatient clinic waiting areas were part of the Weston Park Hospital accommodation refurbishment plan.
Action: Ms. Kirsten Major

The Board of Directors **RECEIVED** and **NOTED** the Cancer Service Improvement report.

(ii) Learning Disability Annual Report 2012

The Chief Nurse/Chief Operating Officer referred to the Learning Disability Annual Report 2012 circulated with the agenda papers (Enclosure E).

The key points to note were:

- The Trust had reviewed the recommendations put forward by Sir Jonathan Michael in the national publication 'Healthcare for All' (2008), all of which were subsequently accepted by the Government and detailed in 'Valuing People Now' (2009) and was able to evidence systems that were in place to enable the Trust to understand and meet the specific needs of people with a learning disability.
- There were several ongoing developments, which would enhance the care delivered to people with learning disabilities whilst they were accessing our services.
- It was important that those patients had a voice within the organisation.
- The Trust was working in partnership with Sheffield Hallam University in undertaking research to explore the barriers and challenges for patients with Autism to engage in healthcare services.
- The Trust would be hosting research into '*Improving hospital care for people with profound intellectual and multiple disabilities (PIMD)*'.
- The Hospital Passport was launched in Sheffield in Spring 2012. This was a communication tool which provided basic but important information about the patient, and their health and support needed to ensure that the person with a learning disability received appropriate care whilst in hospital.
- The Trust was considered to be one of the best in supporting people with learning disabilities.
- The Care Quality Commission had asked the Trust to work with them on compiling healthcare standards.

The Board of Directors **RECEIVED** and **NOTED** the Learning Disability Annual Report 2012.

STH/92/12

Financial and Operational Performance

(a) Monitor Forward Plan 2012/13

The Director of Service Development referred to the final version of the Monitor Forward Plan 2012/13 (Enclosure F) circulated with the agenda papers. The purpose of the Plan was to provide assurance to Monitor. The Plan builds upon the Trust's Corporate Strategy and sets out its plans for the current year.

The key points to note were:

- Following Board approval at the May 2012 meeting, the Plan had been submitted to Monitor.
- It was a public document would be posted on Monitor's web site in due course.
- As the Trust had not achieved the 18 week target in Quarter 1, it would be rated Amber/Green for governance. A Financial Risk Rating of 3 would be allocated based on the plan. It was noted that work was ongoing to address the 18 week position.

The Board of Directors **NOTED** the final version of the Monitor Forward Plan 2012/13.

(b) Report from the Director of Finance

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

- The 2011/12 processes relating to the audit, adoption and submission of the Statutory Financial Statements had progressed well and were nearing a conclusion.
- The 2012/13 Monitor Annual Plan submission resulted in a Financial Risk Rating of 3.
- Month 1 Finance Reports had been produced given the early agreement of 2012/13 contracts with Commissioners.
- Whilst it would be unwise to draw too many firm conclusions from Month 1 results, the reported position was a small deficit against plan with a significant over performance on activity and an under delivery against Directorate Efficiency Plans at this stage.
- Whilst many Directorates had shown much improved positions compared to 2011/12, there were a small number of Directorates for which plans needed to be developed to address their deficits over a sensible timescale.
- The on-going challenge of delivering major efficiency savings whilst delivering key operational targets and coping with operational pressures would remain fundamental to the Trust's success.

The Board of Directors **RECEIVED** and **NOTED** the report from the Director of Finance as at June 2012.

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

The Chief Nurse/Chief Operating Officer referred to the Performance Report (Enclosure H) circulated with the agenda papers.

The key points to note were:-

- As mentioned earlier in the meeting, the Trust had failed to meet the 18 week target in Quarter 1 as planned. It was noted that the Trust was still experiencing some difficulties with the computer system PatientCentre. The Trust had until the beginning of Quarter 3 to address the current position clear the backlog but acknowledged that this needed to be achieved as soon as possible. It was noted that referrals in April were particularly high.
- Both outpatient and inpatient activity was above target and waiting lists fell. The Trust needed to continue to liaise closely with Commissioners on that position.
- The Trust had not had any never events

- There had been no breaches of mixed sex accommodation.
- The Trust needed to improve its performance in terms of the number of operations cancelled on the day for non-medical reasons and it was pleasing that the lack of beds was no longer a reason for cancellation.
- The Chief Executive reported that the next stage of the 'Right First Time' Programme was to look at planned care.

The Board of Directors **RECEIVED** and **NOTED** the report from the Chief Nurse/Chief Operating Officer as at June 2012.

STH/93/12

Our Staff

(a) **Report from the Director of Human Resources**

The Director of Human Resources referred to his written report (Enclosure I) circulated with the agenda papers. The report covered the following two areas:

- (i) BMA Industrial Action - The BMA had announced that their members had voted to take industrial action. The day of action was to be on Thursday 21st June, 2012.

Doctors participating in the industrial action would attend to urgent and emergency work as normal.

The Trust had received notification from the BMA that this Trust would be participating in the action. The Medical Director and Medical Personnel had worked closely with the BMA and LNC and anticipate, based on current information, that the impact on the Trust would be small. It was acknowledged that the position would only become clear on the actual day as doctors were not required to notify the Trust of their intentions. The Trust had established the Gold Command Centre (as on previous occasions of industrial action) which would deal with any operational issues arising on the day.

Participating in the action would affect staff pay.

98 outpatient appointments and 8 elective surgical cases had been postponed.

The Trust was not expecting any picket lines outside hospital premises.

The Communications Department had been proactive in keeping the public informed of the situation.

The Trust was not expecting any significant increased activity in the A & E Department as the information received was that the majority of GP surgeries were working normally.

The Director of Human Resources would debrief the Board at the July 2012 meeting.

Action: Mr. M. Gwilliam

- (ii) Managing Attendance Policy – A new Managing Attendance Policy had been developed. The policy introduced more robust arrangements for managing intermittent and short term spells of service, and provided a clearly defined but supportive framework for managing long term absence. It also removed the discretion given to managers to manage sickness absence, and instead provided a clear, non-discretionary escalation of management using the current Bradford Index trigger system.

Contrary to the information stated on the Executive Summary the Policy had not yet been approved by the Joint Negotiation Consultative Committee (JNCC). The JNCC had discussed the policy and requested some minor amendments. The amended Policy would be presented to their next meeting for approval and then it would be submitted to the Trust Executive Group for ratification and implementation from October 2012

It was noted that the Trust's sickness absence levels reached a year end position of 4.29% which exceeded the Trust target of 3.5% and was seen by the Board as requiring urgent attention.

The Board of Directors **RECEIVED** and **NOTED** the report from the Director of Human Resources as at June 2012.

STH/94/12

Research, Education and Innovation

- (a) Sheffield National Centre of Excellence for Sports and Exercise Medicine: Update

Director of Corporate Affairs referred to the report on the National Centre of Excellence for Sports and Exercise Medicine (Enclosure J) circulated with the agenda papers.

The key points to note were:

- Substantial progress was being made in taking forward the NCSEM project and agenda both at National and local level. The next few months were crucial to secure Government ownership of the Health, Sport and Exercise agenda and major national and local sponsorship funding to support the NCSEM for the next 5 years.
- A business case had been submitted to the Department of Health setting out the revenue requirements for running the three key programmes in Sheffield:
 - Physical activity for the whole population; a major behavioural change programme with significant cost benefits for the NHS and other sectors
 - Workplace Wellness across all employers in the city again with substantial cost benefits
 - Developing the local Sporting and Exercise economy to generate significant new income and jobs in the city
- David Whitney, Project Director, was working closely with local sponsors and was hopeful that good progress was being made. The intention was to raise £15 million in sponsorship over the next 5 years.

The Board of Directors **RECEIVED** and **NOTED** the update on the National Centre of Excellence for Sports and Exercise Medicine

STH/95/12

Chief Executive's matters

The Chief Executive brought the following matters to the Board's attention:

- (a) Medical Director - Professor Mike Richmond had tendered his resignation and would be leaving the Trust at the end of August, 2012. Although there would be an opportunity for the Board to say farewell to him before then, the Chief Executive wished to take the opportunity of thanking him for his contribution, particularly in service improvement and medical leadership, to the Trust over many years as a Consultant, Clinical Director and latterly as Medical Director. He would be greatly missed.

The Trust was looking to advertise for his replacement in the next couple of weeks and to conduct interviews during the first two weeks of September 2012. In the interim, the Trust would make an acting appointment from the beginning of September, 2012, and an announcement would be made in due course.

- (b) Professor George Kinghorn – Professor Kinghorn had been awarded an OBE for services to Genito-Urinary Medicine in the Birthday Honours List. It was **AGREED** that the Board should send him a letter of congratulations.

Action: Mr. N. Riley

- (c) Ministerial Visit by Earl Howe – Earl Howe, Lead for the Ministerial Team on Innovation, had had an extremely successful visit the Charles Clifford Dental Hospital.
- (d) Health Service Journal Quality and Efficiency Awards – The Trust had a record number of shortlisted entries (10) across all categories.

STH/96/12

Chairman and Non-Executive Directors' matters

The following items were reported:

- (a) The Chairman reported that had accompanied Earl Howe on his visit to Charles Clifford Dental Hospital who was particularly interested in the collaboration with engineering in terms of new materials. The visit had been a success.
- (b) At a recent meeting of FTN Chairs in London, David Flory had given a presentation on how Foundation Trusts could be asked to assist aspiring Foundation Trusts.
- (c) Vickie Ferres had attended a meeting of the Quality Champions network. They explored issues around care of older people, particularly those with dementia. The future of the group would need to be reviewed after April 2013.

STH/97/12

To Receive and Note

Emergency Preparedness, Resilience and Response. NHS South Yorkshire and Bassetlaw

The Medical Director referred to the NHS South Yorkshire and Bassetlaw Strategic Framework for Emergency Preparedness, Resilience and Response (Enclosure K) circulated with the agenda papers. The document (Version 1.4 – December 2011) had

been updated to reflect the current clustering arrangements for Primary Care Trusts and provided the Board with information relating to:

- Emergency Preparedness in South Yorkshire and Bassetlaw
- Command and Control
- Activation of South Yorkshire Strategic Co-ordinating Group
- Health Strategic Support Cell Operating Procedures
- Communications
- Mutual aid
- Scientific & Technical Advice Cell
- Recovery

It was noted that the level of the Trust's involvement would depend on the severity of the incident. However, the Strategic Framework complemented the Trust's internal arrangements.

The Board of Directors **RECEIVED** and **NOTED** the document.

STH/98/12

Date and Time of Next Meeting

The next Meeting of the Board of Directors to be held in public would be held at 9.15 am on Wednesday 18th July, 2012, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital