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Minutes of the Meeting of the BOARD OF DIRECTORS held in Public on Wednesday 19th September , 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. V. Powell
Mr. J. Donnelly		Mr. N. Priestley
Ms. V. Ferres		Dr. D. Throssell
Mr. M. Gwilliam		Professor A. P. Weetman

APOLOGIES:

Mr. A. Riley

IN ATTENDANCE:

Mr P. Brennan (STH/144/12)	Mrs. J. Phelan
Mrs. R Dawson (Minutes)	Mr. N. Riley

OBSERVER:

Ms. T. Harding
1 member of the public

STH/136/12

Declaration of Interests

No declarations of interest were made.

STH/137/12

To receive and approve the Minutes of the Meeting held on Wednesday 18th July, 2012

The Minutes of the Meeting held on Wednesday 18th July 2012 were **APPROVED** and signed as a correct record by the Chairman, subject to amending STH/116/12 (a) *Report from the Director of Human Resources*, bullet point 1 to read "10 elective operations...".

STH/138/12

Relevant Matter(s) Arising:

(a) **Major Trauma Centre (STH/112/12(a))**

The Director of Service Development reported that patient numbers had been re-assessed by the Yorkshire & the Humber Public Health Observatory and were significantly lower than originally estimated. The Trust was, therefore, presently assessing the implications and a full Business Case on this matter would be submitted to the Board in November 2012. The Board was also advised that the new Neurosurgeon had taken up post and was part of a rota providing an enhanced service to the Northern General Hospital.

More generally, work was ongoing in terms of urgent care across the City. The Clinical Commissioning Group were developing an urgent care vision, to be concluded by the end of December 2012. This would consider a range of options and would lead to the production of Phase 2 of the A&E Business Plan which would return to the Board in January 2013.

Action: Professor H. Chapman

(b) Cancer Service Improvement (STH/112/12(c))

The Director of Service Development reported that a number of potential steps had been identified to improve the outpatient clinics at Weston Park Hospital and Mrs. Harrison confirmed that during a recent visit to Weston Park, she had observed that a number of improvements had already been actioned.

(c) Proposals to Review the Trust's Constitution (STH/117/122)

Mr. Riley reported that good progress had been made, with three phases planned in order to address the changes from 1st October 2012, changes from 1st April 2013 and locally agreed changes. The plans would be submitted to the Board and the Governors' Council in November 2012.

Action: Mr N. Riley

STH/139/12

Clinical Performance:

(a) Clinical Update: Cardiac Failure

Dr. Abdallah Al-Mohammad gave a presentation on the Trust's Cardiac Failure service, which had improved significantly over recent years.

The themes outlined in Dr. Al-Mohammad's presentation were as follows.

- 1985-2000 – Clinicians were considering how the heart pumped, but were only examining one part of heart failure and not considering diastolic dysfunction.
- From 1986 – a range of medical therapy and devices were available.
- 1991-2011 – mortality rates in patients with mild heart disease had fallen from 16% to 6%.
- 1999-2005 – mortality rates in patients with severe heart disease had fallen from 28% to less than 10%.
- The service had been developed in Sheffield since 2001 with two dedicated consultants, but difficulties across the pathway had led to the development of a new service with access to both a consultant and heart failure nurse.
- 2010 – Heart failure guidelines had been issued by NICE.
- 2012 – The heart failure diagnosis and management consultant clinic had been implemented. The MDT saw 1,000 patients per year. National inpatient mortality stood at 10%, with local mortality at 6.6%-9%.
- Incidences increased with age, ie 20% of older adults, with 49% of STH patients now being over 80 and it also affected more men than women.

- The future – There were plans in place to increase the team, produce further research and expand the service into Primary Care.

The Board discussed Dr. Al-Mohammad's presentation and recognised that the local service was now one of the best in the country. Dr. Al-Mohammed added that he had established links with GPs, having recently attended six meetings with GPs to discuss the service with them.

In response to a question about how confident he was that his advice was followed following discharge, Dr. Al-Mohammad reported that a survey of patients would shortly be undertaken in conjunction with commissioners to establish whether patients were following this advice. The Board was also advised that the service was about to undertake some work with ScHARR on the cost effectiveness of treatment.

The Chairman thanked Dr Al-Mohammad for an excellent presentation.

(b) Infection Control Report

The Chief Nurse/Chief Operating Officer gave the following Infection Control Report:

- MRSA – No further bacteraemias had been reported.
- Clostridium Difficile – August had proved to be a challenging month and a review into possible underlying causes, such as issues around antibiotic prescribing and the supply of HPV canisters, was underway.
- MSSA – Incidences of MSSA bacteraemia were now being recorded and Professor Chapman reported that the comparative position was of concern. The Board was advised that Dr Christine Bates, the Trust's Director of Infection Prevention and Control would be attending the Board in November to present the Annual Infection Prevention and Control Report and she has been asked to provide an update focussing on MSSA.

Finally, the Board was informed that the Health Protection Agency had produced information on the Trust apportioned rates for MRSA bacteraemia, MSSA bacteraemia, Glycopeptide Resistant Enterococci bacteraemia (GRE) and C.diff diarrhoea. STHFT had been ranked 1st for MRSA bacteraemia, 19th for MSSA bacteraemia, 4th for GRE and 20th for C.diff diarrhoea when compared with the other 24 acute teaching hospitals.

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

(c) Healthcare Governance Report

The Acting Medical Director presented the Healthcare Governance summary, which provided the Board with an overview of the significant healthcare Governance matters reviewed by the Trust over the last month, including three specific issues:

- Care Quality Commission Compliance – The CQC had rated the Trust's performance as "similar to expected" or "better than expected" for the Essential Standard Outcomes in the Quality and Risk Profile (QRP) published in June 2012.
- NCEPOD – Three publications by the National Confidential Enquiry into Patients Outcome and Death (NCEPOD) had been received by the Trust between May

2011 and June 2012. These were:

- Surgery in Children: Are we there yet? Where it had been ascertained that the Trust had robust arrangements in place.
- Knowing the Risk, Perioperative Care – Where the Trust had achieved many of the recommendations and was taking steps to ensure that the remaining recommendations were implemented.
- Time to Intervene – Where an action plan was in place led by the Resuscitation Committee.

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

(i) Occupational Health Report

- Prevalence of Dermatitis – Following an HSE audit a recommendation was made that the Occupational Health service provided STHFT with periodic data about the prevalence of dermatitis within all staff groups, with the aim of managing this risk and reducing it. This was the first such report following this recommendation by HSE and indicated that from April to June 2012 there had been 24 reported cases, of which 23 had been exacerbated by work.

The Board of Directors **RECEIVED** and **NOTED** the Occupational Health Report.

(ii) Health and Safety Annual Report

The headlines in terms of the Health and Safety Annual Report were as follows:

- Overall, there had been no increase in the number and severity of incidents reported.
- No enforcement actions had been served on the Trust.
- There had been two IRR reports made to the HSE.

The first was in relation to a personal monitoring device that had recorded a high dose reading for one of the clinical scientists working in Stereotactic Radiosurgery. However on investigation the HSE were satisfied that the member of staff could not have received the does recorded on the device and that all the requirements of the Ionising Radiation Regulations 1999 had been complied with.

The second incident was in relation to a machine which had given an unexpectedly high exposure reading. The HSE agreed it was a software issue with the machine and not operator error so they referred their investigation to the manufacturer.

- There had been two major staff incidents this year, both of which were slips on ice that resulted in fractures.
- A new Exposure Incidents Group had been set up.

The Board of Directors **RECEIVED** and **NOTED** the Health and Safety Annual Report.

(iii) Renal Services

- The Acting Medical Director reminded the Board that a new Renal NSF had been introduced in 2004/5 and presented the Renal Services report which demonstrated that significant progress had been made in the Sheffield Kidney Institute's (SKI) performance in terms of transition services for renal patients moving from paediatric to adult care and for haemodialysis patients by transforming the service from staff-led to patient-staff shared service. The report also outlined progress made and proposed plans to improve the quality of service delivered to patients attending renal out-patients at SKI.
- Further issues outlined in the report included:
 - an improvement in transition services, including improved liaison with Nottingham and further engagement of young people;
 - service improvements in Renal Outpatients, with an overall reduction of waiting times from 30 to seven minutes;
 - expansion of the elective Vascular access service from 41% in 2006 to 59% in 2010.
- The Board was informed that the service had been fully compliant since 2010 and, therefore, no further reports would be submitted to the Board.
- In response to a discussion about service improvement in renal outpatients,, Dr. Throssell agreed to arrange for the Service Improvement Director to attend a forthcoming Board meeting to report on specific improvements arising from the Trust's Service Improvement programme.

Action: Dr. D. Throssell

The Board of Directors **RECEIVED** and **NOTED** the Renal Services Report.

(iv) Annual Safeguarding Children Report

- Recognising the strong statutory framework, Enclosure G highlighted the Trust's previous achievements and priorities for the coming year.
- The safeguarding children team had continued to work in collaboration with other key individuals in the Trust to improve services for victims and children when there had been domestic abuse.
- Following the publication of the Health and Social Care Bill (Department of Health (DH), 2011) and the subsequent Munro Report (Department for Education (DfE), 2011), significant changes were in progress relating to safeguarding children.
- The Chairman queried whether the requirement for at least 80% attendance at the identified SSCB meetings and related sub groups was sufficient and Professor Chapman agreed to review this figure.

Action: Professor H. Chapman

The Board of Directors **RECEIVED** and **NOTED** the Annual Safeguarding Children Report.

(d) National Quality Board Draft Report “Quality in the new Health System – Maintaining and Improving Quality from April 2013”

This item was presented jointly by the Acting Medical Director and Chief Nurse/Chief Operating Officer.

In her detailed presentation, Professor Chapman advised that the report had been produced in response to the changing architecture of the NHS and was presently in draft form to ensure it could respond to the issues outlined in the forthcoming Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis) Report, which was now expected in early 2013. The report provided a refresh of the NQB document on early warning systems, published in 2010 and supported the Trust in ensuring a continued focus on maintaining and improving quality. Consideration of the draft report would enable the Trust to undertake a “true for us” exercise, in response to the questions on page 51 of the report.

The report outlined three lines of defence:

- (i) Front line professionals.
- (ii) Boards and senior leaders.
- (iii) Structures and systems.

The key principles outlined in the report were to:

- reaffirm commitment to the primacy of quality;
- emphasise the critical importance of values and behaviours;
- set out the central role of patients;
- clarify the roles and responsibilities of organisations;
- highlight a new approach for supporting collaboration and sharing information (QSGs);
- ensure a clear and agreed approach to swift and coordinated action in the event of quality failure;
- charge organisations with a series of actions.

The overarching operating principles set out in the report were the importance of:

- patient first;
- quality is everybody’s business;
- duty to speak out and raise concerns;
- listen to patients and staff in a systematic way;
- listen and “go and look” in response to concerns;
- values and behaviours of NHS constitution.

In terms of the roles of providers, the report addressed the importance of mature and constructive relationships with commissioners, the Care Quality Commission, Monitor, LETB, HWBB and Healthwatch. Governors would be expected to hold Directors to account; connect organisations to the local population; scrutinise quality information; act as a sounding board and provide constructive challenges.

The report set out details of Quality Surveillance groups (page 46), which formed a new approach for supporting collaboration and sharing information and advised on a process of scanning and intelligence gathering which included social media, such as Facebook and Twitter. It also advocated swift and co-ordinated action in the event of any quality failure, with concerns triggering a Risk Summit.

With no overall System Manager, the system would need to manage itself. However, the default NHSCB response would be that one appropriate party, with the

appropriate capacity and capability, would “hold the ring” in each case.

Dr. Throssell then led a debate on the report and its implications for the Trust. He recommended that four groups of issues were discussed:

- The nature and place of Quality in the new health system.
- Distinct roles and responsibilities.
- How different sectors of the system worked together.
- The values and behaviours which would put patients first.

Dr. Throssell further recommended the Board discussed:

- The “true for us” exercise.
- The Trust’s relationships and interaction with bodies participating in the surveillance groups.
- How the Trust might maintain and improve quality in a constrained financial environment.

There followed a detailed debate where the following points were highlighted:

- The importance of understanding and managing “intelligence”.
- The importance of links between providers, for example the Cancer Network, which the diagram on page 46 of the report did not reflect.
- That dynamic and real-time information and information analysis was critical, as was “holding up the mirror”.
- The importance of partnership between providers to tackle these issues across the City.
- Concern about the lack of an overall system manager.
- The importance of mirroring safeguarding structures.

The Board then went on to discuss the way forward and it was agreed that a “true for us” exercise should take place once the NQB report had been finalised and including any actions arising from the Francis Report (once published)

STH/140/12

Patient Experience

(a) **Complaints Annual Report**

The Chief Nurse/Chief Operating Officer presented the Complaints Annual Report to the Board which provided information on complaints received about Sheffield Teaching Hospitals NHS Foundation Trust during 2011/12 and highlighted improvements to services, implemented as a direct result of complaints.

Professor Chapman highlighted a number of issues from the report, as follows:

- The Trust received 1352 complaints during 2011/12, an increase of 55 from the 1297 received in 2010/11. However, the 2011/12 figure included 66 Complaints not previously recorded by STHFT that were received about Primary & Community Services which transferred to the Trust in April 2011.
- One complaint was formally investigated by the Ombudsman and it was found that; *‘following rare complications during surgery, the surgical care provided to the complainant fell below applicable standards which the Ombudsman therefore found constituted service failure.’* However, the Ombudsman could not recommend any action that the Trust could take to prevent a reoccurrence of such an incident as it was such an infrequent event.
- Directorates receiving higher numbers of complaints than might be expected

during 2011/12 included; General Surgery, Ophthalmology, ENT and Obstetrics, Gynaecology and Neonatology. The reasons for this were investigated to ensure appropriate actions have been taken as a result.

- The Trust had responded to 86% of all complaints received within 25 working days during 2011/12.
- Complaints often related to a number of different issues or concerns. The issue or sub-subject most frequently raised by complainants in 2011/12 related to staff attitude.

The Board debated the contents of the report and it was agreed that a mechanism to link the previous year's objectives with objectives going forward should be introduced to future reports.

Action: Professor H. Chapman

It was also agreed that it would be helpful to see the Trust's position against peers and that the Shelford Group could be considered to provide access to comparative information.

Action: Professor H. Chapman

The Board of Directors **RECEIVED** and **NOTED** the Complaints Annual Report.

STH/141/12

Financial and Operational Performance

(a) Report from the Director of Finance

The Director of Finance reported that the Month 4 position was a deficit against plan of £1,474.9k. Whilst he felt that this was a disappointing position, the Board was advised that it did only equate to 0.5% of budget to-date and reflected a pattern seen in previous years.

The reported activity position was an over-performance against the Trust's internal activity plan of £3.8m. This largely related to non-elective and, to a lesser degree, out-patient activity with NHS Sheffield being liable for the additional costs. However, the activity over-performance was leading to on-going discussion with NHS Sheffield.

The Trust also continued to focus on existing actions.

The Board of Directors **RECEIVED** and **NOTED** the Finance Report.

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

The Chief Nurse/Chief Operating Office gave the following Operational Performance report:

- The targets for the 18 week admitted and non admitted pathways and incomplete pathways were met in July.
- The need to validate incomplete 18 week pathways continued, as some problems with data quality and PatientCentre persisted.
- New outpatient activity was 3.6% below target in July and was now 0.8% above target for the year to date. Follow up activity was 3.0% above target for the year to date.
- The level of elective inpatient activity was 1.0% below target in July and was now 1.3% above target for the year to date.
- Non elective activity was 2.9% above expected levels in July and was now 4.0% above for the year to date.

- A&E performance needed to improve to above 95.55% to achieve the quarter standard.
- The waiting list for inpatients fell by 481 in July and the outpatient queue rose by 1015.
- The cancer targets remained tight, with continued pressure on specific pathways.

The Board of Directors **RECEIVED** and **NOTED** the Operational Performance Report.

STH/142/12

Our Staff:

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

The Director of Human Resources reported as follows:

- The fourth cohort of staff had recently completed the Senior Leadership Programme.
- The evaluation had been good and included praise for the time-out with TEG and the 360 degree feedback process.
- A number of changes had been agreed to the Programme which would be implemented from cohort 5/6 onwards.
- Work would take place to address how levels of engagement might be maintained once the programme had been completed.

STH/143/12

Draft Response to Monitor Consultation on new NHS Provider Licence

The Trust Secretary presented the draft response to the Monitor consultation on new NHS Provider Licences to brief the Board on proposed arrangements and agree comments for submission to Monitor.

The Board of Directors **APPROVED** the response to be sent to Monitor with no additional amendments.

STH/144/12

Planning for PCT Property & Estate Transfers

The Director of Service Development led this debate, with the Estates Director, Mr Philip Brennan, in attendance. Ms. Major presented Enclosure N1 which outlined the salient issues relating to the proposed transfer of Primary Care Trust (PCT) Property and Estate to Sheffield Teaching Hospitals NHS Foundation Trust (STH) and sought Board consideration of the issues and approval in principle. Ms. Major advised the Board that this process formed part of Transforming Community Services (TCS) in terms of assets and had started before the Reforms and the national debate presently underway around this issue.

The report detailed the properties concerned which housed what were, strategically, core services which could be at risk of an unknown landlord. Ms Major recommended, therefore, the transfer of these properties to STHFT to ensure the Trust retained control. Mr. Brennan concurred, adding that whilst there continued to be cost pressures on the Trust, the Trust Executive Group and Business Planning Team felt that it was appropriate to approve these property transfers.

The Board debated this issue and considered it important that the transfer of these properties should reflect the need for flexibility in delivering the Strategy going forward. The Director of Finance advised that he was content that the costs of the backlog maintenance

following the transfer could be successfully managed.

Finally, the Director of Service Development confirmed that a wider Estates strategy was being developed, with an initial discussion on this issue taking place at the TEG meeting on 26 September 2012.

The Board of Directors **APPROVED** the transfer of the properties as detailed in the report.

STH/145/12

Chief Executive's matters

The Chief Executive gave the following reports.

- Academic Health Sciences Network (AHSN) – The submission would be made by 28 September 2012, with the draft prospectus currently out for comment. As requested, copies of the prospectus would be circulated to Board members.

Action: Sir Andrew Cash

- National Centre for Sports and Exercise Medicine (NCSEM) – A meeting had taken place with tier 1 sponsors in early August 2012 and discussions were progressing. In response to a question about whether there was a single coherent research lead in place Sir Andrew advised that following receipt of Department of Health funding, appointments could now take place to the NCSEM.

- AGM – The Board was reminded that the 2012 AGM would take place at 2:00pm on Tuesday 25th September 2012 in the Clinical Skills Centre on R floor at the Royal Hallamshire Hospital.

STH/146/12

Chairman and Non-Executive Directors' matters

Professor Billingsley reported that in terms of its nursing and midwifery programmes, the NMC had awarded “earned autonomy” to Sheffield Hallam University for the third year running. She reported that the success was due in part to the excellent partnership working between Sheffield Hallam University and the Trust.

STH/147/12

For Approval/Ratification:

- (a) Common Seal

The Trust Secretary presented Enclosure O, which requested approval from the Board of Directors and the official seal for a Lease with Hospital Broadcasting Sheffield.

The Board of Directors **APPROVED** the signing and sealing of the Lease.

- (b) Board of Directors: Terms of Reference

The Board of Directors **APPROVED** the reviewed Terms of Reference with one amendment to section 7 to indicate that no meeting took place in August.

Action: Mr. N. Riley

STH/148/12

To consider any other items of business

No additional business was raised.

STH/149/12

Date and Time of Next Meeting

The next meeting of the Board of Directors to be held in public would at 9.15 am on Wednesday 17th October, 2012, in Seminar Room 1, R Floor, Royal Hallamshire Hospital.