



**Minutes of the Meeting of the BOARD OF DIRECTORS held in Public on Wednesday 21<sup>st</sup> November, 2012, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital**

**PRESENT:**

	Mr. T. Pedder (Chair)	
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
Mrs. S. Harrison		

**APOLOGY:**

Professor R. Billingsley

**IN ATTENDANCE:**

Miss S Coulson (Minutes)	Mr. A. Riley
Mrs. J. Phelan	Mr. N. Riley
Mr. T. Downes (Item STH/192/12(a))	
Dr. C. Bates (Item STH/192/12(c))	

**OBSERVERS:**

2 Members of the Public  
2 Governors

**STH/189/12**

**Declaration of Interests**

No declarations of interest were made.

**STH/190/12**

**To receive and approve the Minutes of the Meeting held on Wednesday 17<sup>th</sup> October 2012**

The Minutes of the Meeting held on Wednesday 17<sup>th</sup> October, 2012, were **APPROVED** and signed as a correct record by the Chairman.

**STH/191/12**

**Relevant Matter(s) Arising:**

(a) **Major Trauma Centre (MTC)**

(STH/166/12(a)) The Director of Service Development explained that she had intended to present the business case to this Board meeting. However, since the October Meeting the Trust had received further data from the Yorkshire Ambulance Service on bypass cases sent to Sheffield and also the number of cases that had continued to go to other Trauma Units which would in a fully operating network be sent to the local MTC. That data indicated a significant reduction on the original projected number of major trauma cases the Trust may expect to receive.

In the absence of key commissioning information including the final national service specification, revised rehabilitation standards, tariff and CQUINS, the Trust was trying to work out what the impact on the Trust might be and the services needed to be put in place (that information was expected to be available in November). However, Commissioners had confirmed that in 2013/14 the funding of MTC's would be solely via Payment by Results and no extra funding would be available.

A peer review process of Regional Trauma Networks was being undertaken by Keith Willett at the Department of Health and a visit to Yorkshire and Humber would take place before the end of February, 2013. That process was intended to enable networks to learn from each other.

Work on producing the business case was, therefore, continuing and would come to the Board once the key commissioning information referred to above was available.

(b) Organ Donation

STH/167/1(c)(i) The Acting Medical Director reported that Andrew Davidson, Consultant Anaesthetist, was drawing together some comparative data which would be presented at the December meeting.

(Dr. D. Throssell)

(c) Report from Chief Nurse/Chief Operating Officer

(STH/168/12(b) The Chief Nurse/Chief Operating Officer reported that Community Services would be presenting to the Board in December as part of the Board Visit programme and she had asked them to provide the Board with an update on the integration of Community Services.

(d) Non Medical Prescribing

(STH/167/12) Vickie Ferres reported that Damien Child was attending the Healthcare Governance Committee on Monday 26<sup>th</sup> November, 2012 to talk about the Single Competency Framework discussed at the October Board meeting.

**STH/192/12**

**Clinical Performance:**

(a) Clinical Update: Microsystem Coaching Academy

The Chief Nurse/Chief Operating Officer introduced the item and Dr. Tom Downes, Consultant Physician and Geriatrician/Clinical Lead for Quality Improvement, gave a detailed presentation on how microsystem coaching had improved the running of the Falls Clinic. He emphasised that it was important for all disciplines of staff to be involved in redesigning services.

The Trust was working in conjunction with colleagues from the Dartmouth Institute in the USA. The work undertaken to date was as set out below:

<b>TEST:</b>	2010 Shine Grant Haematology 2010 Project Evie – redesign of Falls Clinic 2011 Cystic Fibrosis Outpatient Clinic
<b>IMPLEMENT:</b>	2011 Cystic Fibrosis to wider respiratory medicine directorate 2012 Burdett Grant for Citywide Falls service redesign
<b>SPREAD:</b>	2012 Shared Purpose Grant – Sheffield Microsystem Coaching Academy

The challenge for the Trust was to translate the methodology so that STH trained its own staff to become coaches so that they, in turn, rolled out training to other staff within the Trust. The first cohort of 30 coaches (a mixture of clinical and corporate staff) was half way through the training and was due to complete the course by the end of January. Staff were showing a lot of enthusiasm to get involved and there was a waiting list of staff wishing to taking part in further cohorts of training. The aim was to have 210 coaches fully trained by February 2016.

It was acknowledged that the microsystems approach was not a panacea but was just one tool to enable service improvement in appropriate areas. It was also recognised that the “will to change” had to come from the challenges arising from delivery of the Corporate Strategy.

The Chairman thanked Dr. Downes for an interesting presentation and proposed that he return in 6 months’ time to give an update on progress.

**Action: Mr. Neil Riley**

(b) Infection Control Report

The Chief Nurse/Chief Operating Officer referred to her written report (Enclosure B) circulated with the agenda papers. She highlighted the following points:

- The Trust has had 3 MRSA bacteraemia (year to date) therefore breaching the Department of Health threshold for 2012/2013 but below Monitor’s target of 6 cases for the year
- C.diff performance remained below threshold against the C.diff plan.
- MSSA – 50 cases had been reported since April 2012.
- Norovirus – 5 wards were currently affected and a number of patients had presented in A & E with symptoms of diarrhoea and vomiting indicating that the virus was active in the community. Media coverage had been used to ask the public to help the hospital by not visiting if they felt unwell.

Flu Vaccination – The Director of Human Resources reported that approximately 32% had taken up flu vaccination so far and that exact figures would be available at the end of the month.

In answer to a query about the number of community staff taking up flu vaccination, the Director of Human Resources stated that although the figure was not currently broken down into staff groups that could be arranged.

The Board of Directors **RECEIVED** and **NOTED** the control of infection report.

(c) Annual Infection Prevention and Control Report (including MSSA Action Plan)

The Chief Nurse/Chief Operating Officer introduced the item and Dr. C. Bates, Director of Infection, Prevention and Control, presented the Infection Prevention and Control Report 2011/12 and gave an Infection Update by way of a presentation.

The presentation covered the following issues:

- Rotavirus – Rotavirus was the most common cause of severe diarrhoea among infants and young children. By the age of five, nearly every child in the world had been infected with rotavirus at least once. Adults may become infected. However, repeat infections were generally less severe than infections during childhood. The virus was transmitted by the faecal-oral route. Rotavirus could

cause severe vomiting, severe diarrhoea, and stomach cramps usually lasting from 3-8 days. Good hygiene was the most important way of preventing the spread.

It had been estimated that approximately 18,000 children were hospitalised annually in England and Wales due to rotavirus-related disease. All babies in the UK were to be offered vaccination from September 2013.

- 2012 Coronavirus - In 2003, a novel coronavirus appeared and caused a severe respiratory infection across the world (SARS). A variety of coronaviruses exist most of which cause relatively mild illness e.g. the common cold symptoms. There had been 3 cases reported world wide. The virus did not appear to be easily transmitted between humans. However, the current concern was returning pilgrims from the Hajj. The Hajj period officially covered the week of October 24-29, 2012 and it was estimated that 35,000 Hajj pilgrims would return from Saudi Arabia to the UK between now and the beginning of December 2012

STH had a policy for managing respiratory viruses causing severe disease.

It was important to notify Microbiology/Virology/Infectious Disease of suspected cases as routine tests would not detect the virus – samples needed to be sent to references laboratories

- Derby Doors – These were inflatable barriers which once inflated provided an effective sealed opening with access via a zipped door and could be used to seal off areas of hospital wards. The door was made of a material which would withstand typical cleaning and disinfectant products including hydrogen peroxide, ozone and all chlorine based disinfectants.

As all the bay openings within the Trust were not a standard size, the Trust had purchased a few bespoke models to fit bays at the Royal Hallamshire Hospital and some bays at the Northern General Hospital. These were being used by Domestic Services and Infection Prevention Control Team as part of the deep clean and HPV programme

In response to a question from the Chairman about who was the best Trust in terms of Infection Control, Dr. Bates explained that it depended upon which aspect of infection control being looked at. No one Trust was top in every aspect.

The Board of Directors **RECEIVED** and **NOTED** the Annual Infection Prevention and Control Report (including the MSSA Action Plan). The Chairman thanked Dr. Bates for the update on infection matters.

(d) Healthcare Governance Report

The Acting Medical Director presented the Healthcare Governance Summary (Enclosure D) circulated the agenda papers. The report covered a range of areas but the following were highlighted:

- Methicillin Sensitive Staphylococcus Aureus (MSSA) Action Plan
- Thrombosis – The Trust had successfully achieved the national target each month of assessing at least 90% of adults on admission for their risk of developing hospital-acquired thrombosis. Support had also been provided for directorates to meet local targets for prescribing thromboprophylaxis in line with NICE guidance, and a Trust-wide audit was completed to monitor compliance

with the NICE venous thromboembolism (VTE) prevention guideline and Quality Standards.

- Cancer Peer Review Process - A recent risk had been identified with two mammography machines which had inappropriate resonance. Both machines were immediately taken out of action and replacement machines were put in place. No patients needed to be recalled.
- Maternal Deaths - The Trust had conducted an internal review into the maternal deaths that had occurred over the past 5 years. All 10 cases were reviewed in detail. No concerns were identified and the directorate was satisfied that the care provided had been appropriate. The deaths appeared to be related to the high risk population, especially patients with Primary Pulmonary Hypertension (PPH). It was noted that the Trust provided a specialised service for people with PPH.

However, as a matter of good practice, the Trust had approved an external review and a team from the Royal College of Obstetrics and Gynaecology would be visiting the Trust on 26/27<sup>th</sup> November, 2012.

- Staff Survey - Effective Team Working – The Director of Human Resources felt that the results of the Staff Survey on team working were a little misleading as the Trust had made improvements year on year. Work ongoing within the Trust indicated that there was good teamwork at local level and that was also demonstrated during Board visits to Directorates.

The Trust was looking at ways to improve staff feedback on a more regular basis.

The results of the current staff survey would be available in March 2013.

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

## **STH/193/12**

### **Patient Experience**

#### (a) **Report on the 2011 National Inpatient and Outpatient Surveys**

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

- The latest National Outpatient survey report was published by the Care Quality Commission (CQC) in February 2012 and the latest National Inpatient survey report was published by the CQC in April 2012. The report highlights the Trust's performance against other Trusts and also looked at its previous performance. Whilst the data was 18 months old, it provided a valid picture.
- The Trust's performance in the survey was reported as being 'about the same as other trusts' in most parts of both the inpatient and outpatient surveys.
- The Trust had not performed worse than other Trust's in any overall section of the surveys and had performed better than other Trusts in the section of the outpatient survey that asked questions about patients' experience before their appointment.
- When compared to the previous surveys that were carried out in 2009, there was limited improvement in the Trust's scores although performance was still better and the Trust had achieved higher scores than most other Trusts in the Yorkshire and Humber Region.

- Priorities identified for improvement from these surveys would be taken forward through the Outpatient Improvement Project and priorities in the Trust Quality Strategy.
- The report made recommendations for reviewing the further development of patient experience priorities and survey activity at the Trust.
- The Yorkshire Health Quality Observatory had reviewed the scores for each section of both surveys and produced quadrant charts (detailed on Page 2 of the report) which plotted where the Trust's performance was compared to other Trusts in Yorkshire and also compared to previous performance. The Trust was in the upper right quadrant for both surveys and that position was encouraging

During discussion the following points were raised:

- Question 52 (Inpatient) – *Did a member of staff explain the risks and benefits of the operation or procedure?* – The results were about the same but it was an area for improvement.

It was noted that the Trust also gathered supplementary information with real time feedback, PROMS (patient reported outcome measures) and comment cards. Shortly, the Trust would be undertaking the Friends and Family Test.

- Question 9 (Outpatient) – *Were you told how long you would have to wait?* – The Trust scored low in that area and the Acting Medical Director reported that action was being planned to improve that position.
- Question 46 (Outpatient) – *Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?* – Professor Weetman felt strongly that this matter should be addressed across the Trust.

The Acting Medical Director explained that it was not as simple as it might first appear. Some parts of the Trust did copy patients into letters sent to their GPs. However GPs had expressed concerns at the number of patients seeking appointments for explanations of the contents of those letters.

Further work needed to be undertaken in that area as the highest performing Trust was 94% compared to STH at 48%.

- Question 76 (Inpatient) – *During your hospital stay, were you ever asked to give your views on the quality of your care?* – The Chief Nurse/Chief Operating Officer was disappointed with the score but emphasised that the data was 18 months old. She explained that during that time a significant amount of work had been undertaken involving Staff, Volunteers and Governors to gather feedback from patients and visitors using various methods.

The Board of Directors **RECEIVED** and **NOTED** the contents and recommendations on the report of the 2011 National Inpatient and Outpatient Surveys.

## **STH/194/12**

### **Financial and Operational Performance**

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

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

- The Financial Risk Rating was 4 which reflected the favourable impact of the profiling of some planned expenditure (revenue and capital) into the second half of the year.
- The Month 6 financial position was a 0.9% (£3,872.0k) deficit against plan with a significant, but reduced, over performance on activity and an under delivery against Directorate efficiency plans. That maintained the disappointing position reported at Month 5. However corrective action taken in September would not have been expected to have had an immediate impact.
- The level of activity over performance continued to cause concern for NHS Sheffield and the issues raised required careful consideration and management.
- Directorates had reported an under delivery of £2.5m against their efficiency plans at Month 6.
- A number of Directorates had stabilised their positions. However some had deteriorated and Specialised Cancer Services had been added into the Performance Management Framework.
- The key financial management actions for the Trust were to drive the Efficiency Programme; progress the Performance Management Framework work with Directorates; secure general improvements in financial positions across Directorates; contain operational pressures; agree appropriate actions to assist NHS Sheffield/manage contractual challenges; and maximise contingencies.
- Discussions with NHS Sheffield were ongoing.
- CQUIN – The Trust was confident of achieving the financial planning assumptions.
- The on-going challenge of achieving major efficiency savings whilst delivering key service targets, improving quality and coping with operational pressures would remain fundamental to the Trust's success in 2012/13 and also in 2013/14 when further significant savings (5%) would be required.
- The 2013/14 financial planning process was now underway and the extent of the challenge was clear. The first cut Directorate Plans had been submitted in early November and were now being reviewed. It was noted that at the present time the Trust had little information about the planning parameters for next year. The Operating Framework and Clinical Commissioning Group allocations would be announced in December 2012.

Contract discussions had commenced with NHS Sheffield and the NHS Commissioning Board (NHS CB) but the Trust had concerns about the allocation of contractual responsibilities between Clinical Commission Groups and the NHS CB for specialised services.

In response to a question on whether the target of achieving 5% efficiency savings next year was too great for the Red Star Directorates, the Director of Finance acknowledged that it would be hugely challenging but benchmarking suggested that there was scope for improved efficiency which had been demonstrated over the last two years particularly in Geriatric and Stroke Medicine. He also acknowledged that improving the surgical pathway was a major challenge.

The Board felt the Trust needed to increase its focus on the need to re-engineer services rather than doing more of the same.

The Chairman also emphasised that STH needed to be aware of what was happening at neighbouring Trusts who were also facing significant challenges and the implications that may have for STH.

The Board of Directors **RECEIVED** and **NOTED** the 2012/13 Month 6 financial position, the associated issues and the challenge of the 2013/14 financial planning process.

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

The Chief Nurse/Chief Operating Officer referred to the Activity and Access Performance Report (Enclosure G) circulated with the agenda papers. She reported that it was a positive report and highlighted the following points:

- The targets for the 18 week admitted and non admitted pathways and incomplete pathways were met in September
- The need to validate all incomplete pathways continued and plans were in place to complete that exercise as soon as possible.
- New outpatient activity was 0.8% above target in September and was now 1.0% above target for the year to date. Follow up activity was 2.7% above target for the year to date.
- The level of elective inpatient activity was 0.5% below target in September and was now 1.3% above target for the year to date.
- Non elective activity was 3.5% above expected levels in September and now 3.0% above for the year to date.
- The waiting list for inpatients rose by 196 in September and the outpatient queue fell by 143.
- 96.2% of A&E attendances were seen within 4 hours in September giving a quarter 2 position of 95.2%.
- the Trust had achieved all its cancer targets in Quarter 2.
- Quarter 3 was proving challenging due to pressures on beds, Norovirus and a period when the Short Term Interventional Team (STIT) had not been available due to the demand placed upon them. STIT was a time limited service which focussed on care needs of the patient and placed them safely in the most appropriate environment. In its absence, admission to an acute bed may have been the only option to safely manage a patient's needs even though an acute hospital setting was not the most appropriate environment for the patient. The Trust was working closely with Social Services to address those issues.

Members sought confirmation that the City Council were fully engaged with the problems and committed to finding a solution. The Chief Executive confirmed that meetings had taken place between the respective Chief Executives and other partners at which agreement was reached that no unilateral closures of services would take place without the agreement of all partners.

A query was raised whether the Trust received the service it required from the Yorkshire Ambulance Service. The Director of Service Development reported that the Ambulance Service was included in the Unscheduled Care Review.

The Board of Directors **RECEIVED** and **NOTED** the Activity and Access Performance Report as at September 2012.



## STH/195/12

### Our Staff

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

The Director of Human Resources referred to his written report (Enclosure H) circulated with the agenda papers which set out the results of the evaluation of the new Performance, Values and Behaviourally based appraisal system and roll out across the organisation.

The key points to note were:

- The main findings were that although it was useful to have the performance objectives and PROUD behaviours to help focus the appraisal discussion, the paperwork was not user friendly and needed to be simplified in order not to have a detrimental impact on appraisal rates in the future. As a result of that finding the paperwork had now been simplified and included strong links to the new Corporate Strategy “Making a Difference” as shown in Appendices 1 and 2 of the report
- Participants in the pilot felt that they would have benefitted from more training in the new process particularly with regard to ‘managing difficult conversations’.

As a result of that finding, a training and roll out plan has been produced (Appendix 3 of the report) and further training would be offered to staff who participated in the pilot.

- In future years the senior leaders appraisals (members of the Trust Executive Group and their direct reports) would be done as close as possible to the directorate performance objective setting round i.e. within the first 3 months of the financial year and within 6 months of the financial year for other leaders (AFC 8A and above).

The Board of Directors **RECEIVED** and **NOTED** the report on the Roll out of the Performance, Values and Behaviourally based appraisal process.

## STH/196/12

### Trust Constitution

The Trust Secretary referred to the written report (Enclosure I) which set out the progress on the review of the Trust Constitution and sought approval of Version 2 of the Constitution to ensure ongoing compliance with provisions of the 2012 Health and Social Care Act.

The key points to note were:

- The Trust Constitution Review Steering Group (TCRSG), a joint task-and-finish committee of the Board and the Council of Governors, had been set up to provide oversight of the review process and to approve all re-drafts of the Constitution and relevant complementary documents prior to approval by the Council of Governors and Board of Directors
- The TCRSG had met twice and taken the following key decisions:
  - In response to guidance issued by Monitor, the group approved a change to the work programme in order to timetable the work over 3 phases rather than 2. i.e.

- To review and redraft the current constitution to ensure compliance with provisions of the Health and Social Care Act that came into force from 1<sup>st</sup> October 2012 under Commencement Order 2. That would be known as Version 2.
  - To review and redraft Version 2 to ensure ongoing compliance with the Health and Social Care Act using Monitor's Model Core Constitution. That would be known as Version 3. In addition, to review and develop a library of complementary policies and procedures using corporate governance best practice guidance. It was planned to complete that phase in early 2013.
  - To review and redraft Version 3 to ensure compliance with further provisions of the Health and Social Care Act as they were introduced by subsequent commencement orders. That would be known as Version 4 and was expected to be completed sometime from April 2013.
- TCRSG approved Version 2 of the Constitution (circulated with the agenda papers) to ensure compliance with provisions enacted under Commencement Order 2 of the 2012 Health and Social Care Act. The main areas of change were:
    - redefining the *Principal Purpose* using recommended wording prescribed by Monitor
    - renaming the *Governors Council* to the *Council of Governors*
    - updating the *Accounts* section and *Annual report, forward plans and non-NHS work* sections using recommended wording prescribed by Monitor
  - The group requested DAC Beachcrofts independently review Version 2 as assurance for the Council of Governors and the Board of Directors. That had been completed and the Constitution updated accordingly.
- Whilst the issue of freedom to generate non-NHS income up to a maximum of 49% of total income was a sensitive matter which would be debated further by the Board and Council of Governors in the context of commercial opportunities available to the Trust, the changes to the constitution were a technical requirement to ensure the Trust was compliant with the Health and Social Care Act. In respect of that wider discussion, those changes could be seen as neutral.

The Board of Directors **NOTED** progress with the project and changes to the programme to review and update the Constitution and **APPROVED** Version 2 of the Trust Constitution, prior to submission to Monitor for final approval.

## **STH/197/12**

### **Chief Executive's Matters**

The Chief Executive reported the following matters:

- The Mandate was sent out last week to the NHS Commissioning Board and focused on outcomes in five domains.
- A Clinical Senate for Yorkshire and Humber was to be formed. Four strategic clinical networks would be formed across Yorkshire and Humber. The Director of Service Development would lead on that piece of work.
- The Dr. Foster Hospital Guide would be published during the first week of December 2012.
- The Yorkshire and Humber Academic Health Science Network – The prospectus had been produced. An interview before a panel had taken place the previous week and the panel had identified a number of areas improvement particularly creating stronger

links with industry. The next stage was to produce a 5-year business plan. If approved the Trust would undergo an interview, chaired by Alan Langlands, on 24<sup>th</sup> January, 2013 and if everything went well at the interview the AHSN would be authorised from 1<sup>st</sup> April, 2013.

The interim team brought together to deliver the programme were:

- Andy Riley, Project Director
- Yvette Oade, Medical Director from Hull
- Steven Smye from Leeds University
- Trevor Sheldon, York University

A Steering Group was being set up which would include representatives from the 3 Universities, 3 Teaching Hospitals, the Clinical Commissioning Group Chair and the Area Team Director.

The Chairman felt that the Trust needed to give consideration to how it should set up its Research and Teaching activities and that this matter should be brought back to the Board in the next couple of months.

**Action: Sir Andrew Cash**

### **STH/198/12**

#### **Chairman and Non-Executive Directors' Matters**

The following matters were reported.

- The Chairman reported on a few issues that had been raised at the Governors' Council Meeting on 20<sup>th</sup> November 2012. They related to the involvement of Governors in capital schemes, the lack of progress on the Sustainability agenda due to a member of staff's absence on maternity leave and staffing levels.

The Director of Service Development would take forward the issues of Governors involvement in capital schemes and the lack of progress on the sustainability agenda.

While regular reviews of appropriate nurse staffing levels were already undertaken across the Trust, it was agreed that staffing levels outside nursing would be addressed following publication of the Francis Report and a report would be presented to the Governors' Council in March 2013.

- Professor Weetman reported that the refurbishment of the Medical School entrance had been completed and the area transformed.

### **STH/199/12**

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

(a) Common Seal

The Board of Directors' **APPROVED** the affixing of the Corporate Common Seal to the following documents:

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Henry Boot Construction Limited for works to form a new Stroke Ward (in Ward Q2) at the Royal Hallamshire Hospital (contract value £1,071,386.00 – forms part of the 2010/11 Capital Programme)
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Henry Boot Construction Limited for the refurbishment of the University of

Sheffield Medical School on Floors B and C at the Royal Hallamshire Hospital  
(contract value £1,716,724.08 – forms part of the 2012/13 Capital Programme)

**STH/200/12**

**Any Other Business**

No any other business was raised.

**STH/201/12**

**Date and Time of Next Meeting:**

The next Meeting of the Board of Directors to be held in Public will be at 9.15 am on Wednesday 19<sup>th</sup> December, 2012, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital