



Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC on Wednesday 19th December, 2012, in the Undergraduate Common Room, Medical Education Centre, Northern General 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		

APOLOGIES:

Professor R. Billingsley	Mr. A. Riley
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IN ATTENDANCE:

Miss S Coulson (Minutes)	Mr. N. Riley
Mrs. J. Phelan	

Professor S. Heller	} STH/218/12
Dr. A. Scott	
Ms. V. Whitehead	

OBSERVERS:

2 Governors

STH/215/12

Declaration of Interests

No declarations of interest were made.

STH/216/12

To receive and approve the Minutes of the Meeting held on Wednesday 21st November 2012

The Minutes of the Meeting held on Wednesday 21st November, 2012, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman.

STH/217/12

Relevant Matter(s) Arising:

(a) **Organ Donation**

(STH/191/12(b)) The Medical Director reported that there was a national audit produced each year and he had scrutinised the audit for the corresponding period discussed at the October Board Meeting (2011/12) and whilst it provided national average data, no data on the performance of individual organisations was included.. There were two types of organ donation:

- Donation after brain death - The Medical Director explained that the Trust's neurological death testing rate was lower than the national average (54% versus

74%) but the Organ Donation Team were addressing that matter. However the Trust scored well against all other parameters:-

	STH	National Figure
Approach rate to families	100%	93.4%
Consent Rate	67%	63.9%
Conversion Rate	57%	54.7%

➤ Donation after circulatory death – The Trust generally did well in this category

	STH	National Figure
Approach rate to families	54%	54.2%
Conversion Rate	43%	13.3%

The Medical Director emphasised that the above figures related to the period up to April 2012 and the Trust's performance had improved since then. For instance, the scores for the approach rate and conversion rate were now 86% and 78% respectively.

In summary, the Medical Director reported that the Trust carried out the difficult aspects of organ donation very well but improvement was required in the level of testing rates. Nationally, the Trust fell within the top 28 hospitals for potential donations.

A key improvement was the appointment of a second clinical lead for organ donation which would enable the Trust to have a clinical lead on both campuses.

(b) Flu Vaccination

The Director of Human Resources reported that the flu vaccination take up rate currently stood at 53% which was 2% better than the previous year and that figure was expected to rise as the position was updated. He reported that 349 community staff had been vaccinated.

He reported that the Trust was mid table in the North of England in terms of performance.

STH/218/12

Clinical Performance

(a) Clinical Update: WICKED

The Chief Nurse/Chief Operating Officer introduced Dr. Adrian Scott, Clinical Lead for Diabetes, Professor Simon Heller, Consultant Diabetologist and Vanessa Whitehead, Diabetes Specialist Nurse for Young People, who gave a presentation to the Board on WICKED (Working with Insulin, Carbs, Keytones and Exercise to Manage Diabetes).

The new approach was driven by the need to improve outcomes in young people (aged 16 – 25 years) with type 1 diabetes. There were approximately 270 young people with Type 1 Diabetes in Sheffield and it was a recognised fact that better blood glucose control reduced the risks of long term complications in that group of patients.

However, despite significant efforts limited improvement had been made in the last ten years in controlling blood sugars in that group of patients and therefore a new approach was researched and implemented by the STH team after gathering the

views of patients, parents and staff. Support had been received from CLAHRC and ScHAAR.

From the information gathered a modified version of DAFNE (Dose Adjustment For Normal Eating) into an age-appropriate self-management skills course over 5 days was developed (WICKED) led by psychologists and skilled nurses and dietitians. The course:

- empowered young people by providing skills training to promote self-management
- provided young people in transition with the opportunity to share experience with peers, explore challenges of living with diabetes and self-managing the condition; gain skills to manage real-life situations
- provided a structured follow-up with designated keyworker
- provided additional information for parents, family and friends
- balanced psychological health and with physical health

50 young people had been educated so far and the second course to be held in February 2013 was fully booked.

The Diabetes Department were working with ScHAAR in terms of evaluating the course. Subject to a satisfactory evaluation, the intention was to:

- undertake pilot/feasibility work in other centres across the region
- conduct a multi-centre cluster trial
- to roll out across other NHS organisations using the Academic Health Sciences Network. The Trust had already received a number of enquiries from other organisations.

It was also noted that the WICKED course and approach could be applied to other long term conditions such as cystic fibrosis and renal dialysis.

The Chairman thanked Adrian Scott, Simon Heller and Vanessa Whitehead for an interesting presentation on this innovative approach to meeting the needs of those patients and wished them well in further developing and rolling out the course.

(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:

- MRSA performance - There had been no cases of MRSA bacteraemia in November 2012. The year to date performance was 3 cases of MRSA.
- C.Difficile – the Trust had recorded 9 positive samples in November. The year to date performance was 69 cases of C.difficile against a contract year to date threshold of 90. The Department of Health, Monitor and Contract threshold for the year was 134.
- MSSA – No threshold was set for MSSA bacteraemia in 2012/2013. The Trust had recorded 2 attributable cases in November 2012 which was under the monthly trajectory that the Trust had set itself of 5 or less cases per month.
- Norovirus - The Trust had experienced moderate levels of Norovirus during November which had had some impact on service delivery with up to 5 wards affected at a time and it had seen a number of patients presenting to A&E with

symptoms of diarrhoea and vomiting, indicating that the virus is active in the community.

At the present time it was noted that the Trust had 7 wards affected with 7 beds closed in total.

The Trust had experienced a spike in cases at the beginning of September which had coincided with the start of the new school term.

- Ward Accreditation – The Chief Nurse/Chief Operating Officer explained that the Labour Ward faced a challenge in seeking reaccreditation on the Ward Accreditation Programme due to the maintenance work being carried out on their ward.

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

(c) Healthcare Governance Summary

The Medical Director referred to the Healthcare Governance Summary (Enclosure C) circulated with the agenda papers. He highlighted the following points:

- External Visits, Accreditations and Inspections – no major concerns identified
- Care Quality Commission (CQC) Compliance – The most recent Quality Governance Inspections had focussed on staff attitude and medicines management. No major concerns had been identified although some areas for improvement were identified. Repeat visits would be undertaken which would help to scrutinise the actions plans produced as a result of the initial inspection.
- Fire Safety – The Fire Safety Policy had been updated to enable the Trust to meet the requirements of the Fire Safety Order. Fire Service attendances to unwanted fire signals at all Trust buildings had been reduced to zero and the Trust had received a letter of appreciation from the Chief Fire Officer. As a consequence of that significant achievement the Trust was now considered a 'model' locally for its 'reduction of unwanted fire signals' strategy.

The scheme to relocate ITU/HDU at the Royal Hallamshire Hospital to K floor was complete and the facility was now occupied.

The main stairways at the Royal Hallamshire Hospital required further improvements in relation to regulations for buildings of that height in relation to the potential for ingress of smoke, in the event of a fire. A business plan to address the improvement work was under development

- Key learning from Serious Incidents – In terms of the Anticoagulation Review, significant changes had been made including the update of the Computer System, DAWN, to ensure that where a warfarin dosage instruction had been modified and was outside of 'DAWN' recommendations it would be flagged and subject to a second check. A Matron had been appointed to lead a full review of the Anticoagulation Clinic and the implementation of a Microsystems Project. The Anticoagulation Clinic had been relocated in the Emergency Admissions Unit.

Work had also been undertaken by the Pharmacy Team, in conjunction with NHS Sheffield and access to the Summary Care Record had been arranged which had enabled patients and their medications to be reconciled within extremely short periods of time.

- Serious Untoward Incident Group – the Group had reviewed its processes and had developed a Policy for the Management of Serious Untoward Incidents, including Rule 43 Letters.
- Patient Safety – There were no major areas of concern to report. The Quality Board would oversee the implementation of the Quality Strategy and would report to the Healthcare Governance Committee and aspects of patient safety would be reported to the Board of Directors through different mechanisms.

There were no major areas of concern to report.

- Radiation Safety – There were no major areas of concern.
- Pharmacy – A business case for the procurement of an E-Prescribing System had been approved but it would be approximately 18 months before the system was up and running.

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

STH/219/12

Patient Experience

(a) **Patient Transfers and Discharge Communication**

The Chief Nurse/Chief Operating Officer referred to Enclosure D circulated with the agenda papers. The purpose of the report was to inform the Board about the Trust's structure, policies and processes for co-ordinating patient transfers and discharges and to provide assurance of compliance with CQC Outcome 6. She highlighted the following points:

- A comprehensive review of the three teams working within the Trust facilitating patient transfers to the community had been undertaken and in August ,2012, the 3 teams, Discharge Liaison, Length of Stay Team and The Front Door Response Team were merged to form the new Transfer of Care Team which was situated within Interface Services within the Primary and Community Services Directorate. The Team specialised in discharge co-ordination, intermediate care liaison, palliative and terminal care transfers and continuing health care and worked alongside community colleagues to facilitate patient pathways including stroke, falls, dementia, respiratory and heart failure. They had close working relationships with the Local Authority Social Work Teams, Sheffield Health and Social Care Teams, Community Services, Voluntary and Independent Sector Agencies.
- The Right First Time Programme was progressing and Eddie Sherwood, Director of Care and Support, at the City Council was leading a project, as part of the Unscheduled Care Programme, to improve assessment processes across health and social care. The new transfer of care document and processes had been fully introduced from the beginning of November 2012.

It was noted that a major improvement had been made in patient transfers and discharge arrangements but it was acknowledged that there was more to do and the Chairman requested a further update in due course once the new arrangements were embedded and settled down.

(b) Patient Experience Report: July to September 2012

The Chief Nurse/Chief Operating Officer referred to the Patient Experience Report for the period July to September 2012 (Enclosure E) circulated with the agenda papers and explained that it was a balanced report and used a variety of sources to gather its information. The format and content of the report had been adapted but would be reviewed further following the publication of the Francis Report.

The Chief Nurse/Chief Operating Officer highlighted the following points:

- Staff Attitude remained consistently in the top 5 negative and top 5 positive themes.
- Comment cards - the Trust had set a target to increase the amount of feedback received through 'Tell us what you think' comment cards by 50% to 861 for 2012/13. Since 1st July, 2012, all volunteers conducting patient interviews for the frequent feedback programme had been issuing comments cards to other patients. As a result of that approach, 752 comments cards had been received up to the end of September 2012 so the Trust was well on its way to achieving its target.
- The Family and Friends Test (FFT) would be introduced from April 2013. In the first instance, all inpatients and those attending the Accident and Emergency Department would have the opportunity to respond to the FFT question at the point of or within 48 hours of discharge. Results would be reported nationally each month and published to enable benchmarking of both response rates and FFT scores between Trusts. Trusts would also be expected to produce internal FFT score reports at ward/department level. All hospitals were expected to obtain responses from at least 15% of eligible patients. That would mean that the Trust would have to capture responses from around 40,000 patients in 2013/14. The number would increase in due course as the FFT was extended to include patients accessing maternity and outpatient services.

The Chief Executive supported that approach and felt it was a good way to gain accurate data to enable the Trust to continue to improve its services for patients and staff.

The Board of Directors **RECEIVED** and **NOTED** the Patient Experience Report for the period July to September 2012.

STH/220/12

Financial and Operational Performance

(a) Report from the Director of Finance

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

- The Month 7 financial position was a 0.3% deficit against plan, much reduced following the release of £5 million of uncommitted contingencies, with a significant over performance on activity and an under delivery against Directorate efficiency plans. Should any further sums become uncommitted they would be released into the reported position in future months.
- The level of activity over performance continued to be the focus of discussions with NHS Sheffield and the issues raised were requiring careful consideration and management.

- 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; manage the process of revaluation of the Trust's estate; and maximise contingencies.
- The Directorate position continued to be disappointing and the Trust had not succeeded in turning around those Directorates who were in the Performance Management Framework. A view expressed was that services needed to be re-engineered if the Trust was to succeed in delivering its efficiency savings
- Some clarity on the QIPP actions had been agreed with NHS Sheffield.
- There were no issues of concern regarding the Trust's balance sheet, working capital or Capital Programme positions at the present time.
- The 2013/14 financial planning process was now underway and the extent of the challenge was clear. The position was becoming clearer with the publication of the NHS planning document "Everyone Counts: Planning for Patients 2013/14" on Tuesday 18th December 2012 which included a 4% national efficiency saving. Therefore the guidance given to Directorates regarding the need to make a 5% efficiency saving remained valid. That reinforced just how difficult 2013/14 would be and contract negotiations would be critically important. The separation of funding for specialised services from the Clinical Commissioning Group to the NHS Commissioning Board would be particularly significant.
- There would be no extra CQUIN funding
- 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, particularly, in 2013/14 when further significant savings would be required.

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

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

The Chief Nurse/Chief Operating Officer referred to the Activity and Access Report (Enclosure G) circulated with the agenda papers. The key points to note were:

- The targets for the 18 week admitted, non admitted and incomplete pathways were met in October
- All incomplete 18 week pathways over 26 weeks were now being validated on a regular basis.
- New outpatient activity was 1.9% below target in October and was now 0.7% above target for the year to date.
- Follow up activity was 2.6% above target for the year to date.
- The level of elective inpatient activity was 2.9% below target in October and was now 0.7% above target for the year to date.
- Non elective activity was 3.7% above expected levels in October and was now 3.1% above for the year to date.
- The waiting list for inpatients rose by 593 in October and the outpatient queue rose by 26.
- Due to problems with a discharge pathway and Norovirus only 93.1% of Accident and Emergency patients were seen, treated, admitted or discharged within 4 hours.
- All cancer targets were being met despite significant pressures in some specialties.

A discussion took place regarding the possibility of implementing a filtering service at the front of the Accident and Emergency Service to enable the appropriate level of care to be provided by the most appropriate health professional. It was noted that it

was being discussed as part of the Right First Time Programme. The Chief Nurse/Chief Operating Officer reported that discussions had been held with colleagues in Newcastle where performance against the 95% threshold appeared more consistent. There were key differences between the services including a new build Accident and Emergency Department, management control of several minor injuries units/walk-in centres and a Paediatric Department. However, there were also some opportunities to explore in the context of our own service including a dedicated transfer ambulance between hospital sites and a Deputy Medical Director with responsibility for performance in unscheduled care.

The Chairman emphasised that the Trust needed to identify ways to improve performance in order that it was comfortably achieving the Accident and Emergency target. The Chief Executive stated that it was a whole system issue which required a consistent response from all health and social care partners. The main issue was how to improve patient flow across the health and social care community and that was a priority for the Right First Time Programme.

The Board of Directors **RECEIVED** and **NOTED** the December Activity and Access Report

(d) NHS Mandate

The Director of Service Development referred to her written report (Enclosure H) circulated with the agenda papers which was circulated for information and gave an overview of the Mandate set by the Government for the NHS Commissioning Board from 2013-15.

The Mandate was structured around the NHS Outcomes Framework and set the NHS Commissioning Board objectives until 2015. The key points to note were:

- The five key domains from the Outcomes Framework were:
 - preventing people from dying prematurely
 - enhancing quality of life for people with long-term conditions
 - helping people to recover from episodes of ill health or following injury
 - ensuring that people had a positive experience of care
 - treating and caring for people in a safe environment and protecting them from avoidable harm.

- The following priority areas were identified:
 - improving standards of care and not just treatment, especially for the elderly
 - better diagnosis, treatment and care for people with dementia
 - better care for women during pregnancy, including a named midwife responsible for ensuring personalised, one-to-one care throughout pregnancy, childbirth and the postnatal period
 - every patient would be able to give feedback on the quality of their care through the Friends and Family Test starting from April 2013 – so patients would be able to tell which wards, A&E departments, maternity units and hospitals were providing the best care
 - by 2015 everyone would be able to book their GP appointments online, order a repeat prescription online and talk to their GP online
 - putting mental health on an equal footing with physical health – this meant everyone who needed mental health services having timely access to the best available treatment
 - preventing premature deaths from the biggest killers

- by 2015, everyone should be able to find out how well their local NHS was providing the care they needed, with the publication of the results it achieved for all major services.
- The Mandate also set out Government expectations and requirements with respect to:
 - Freeing the NHS to innovate
 - The broader role of the NHS in society
 - Finance
- The National Commissioning Board was obliged to publish an annual assessment of its performance against the requirements of the Mandate. The Government would also publish an annual assessment of this performance, which would include feedback from CCGs, local councils, patients and other people and organisations with a view.
- Clearly two of the key delivery mechanisms for the Board would be the services it commissions and contracts for directly, such as specialised services, and its oversight of the commissioning activities and approaches of Clinical Commissioning Groups. Therefore, Sheffield Teaching Hospitals NHS Foundation Trust, as an NHS provider of care, would be expected to play its part in the delivery of those ambitions and requirements.

The Board of Directors **RECEIVED** and **NOTED** The Mandate.

STH/223/12

Our Staff

(a) **Report from the Director of Human Resources: Workforce CQC Monitoring Report**

The Director of Human Resources referred to the Workforce CQC Monitoring Report (Enclosure I) circulated with the agenda papers and which had been previously discussed by the Trust Executive Group and the Healthcare Governance Committee. The report outlined the CQC requirements relating to workforce; identified the monitoring arrangements in place for the relevant outcomes; identified areas of concern and action plans to redress those areas.

The following matters were discussed:

- Agency Staff – arrangements were now in place to improve arrangements and the Human Resource Team would continue to monitor compliance with the NHS employment check standards.
- 7-day working was being pushed nationally. The implications of that would be enormous and to achieve that position it would need to include the NHS as a whole not just hospital services. The Medical Director reported that locally much had improved over the last 5 years for instance there was now consultant cover on MAU's at the weekends.
- The national Junior Doctors' Contract was 10 years old and out dated and a consultation and review process was underway.
- A review of Clinical Excellence Awards was being carried out that was looking more towards career progression.
- NHS Employers were recommending a 0% pay award for AFC staff although the

Government preference was for an average 1% pay increase across the NHS.

STH/224/12

Chief Executive's matters

The Chief Executive reported the following matters:

- Due to the adverse weather conditions on Friday 14th December, 2012, the Trust experienced its busiest day ever in the Accident and Emergency Department with over 510 attendances. Normally approximately 320 patients would attend. The staff's response was amazing both in terms of treating the patients but also in keeping normal services running with the minimum of disruption.
- On the same day, the Trust received an unannounced inspection by the Care Quality Commission. The 3 Inspection Teams visited Robert Hadfield 3, Huntsman 4 and MAU 1 and 3. Further planned inspections to CDU, Accident and Emergency Department and Day Surgery were called off due to the extreme demand on services. As those visits were suspended, the Lead Inspector would return to follow up on a number of general questions in relation to:
 - Awareness of Whistleblowing
 - Safeguarding Training
 - A&E waits and future plans
 - Risk Management and Governance Structures
 - E-CAT processes

The informal feedback received at the completion of the inspection was positive.

- Monitor had completed the analysis of Quarter 2 and the Trust had been given a Finance Risk Rating of 4 and a Governance Rating of Green.
- NHS Planning Guidance 2013/14 – The guidance had been published on Tuesday 18th December, 2012 and it would be discussed in more detail in due course. However it was noted that it focussed on the following 5 themes:
 - 7-day working
 - More transparency and more care
 - Listening to Patients
 - Better data
 - Higher standards – Winterbourne Review and Francis Report
- The new Secretary of State was looking at opening up the new rating systems for provider organisations. The idea was not to have a single rating but to have rates for individual wards/departments within an organisation.
- 2 Clinical Commissioning Groups in South Yorkshire had received authorisation in the first wave. Bassetlaw were authorised with no conditions and Rotherham had 3 conditions at level 3 (decision sign off or approval by NHS CB) covering clinical focus, engagement and governance. Sheffield were expecting to receive authorisation in the second wave.

STH/225/12

Chairman and Non-Executive Directors' matters

No items were reported.

STH/226/12

To Receive and Note

(a) 2011/12 Annual Security Report

The Chief Nurse/Chief Operating Officer referred to the 2011/12 Annual Security Report for (Enclosure J) circulated for information with the agenda papers. She highlighted the following points:

- One of the key aims of NHS Protect (formerly NHS Security Management Service) was the establishment of a safe and secure environment which was supported by CQC registration compliance – Standard 10 “Safety and Suitability of Premises”.
- There had been a reduction in the number of incidents of physical assaults against NHS Staff
- There had been a massive reduction in car crime due to the investment in CCTV and security services more generally.
- Over the last ten years the Trust had continued to develop a pro-security culture amongst its staff, patient and visitors. It was recognised that there were still some challenges but the Trust continued to work closely with the South Yorkshire Police.
- The Hotel Services Department had put a significant amount of time and hard work into improving security across the hospital sites. Special thanks and congratulations were extended to Graham Rye, Head of Security, who had made an enormous difference to the organisation and who was retiring on 31st December, 2012,

The Board of Directors **RECEIVED** and **NOTED** the 2011/12 Annual Security Report.

STH/227/12

To consider any other items of business

There were not additional items of business

STH/228/12

Date and Time of Next Meeting

The next Meeting of the Board of Directors to be held in public would be at 9.15 am on Wednesday 16th January, 2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.