



Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC on Wednesday 16th January, 2013, in Seminar Room1, 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 (part)		

IN ATTENDANCE:

Miss S Coulson (Minutes)	Mr. A. Riley
Mrs. J. Phelan	Mr. N. Riley
Professor P Gaines - item STH/04/13(a)	

OBSERVER:

1 Governor

STH/01/13

Declaration of Interests

No declarations of interest were made.

STH/02/13

To receive and approve the Minutes of the Meeting held on Wednesday 16th December 2012

The Minutes of the Meeting held on Wednesday 16th December, 2012, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman.

STH/03/13

Matter(s) Arising:

(a) Flu Vaccination

(STH/217/12(b)) The Director of Human Resources reported that the uptake of flu vaccination had risen to 56.3%. The Trust still had a supply of vaccinations and clinical staff were being encouraged to take up vaccination.

(b) Ward Accreditation

(STH218/12(b)) The Chief Nurse/Chief Operating Officer reported that the Labour Ward would seek reaccreditation following completion of the maintenance work being undertaken in that area.

Clinical Performance:

(a) Clinical Update: Vascular Radiology

The Medical Director introduced Professor Peter Gaines, Consultant Vascular Radiologist, who gave a presentation on the new developments and how Vascular Radiology had broadened over the past ten years. The Department provided a service to most specialties within the Trust.

The presentation covered the following topics:

- Balloon Angioplasty
- Stents
- Fenestrated EVAR - the latest development for treating aneurysms
- Uterine Fibroid Embolisation
- Fibroid Embolisation
- Central Venous Access – providing fluids, nutrition, antibiotics and chemotherapy. Vascular Radiology carried out 700 of these procedures a year and provided a service to the whole of the Trust. Previously the procedure was carried out by Surgeons.
- Renal Sympathetic Denervation for Hypertension – STH was looking to being one of the 12 centres to perform that procedure.
- Transjugular Intrahepatic Porto-systematic shunt
- Trans-Arterial Chemo Embolisation – A major area of development in the treatment of liver cancers and of great benefit to patients. The procedure enabled chemotherapy to be delivered direct to the specific site of the tumour rather than patients having chemotherapy drugs going through their whole bodies.
- Selective Internal Radiotherapy
- Isolated Liver Perfusion – enables 100x dose of chemotherapeutic agent to be delivered to the liver and trials showed survival benefit.

A discussion took place re the development of the service and it was noted that the Trust was in close dialogue with Commissioners particularly with regard to the emerging views that any centre carrying out Fenestrated EVAR should serve a population of 2.4 - 3 million. That criteria would exclude the Trust from carrying out that technique.

The Board discussed the development of Vascular Radiology Services across South Yorkshire. It was noted that the Trust had taken a strong stance on a networked solution. However, the final outcome remained a decision for the Commissioner.

The Chairman thanked Professor Gaines for an interesting presentation.

(b) Infection Control Report

The Chief Nurse/Chief Operating Officer referred to her written report on infection, prevention and control (Enclosure B) circulated with the agenda papers and highlighted the following points:

- MRSA - The Trust had not recorded any cases of MRSA in December. The year to date figure was 3 MRSA bacteraemia which meant it had breached the Department of Health threshold for 2012/13. The guidance for 2013/14 stated that there would be a zero tolerance approach to MRSA bacteraemia. It was expected that all cases would involve a Post Infection Review (similar to the Root

Cause Analysis which the Trust currently undertakes but may also include other organisations or individuals such as GPs and other hospitals) to identify why an infection occurred and how future cases of infection could be avoided. The standard contract stated that, where a MRSA bacteraemia occurred as part of an inpatient episode, the Trust would not be paid for the episode of care.

- C.diff performance remained below threshold against the C.diff plan -It was noted that for 2013/14 the Trust had been set a target for C.diff of 77 cases or less. That would be a challenging target requiring 6 or less cases per month. During 2012/13 the Trust only achieved that level of performance in 3 out of 9 months. To achieve that target deep cleaning at the NGH site would need to be consistently delivered in all areas but particularly in areas of high throughput such as Medical or Surgical Assessment Units.
- MSSA – The Trust had recorded 75 cases for the last 12 months; 60 cases had been reported since April 2012. There was no threshold set for MSSA bacteraemia in 2012/2013 and none was included in next year's guidance. However, the Trust had set itself an initial target of having 5 or less cases per month as this would be an initial improvement on the current average MSSA rate of 6 cases per month.
- Norovirus – having experienced an early spike of cases in September the rate of cases was now beginning to reduce.

In answer to a question regarding the level of MRSA screening, the Chief Nurse/Chief Operating Officer confirmed that some patients may be screened more than once and therefore performance could be over 100% as was the case for November when the MRSA screening figure was 118%.

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

(c) Healthcare Governance Report

The Medical Director referred Governance Summary (Enclosure C) circulated with the agenda papers and highlighted the following points:

- Quality Strategy - The Quality Board had been set up to deliver the Quality Strategy.
The Quality Report Steering Group had a wider membership (including Governors) than the Quality Board and was working on production of the Quality Report. The three objectives that the group was considering for next year were:
 - Cancelled operations
 - Discharge information for patients and carers/relatives
 - Pressure ulcers
- Maternal Deaths Review (RCOG) – The written report had now been received and had not included any unexpected issues/concerns. The report was being shared with the Obstetric, Gynaecology and Neonatology Directorate. There were a number of actions recommended particularly in relation to 24 hour Consultant cover on the labour ward and midwifery staffing.

The Director of Finance emphasised that to achieve 24 hour Consultant cover would require a significant financial investment and there were no additional funds available to fund that improvement. The Medical Director stated that he would

expect the introduction of 24 hour consultant cover to be on a phased basis reflecting the availability of resources.

- External Visits, Accreditations and Inspections – The Fire South Yorkshire Fire and Rescue Authority audited the Central Production Unit (CPU) at Northern General Hospital November 2012 and areas for improvement were identified with fire doors, maintenance of fire fighting equipment, storage of combustible items and risk assessment of fire prevention arrangements following recent alterations to the unit. An action plan was drawn up in December 2012 and most findings had now been addressed.
- Care Quality Commission Compliance – No serious concerns had been identified requiring immediate attention as a result of the most recent Quality Governance Inspections looking at clinical records and staff attitude.

The new CQC Strategy for 2013-16 was out for consultation and was available on the internet.

The formal report following the unannounced visit by the CQC to the Trust on Friday 14th December, 2012, should be received by the end of January, 2013.

- Management of Controlled Drugs – It was noted that an electronic prescribing system had been approved but would take approximately 18-24 months to implement. This system would provide a rich source of data to support analysis of performance, it was anticipated that it would have a positive impact upon medication incidents.

Members expressed concern at the timescale required to implement the system. The Director of Strategy and Planning explained that the system would need to be bespoke so that it integrated with other systems within the Trust and staff training would take time to roll out. She explained that 18 months was a timetable experienced by similar Trusts such as Leeds and Newcastle.

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

The following three reports had been submitted by the Healthcare Governance Committee (HCGC) to the Board for discussion:

- (i) Quarterly Mortality Report –December 2012 (Enclosure D)

The main points to note were:

- HSMR 2011/12 - The rebased value for the Trust for 2011/12 was 98 (94 – 101). That was just within expected range and was reported in the Dr Foster Good Hospital Guide on 2nd December 2012. The rebased value for Yorkshire and the Humber was 103 (102-105) – “higher than expected”.
- HSMR 2012/13 -The rolling HSMR for Sept 2011 – Aug 2012 of 95.7 for “All Admissions” was “significantly lower than the national benchmark”. The rebased value for this time period was not yet available.
- SHMI 2011/12 - The most recent information from the IC, published 23rd October 2012, covered the period 1st April 2011 to 31st March 2012. The IC SHMI value for STH was 0.92 (0.89 -1.12 *over-dispersion control limits*)

of 95%) for an expected 3789 deaths. The next publication was expected in January 2013.

- Crude Mortality Reporting – There was a big spike during the week commencing 2nd January (and not 19th December as wrongly stated in the paper). It was noted that the increase was in line with national data. However, further investigation of the data was required which may involve undertaking a root cause analysis of 50 sets of case notes to provide the appropriate assurance.

(ii) Savile Allegations (Enclosure E)

The Chief Nurse/Chief Operating Officer explained that the purpose of the report was to provide assurance to the HCGC and the Board of Directors that arrangements and practices relating to vulnerable people, particularly in relation to safeguarding; access to patients (including that afforded volunteers or celebrities); and listening to and acting on patient concerns were robust.

She highlighted the following points:

- The HCGC and the Board of Directors had already received annual reports on safeguarding children, adults and complaints earlier in the year.
- The arrangements for recruiting volunteers were in many ways similar to the arrangements for recruiting a permanent employee to the Trust. The following process was undertaken:
 - All potential volunteers were shortlisted and interviewed by experienced members of the Volunteer Services Team.
 - At interview, all candidates were required to produce photo ID (passport or driving license) and other forms of proof of address.
 - If they were successful, applicants would be referred for a CRB check. They were also required to have clearance from Occupational Health and to provide details of 2 referees and these were always obtained.
 - If any disclosures were reported as a result of the CRB check, candidates were called in for a further discussion with the Volunteer Services Team, to explain the circumstances of the offence before a final decision was made as to their suitability as a volunteer. If there were any concerns, this was escalated to the Head of Patient Partnership and Human Resources.
 - All volunteers received a hospital induction, which included information on safeguarding.
 - All volunteers received a copy of the Trust's latest information leaflet on safeguarding.
 - All volunteers also received a local induction in the area in which they would be working before commencement of their placement.
 - No volunteer was allowed to go onto wards or into departments without wearing their Trust ID badge or their volunteer's uniform which made them identifiable as any staff member.
 - If any issues were raised about the conduct of a volunteer, that would be investigated by the Volunteer Coordinator in the first instance. If the initial investigation did not satisfactorily address the matter, then it would be referred to the Volunteer Services Manager for further

investigation and a final decision as to any actions required. Any concerns about a volunteer would be carefully managed.

A further supplementary paper on the aspects of Volunteers would be presented to the HCGC.

- The Trust did not have any celebrities working with patients on a regular basis. The presence of celebrities in the Trust was managed by the Communications Department and they would always be accompanied when on site. The Trust did not have any celebrities currently working as volunteers.

In answer to a question, the Chief Nurse/Chief Operating Officer undertook to look at the process for the recruitment of Governors. It was noted that Governors were CRB checked. **(Post meeting note: It has been agreed that this would be actioned by the Trust Secretary)**

(iii) Quality Report – True for Us Review (Enclosure F)

The Medical Director explained that the paper set out the Trust's current position of its Quality Governance systems and processes with the requirements outlined in the draft National Quality Board Report (*Quality in the New Health System, Maintaining and Improving Quality from April 2013*) and identify areas for improvement.

The production of the paper had involved a significant amount of collaboration between himself, the Trust Secretary and the Chief Nurse/Chief Operating Officer and Deputy Chief Nurse. Between them they had identified 32 issues (as set out in the paper) which related specifically to the Trust and had not sought to provide comment on wider system issues.

The outcome of the exercise was:

- There were no significant gaps in the Trust's Quality Governance activity when compared with the statements in the *Quality in the New Health System Report*.
- There were a limited number of specific requirements outlined in the comments section; however, the Trusts Quality Strategy aligned with the ongoing developments required i.e. most notably the development of the Trust's Quality Healthcheck and STH Quality Governance Framework. That work was supported and monitored by the Quality Board.
- The *NHS Constitution* requirements impacted on the whole organisation. Internal Audit, therefore, had been commissioned to offer an independent view on the Trust's position. A lead auditor had been allocated and work had commenced on the initial data collection.
- Within the *Quality in the New Health System Report* there were 10 specific points that required direct contribution from the Board of Directors (Nos. 22-32). A strategic session was recommended to assess the current position and provide a collaborative response. Given the close proximity of the publication of the Mid-Staffordshire Public Inquiry Report a timeframe of April/May 2013 was recommended.

Action: Trust Secretary

Board members felt that it was an excellent piece of work and was extremely helpful. However, it would be useful if it could include timescales for completion of work so that the Board could monitor progress. It was also felt that the document should be cross referenced with the Quality Strategy.

Action Dr. D. Throssell

STH/05/13

Financial and Operational Performance:

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

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

- The Month 8 financial position was a 0.3% deficit against plan, with an operating deficit offset by the release of uncommitted contingencies, a significant over performance on activity and an under delivery against Directorate efficiency plans.
- The level of activity over performance continued to cause concern for NHS Sheffield but the issues raised were being gradually resolved.
- The 2013/14 financial planning process was now underway and the extent of the challenge was clear following the release of national planning information/guidance during December 2012. Much would now depend on the outcome of contract negotiations.
- The key financial issues for 2012/13 remained the delivery of efficiency plans; improved Directorate financial performance; handling operational pressures without additional cost or a negative impact on efficiency; the impact of the revaluation of the Trust's land and buildings which would be undertaken shortly; and managing the NHSS contracting/financial issues.
- The Trust had recently been allocated nearly £3m of non-recurrent national/SHA funding for developments in Radiotherapy; MPET investments; and "winter pressures". The latter funding of £1.9m should mitigate in-year operational pressures. Overall, the position remained satisfactory.
- The pressure on the Trust would be significant following confirmation in December 2012 that the National Efficiency Target for 2013/14 would again be 4%. With MPET income reductions the Trust faced a minimum requirement for efficiency savings (to offset the reduced income) of around £26m. Disappointingly, there was no increase in CQUIN funding and the penal rules around the marginal emergency tariff and Emergency Readmissions within 30 days appear to be unchanged.

That would be a major challenge for the Trust to deliver so it was crucial that there were no further income losses from tariff changes, contract negotiations and commissioner QIPP savings proposals. The National Efficiency Target should provide the resources necessary to offset demand and quality pressures (as per the overall NHS settlement) but this assumed that acute providers were treated on the same basis as other elements of the NHS system. Contract negotiations had commenced but were likely to be very demanding given the pressures across the whole health and social care system.

Overall the Plan for 2012/13 remained satisfactory and would be delivered. However, the Capital Programme for 2013/14 had yet to be finalised and that would

be challenging if the Trust did not end 2012/13 with a cash surplus to invest in the Capital Programme.

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

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

The Chief Nurse/Chief Operating Officer apologised for the lateness of the circulation of the Activity and Access Report (Enclosure H). The key points to note were:

- The targets for the 18 week admitted, non admitted and incomplete pathways were met in November.
- All incomplete 18 week pathways over 26 weeks continued to be validated on a regular basis.
- New outpatient activity was 1.3% below target in November and was now 0.5% above target for the year to date.
- Follow up activity was 2.5% above target for the year to date.
- The level of elective inpatient activity was 1.3% above target in November and was now 0.9% above target for the year to date.
- Non elective activity was 0.8% above expected levels in November and was now 2.9% above target for the year to date.
- The waiting list for inpatients fell by 320 in November and the outpatient queue fell by 599.
- Accident and Emergency performance was extremely challenging and the Trust underperformed with only 93.8% of A&E attendances being seen within 4 hours. The target had not been met in Quarter 3 and the position was extremely challenging continuing into Quarter 4.

The Director of Strategy and Planning reported that she was confident that the cancer targets would be met in Quarter 3 but anticipated that would not be the case in Quarter 4 given that the Trust already had 11 breaches in Urology (generally in any one quarter the Trust had a maximum of 15 breaches). Everything possible was being done to recover the position.

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

STH/06/13

Our Staff:

(a) Report from the Director of Human Resources - Pensions Automatic-Enrolment

The Director of Human Resources referred to his written paper (Enclosure I) which set out the requirements of the Pension Act 2008 which came into effect in 2012 and the financial implications for the Trust.

The key points to note were:

- The Pension Act 2008 required all employers to automatically enrol employees into a pension scheme and to make a contribution to that pension.
- STH had approximately 2,600 employees currently not in the NHS Pension Scheme (NHSPS) of which approximately 1,860 were eligible to join NHSPS but had opted out. Automatic Enrolment required that these employees were put into the NHSPS. However, the individuals could then choose to opt out again. Should all those employees remain in the NHSPS, the Trust's employer contribution would be approximately £4.25m per annum. There was an option to

defer auto-enrolment for eligible employees until 30th September, 2017, although employees must be communicated with and have the right to opt in at any point in that period.

The Trust Executive Group had agreed to defer the transitional period to 30th September 2017.

- STH had 270 employees not eligible to join the NHSPS who must be enrolled into another pension provided by the Trust. This should occur by 1st March 2013, although on application to the Pension Regulator, this could be deferred to 1 June 2013 but no longer.

The Trust Executive Group had agreed to defer date for non-eligible NHSPS employees to be assessed and automatically enrolled into an alternative pension scheme by the full 3 months, to 1st June 2013.

- As there was no central procurement initiative to determine an appropriate alternative qualified pension provider, the Trust was in the process of securing an alternative pension scheme. The employer contribution cost to the scheme was estimated at £35k per annum.
- There were also steps to be taken within HR and Payroll Services to inform and communicate with staff, automatically enrol staff in either scheme and continually assess eligibility. All staff would need to be informed of the decision to postpone auto-enrolment.
- Under automatic enrolment legislation, employers must re-enrol all workers not currently in a pension scheme 3 years after the initial (non-postponed) staging date and at every 3-year interval following that; that was known as “automatic re-enrolment”. The date of this automatic re-enrolment may be advanced or deferred by up to 3 months.

The Board of Directors **RECEIVED** and **NOTED** the briefing paper.

STH/07/13

Chief Executive's matters

The Chief Executive briefed members on the following matters:

- The Trust had agreed a joint response to the recent Rule 43 Letter from the Nottingham Coroner and it had been submitted within the agreed timescale.
- New Years Honours 2013 – Keith Burnett, Vice Chancellor, University of Sheffield, has been Knighted for services to higher Education; Kathryn Riddle, Pro-Chancellor of the University of Sheffield and Chair of NHS North of England, has been awarded an OBE for services to the NHS and Higher Education; Sylvia Yates, former Executive Director of the Sheffield City Region Local Enterprise Partnership, has been awarded an OBE for services to the Sheffield City Region and Humber Region.
- £5 million had been allocated from the £10 million of National Centre for Sports and Exercise Medicine (NCSEM) funding for Sheffield to improve the Graves Tennis and Leisure Centre. The funding would provide a replacement swimming pool, extra indoor tennis courts, a bigger fitness centre and a base for rehabilitation and research. The balance of the NCSEM for Sheffield would be used to provide 3 hubs elsewhere in the city.

In answer to a question, the Chief Executive confirmed that the Don Valley Athletic Stadium was not part of the NCSEM vision for Sheffield.

The Chief Executive felt that it might be worth considering a visit to the Institute of Sport as part of the Board's schedule of visits.

Action: Mr. N. Riley

- The Government had announced further investment of £120 million over the next 5 years in research. Specifically it would support up to 12 National Institute for Health Research Collaborations for Leadership in Applied Health Research and Care (NIHR CLAHRCs) around the country tasked with ensuring the best evidence gained from research was applied directly to the NHS to make the lives of millions of patients better. The South Yorkshire CLAHRC intended to make a strong bid for that funding. It was noted that there would be a reduced number of CLAHRCs going forward.
- Dr. Reena Sidhu, Consultant Gastroenterologist, based at the Regional Gastroenterology and Liver Unit at the Royal Hallamshire Hospital, had won the prestigious British Society of Gastroenterology Hopkins Endoscopy Prize for her dedication to care and research towards improving patient care in Endoscopy. Dr. Sidhu was the first female doctor to be recognised for the Prize.

It was agreed that Dr. Sidhu should be invited to give a presentation on her work to the Board.

Action: Dr. D. Throssell/Mr. N. Riley

STH/08/13

Chairman and Non-Executive Directors' matters

There were no matters to report.

STH/09/13

For Approval/Ratification:

(a) **Common Seal**

The Board of Directors **APPROVED** the affixing of the common seal to the following lease renewal:

- Lease renewal with Sheffield Health & Social Care Trust (SHSCT) for space at the NGH for the provision of the Liaison Psychiatry and Psychiatric Outpatients Services

The key points to note were:

- The previous lease ended on 31st March 2012 after a period of 21 years
- The new lease was for 5 years beginning on 1st April 2012 with a break clause for either party on the third anniversary (1st April 2015)
- Capital charges would cover the rent on the building and a service charge would be levied to cover utilities, outgoings and services
- The tenant was responsible for the repair and maintenance of the property with the exception of the roof coverings which would be repaired (if required) by the Landlord at its expense.
- Each party was responsible for its own legal costs.

(b) Senior Information Risk Owner (SIRO): Proposed Change

The Director of Strategy and Planning referred to her written paper (Enclosure K) circulated with the agenda papers.

The paper proposed that the role of the SIRO be passed to the Informatics Director from the Director of Strategy and Planning with effect from 1st February 2013.

The Board of Directors **APPROVED** the proposed change.

During discussion, the Director of Strategy and Planning, in her capacity as SIRO, stated that Board members should not use Dropbox software on their IPADS to view Board papers as it was not secure. Only papers for the public meetings should be held in Dropbox software.

Action: All to note

Unfortunately there was not an alternative until the implementation of wireless network. Therefore, in future, hard copy of papers for the Private Meeting would be circulated to members.

Action: Mr. N.Riley

STH/10/13

Date and Time of Next Meeting:

The next meeting of the Board of Directors would be held at 9.15 am on Wednesday 27th February, 2013, in the Board Room, Fairlawns, Middlewood Primary Healthcare Centre, 621 Middlewood Road Sheffield. S6 1TT