



Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC at 9.15 am on Wednesday 12th June, 2013, in the Board Room, Northern General Hospital

PRESENT:	Mr. T. Pedder (Chair)	
	Sir Andrew Cash	Mr. V. Powell
	Professor H. A. Chapman	Mr. N. Priestley
	Ms. V. Ferres	Dr. D. Throssell
	Mr. M. Gwilliam	Professor A. P. Weetman
	Ms. K. Major	
IN ATTENDANCE:	Miss S. Coulson (Minutes)	Mr. N. Riley
	Mrs. J. Phelan	
	Professor W. Vernon	} STH/134/13(a)
	Mr. J. Walker	
APOLOGIES:	Mr. J. Donnelly	Ms. S. Harrison
PUBLIC:	2 Governors	

Prior to commencement of the meeting, the Chairman congratulated Professor Weetman on being awarded the prestigious Paul Starr Award by the American Thyroid Association for his outstanding research into the treatment and detection of thyroid problems. Professor Weetman was only the third person from the UK to receive the award.

STH/131/13

Declaration of Interests

No declarations of interest were made.

STH/132/13

To receive and approve the Minutes of the Meeting held 15th May 2013

The Minutes of the Meeting held on Wednesday 15th May, 2013, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman.

STH/133/13

Relevant Matter(s) Arising

(a) **Clinical Governance Arrangements**

(STH/106/13(d)) The Medical Director reported that Section 3.3 of the Healthcare Governance Arrangements Policy had now been amended to more clearly reflect the Trust Executive Group's accountabilities and responsibilities. The amended section had been agreed with Neil Priestley and the policy reissued.

Clinical Performance

(a) Clinical Update: Forensic Podiatry

The Chief Nurse/Chief Operating Officer introduced Professor Wesley Vernon OBE, Head of Podiatry Services, Research Lead and Deputy AHP lead, Primary and Community Services and Mr. Jeremy Walker, Deputy Head of Podiatry.

Professor Vernon gave a presentation on Podiatry but the main focus of the presentation was on his work in the field of Forensic Podiatry. He explained that Forensic Podiatry could be defined as below:

"Forensic podiatry could be defined as the application of sound and researched podiatry knowledge and experience in forensic investigations, to show the association of an individual with a scene of crime, or to answer any other legal question concerned with the foot or footwear that requires knowledge of the functioning foot".

The key points to note were:

- Requests for this type of work had increased over recent years and could increase as much as fourfold in the future if marketed appropriately.
- Professor Vernon was internationally and nationally known for his expertise in the field.
- There was approximately 20 people internationally in this field, 10 were in the UK and 6 were in Sheffield..
- It was a form of income generation for the Trust and generated in the region of £60,000 in 2012.

The Chairman thanked Professor Vernon for an extremely interesting presentation.

In the following discussion, the Board felt that it was an area of income generation which could be developed but would need to be properly costed. However capacity may be an issue and would need to be looked at.

Board members expressed a wish to hear more about the core podiatry services provided in Sheffield and the Medical Director undertook to arrange a presentation as part of the Clinical Update session at a future meeting. It was felt it would be interesting if the presentation also focussed on how the podiatry service worked with other specialities such as Endocrinology, Diabetes and Orthopaedics.

Action: David Throssell

(b) Infection Control Report

The Chief Nurse/Chief Operating Officer referred to her written report (Enclosure B) circulated prior to the meeting. The key points to note were:

- There had been a change to how MRSA bacteraemia were classified as Trust or Community acquired which may result in the Trust being allocated cases which they would not have previously. That change increased the risk of the Trust breaching the Monitor de-minimus level of 6 cases.
- The Trust had not recorded any MRSA bacteraemia during May 2013. It was

noted that it had been 57 days (up to 31st May, 2013) since the last case of MRSA bacteraemia was recorded by the Trust.

- The Trust had recorded 4 cases of Clostridium Difficile (C.Diff) in May 2013. The year to date performance was 13 cases against a contract threshold of 12.
- MSSA performance was off trajectory against the Trust's plan. 9 Trust attributable cases had been recorded in May 2013 which was more than the target of 5 cases or less set by the Trust.
- The Trust had experienced minimal levels of norovirus during May 2013 which had little impact on service delivery.

The Chief Nurse explained that the implementation of the C.diff Action Plan was underway and over and above that the Trust had not done anything different to account for the drop in recorded cases of Clostridium Difficile from 9 in April, 2013, to 4 in May, 2013, and felt that it may be down to natural variation. She explained that, so far, the position in June was looking positive but stressed that it could change.

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

(c) C.Diff Action Plan

The Chief Nurse/Chief Operating Officer referred to the C.Diff Action Plan (Enclosure C) circulated with the agenda papers. The key points to note were:

- The Trust was just on the required trajectory to meet its C.Diff target for 2013/2014. However, if the level of performance for the last 6 months continued over the full year, the Trust would fail to achieve the 2013/14 target of not more than 77 cases.
- 13 cases had been recorded by the end of May, 2013.
- A number of actions were being implemented to reduce the incidence of C.Diff in order to maximise the opportunity of the Trust achieving the 2013/14 C.Diff target.
- The Action Plan builds on last year's successful plan and would be monitored on a monthly basis by the Healthcare Governance Committee.

A discussion took place on the importance of ensuring members of the public and the media understood issues such as infection control to ensure that unnecessary anxiety was not caused for patients due to attend hospital.

The Medical Director also mentioned that the General Medical Council now had a press surveillance unit and he was receiving requests for information on particular issues that had been reported in the press. Therefore the accuracy of media articles was extremely important.

The Communications Director reported that she was working with the local media to provide information to them and the wider public which would enable increased understanding of this and other issues. It was important given the NHS and STH's drive to increase openness and transparency on issues which support patient choice and understanding of the clinical care they should expect to receive.

It was **AGREED** that this matter should be discussed as part of a wider discussion on openness and transparency at a Board Strategic Session and that the Trust Secretary would make the necessary arrangements.

Action: Neil Riley

(d) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Summary (Enclosure D) circulated with the agenda papers. The report covered the following matters:

- Quality Report - The final version of the Quality Report was approved by the Audit Committee and Board of Directors on 23rd May, 2013 and formed part of the Annual Report and Accounts.

The following quality improvement priorities for 2013/14 had been agreed by the Board of Directors on 18th April, 2013:

- To reduce the number of operations cancelled on the day of surgery.
- To reduce the prevalence of all Grade 2,3 & 4 pressure ulcers city wide
- To improve the provision of discharge information for patients

Andrew Gibson, Deputy Medical Director, and Andrew Manasse, Governor, were working on producing a summary of the Quality Report in an '*easier to read*' format for patients and the public.

- NICE Implementation Annual Report - The Healthcare Governance Committee reviewed the Trust's position in relation to published NICE guidance during the financial year 2012/1. The following key points were highlighted:

- Between April 2012 and the end of March 2013, NICE released 28 technology appraisals and 19 clinical guidelines. To date, since 2010, 29 quality standards had been released.
- The Trust had a good record of working towards implementation of NICE guidance: throughout 2012/2013, clinical engagement with the process was supported by the NICE Implementation Steering Group.
- All red-rated technology appraisals were tracked and reviewed. Improvement work was, however, required to ensure a timely response from all clinical areas, and that was ongoing.

- Premises Assurance Model (PAMs) - The NHS PAM was a management tool designed to provide a nationally consistent approach to evaluating NHS premises' performance against a set of national indicators. The purpose of the model was:

- to support the process of assurance performance improvements and to promote a better understanding of the vital role NHS premises play in the delivery of improved clinical and social outcomes.
- to facilitate an evidence based self-assessment for use by Trusts as strategic management information.
- to provide evidence to Commissioners and Regulators regarding assurance on the safety and quality of Estate and Facilities.
- to provide the Trust with a tool to enable them to compare performance against other NHS organisations.

The current assessment for the Trust had been compared with the initial 2010/11 PAM assessment which identified the need for improvements in the domains of Effectiveness and Board Governance. It was noted that the position had improved since then by the development of a Trust approved Corporate Strategy which incorporated an Estate Strategy.

- Medical Equipment Management Group - The Group was responsible for the overseeing the appropriate management of medical equipment for the Trust. The Group had a new Chair and the revised Terms of Reference had provided an effective and robust framework for the group to work to. The activities of the Group included:
 - Review of the Planned Replacement Programmes to confirm the estimated level of investment required over future years
 - Putting in place arrangements to highlight relevant NICE guidelines/recommendations in relation to equipment management.
 - The project to replace the Graseby MS16 syringe drivers across STHFT which was nearing completion
 - A revised approach to the management of incidents involving medical devices had been agreed

- Never Events - Methotrexate Review Update - Following the 3 Never Events relating to Methotrexate, the Trust had commissioned an internal review to further understand the issues and lessons that could be learnt. The purpose of the review was to examine the causes of methotrexate 'never events' and identify robust actions to ensure that similar incidents were not repeated.

It was noted that the reviewers considered the additional barriers required at each point in the process of medicines administration and acknowledged that reliance on prescribers, and those administering medicines, alone could not be relied upon to prevent similar incidents in the future.

A range of actions had been developed, with many additional checks and limitations of supply being introduced via Pharmacy. An action plan had also been developed to enable a consistent approach to be taken by GPs and community pharmacists. A letter had been sent to all General Practitioners requesting the use of the lower dose tablets (2.5mg) and Community Pharmacists now only stocked the lower dose tablet.

The Healthcare Governance Committee were reassured that implementation of the new system should stop the recurrence of such incidents.

- Patient Partnership Department Restructure - The key drivers for the restructure of the department were the increasing emphasis on patient experience both locally and nationally, the need for more in-depth analysis and reporting of patient experience data and structural changes such as the centralisation of some complaints staff from Care Groups to the Patient Partnership Department.

A formal consultation process with staff was currently taking place and Executive Directors were confident that the new structure would be effective and successful.

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

The Healthcare Governance Committee had requested that the following two reports be brought to the Board's attention:

(i) Care Quality Commission (CQC) Compliance (Enclosure E)

The Medical Director explained that the report provided an update on news and events regarding CQC compliance during May 2013. The key points to note were:

- The Trust had supplied CQC with a Provider Action Statement following the Mental Health Act monitoring visit carried out on 21st March, 2013, at Northern General Hospital. The Statement listed the improvement action that was already in progress.
- The overall outcome ratings in the Quality and Risk Profile (QRP) published in April 2013 were either green (better than expected) or yellow (similar to expected). The areas rated red related to patient experience, food and hydration, length of stay and local security management all of which were being addressed, particularly the readmission rates.

The Medical Director pointed out that the sources and data period in the first column of the table (pages 5 -13 of the report) were quite old in respect of some indicators (e.g. outpatient survey) because they were updated only when new information (in this case the next outpatient survey, which had not yet been carried out) became available. However, he emphasised that improvement work continued even when further data collection had not taken place.

Board members felt it would be helpful if all the actions that had been completed as well as in progress could be included in the action taken column.

- The CQC had published their new strategy and business plan. One of the key changes was the appointment of a Chief Inspector of Hospitals, a Chief Inspector of Social Care and a Chief Inspector of Primary Care.

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

(ii) Cancer Service Improvement

The Director of Strategy and Planning presented the Cancer Service Improvement Report (Enclosure F) circulated with the agenda papers. She explained that the Cancer Executive produced the report on an annual basis for the Healthcare Governance Committee. The key points to note were:

- cancer targets were achieved in all 4 quarters in 2012/13
- the Trust had undertaken an extensive programme of cancer peer reviews and overall the Trust's performance was excellent and compared favourably with other similar service providers.
- There were no outstanding immediate risks from the cancer peer reviews
- A review of each multi-disciplinary team had been completed over a period of 6 months by the Deputy Lead and Lead Cancer Clinicians.
- The lung cancer multi-disciplinary team had been streamlined releasing significant time for the clinicians involved and in particular for the pathologists.
- Work was ongoing to maintain the improvement in Intensity Modulated Radiotherapy rates.
- Work was ongoing on improving the quality of cancer data.

The Chairman felt that the figures stated on page 2 under compliance rates were not clear and would have benefitted from some form of clarification of what they related to.

The Board of Directors **RECEIVED** and **NOTED** the report

STH/135/13

Financial and Operational Performance

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

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

- Processes relating to the 2012/13 Annual Accounts were largely concluded and an unqualified audit opinion had been issued.
- The 2013/14 contracting processes were now virtually complete, although agreement had yet to be reached with Sheffield City Council on the Sexual Health Contract.
- The Month 1 financial position was very disappointing with a £999.1k (1.4%) deficit against plan. The Finance Director stressed that it had been difficult to provide the Month 1 position as the contract had not yet been fully agreed and therefore the deficit position may be a little overstated.
- The key on-going financial management actions were to drive the Efficiency Programme; to progress the Performance Management Framework work with financially challenged Directorates and secure good general Directorate financial performance; to contain operational and cost pressures; to manage contractual issues and deliver contract targets; to deliver CQUIN schemes; and to maximise contingencies.
- It was clear that the on-going requirement of achieving major efficiency savings whilst delivering key service targets, improving quality and coping with operational pressures would remain extremely challenging for the Trust in 2013/14 and beyond.

The Board of Directors **RECEIVED** and **NOTED** the report

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

The Chief Nurse/Chief Operating Officer presented the Activity and Access Report (Enclosure H) 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 April.
- Although all incomplete 18 week pathways over 26 weeks continued to be validated on a regular basis, the number rose from 456 at the end of March to 574 at the end of April.
- New outpatient activity was 1.5% below target in April.
- Follow up activity was 1.2% below target in April.
- The level of elective inpatient activity was 2.9% above target in April.
- Non elective activity was 7.7% above expected levels in April.
- The waiting list for inpatients fell by 35 and the outpatient queue rose by 215 in April. At the time of the report the targets were still to be agreed with the Clinical Commissioning Group.
- Accident and Emergency performance had been extremely challenging again due to continued high levels of emergency admissions. The Trust therefore had underperformed against the standard with 92.3% of A&E attendances being

seen within 4 hours. Although that was an improvement on the performance in March of 87.9%.

- The Trust has a comprehensive action plan focussing on patient flow around the organisation and which anticipated an increase in activity of between 10% - 15%. Dr. Andrew Gibson, Deputy Medical Director, was also working on patient flow and new ideas were being discussed.

The Chief Executive emphasised that the immediate issue was to ensure that the Trust achieved the A&E target in quarter 1 but acknowledged that it would be extremely tight. He reported that the extended Clinical Decisions Unit was working extremely well and had improved the patient experience significantly.

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

STH/136/13

Our Staff

(a) **Report from the Director of Human Resources: Senior Leaders Development Programme**

The Director of Human Resources presented the update on Leadership Development (Enclosure I) circulated with the agenda papers and highlighted the following points:

- Leadership activity had increased over the last year. Established programmes such as STH senior leaders and Institute of Leadership and Management (ILM) Level 3 Leadership continued to evaluate well and remained extremely popular.
- The first cohort on the Human Resources Development Programme commenced in June 2013 and was already oversubscribed and ILM level 5. A second cohort was due to commence in September 2013. The programme was designed to equip managers with the appropriate skills to deal with HR related issues.
- One cohort of staff had successfully been taken through a coaching programme providing the Trust with an additional 15 trained coaches. A second cohort was planned for 2014.
- The Leadership Team were experiencing an increase in requests to support teams who required additional help.
- The Leadership Team were working closely with the Leadership Academy Local Delivery Partner (LDP) to maximise opportunities for the Trust.
- The effective management series had proven to be successful with the introduction of a wide range of topics (441 staff had gone through the series)
- The MBA in medical leadership continued to evaluate well with delegates (38 members of staff had gone through the programme). Consideration was being given to making the programme available to Multi-Professional staff groups.
- Insights and organisational development had been well received and 34 members of staff had been trained.
- The Leadership Guest Lecture Series had been well attended.
- The Leadership Forum which was held twice a year were well attended. The most recent Forum focussed on the Frances Report.
- Discussions were being held with the Leadership Development Team about the introduction of an STH Management Training Scheme aimed at school leavers (16 - 18 years of age) and graduates.

During discussion the Chairman emphasised that "team working" was key to the Trust's success and felt that the Trust Executive Group should give consideration to how the Insights training could be accelerated and cascaded to Directorate teams.

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

STH/137/13

Chief Executive's matters

The Chief Executive reported the following matters:

- The Trust had submitted a bid to host the NIHR Local Clinical Research Network for Yorkshire and Humber. It was a competitive process and the Trust would be interviewed on 26th July, 2013. Three organisations had submitted bids including STH. The Trust was required to produce a business case by 1st July, 2013. If successful the Trust would become the host with effect from 1st April, 2014. Up to £30 million of research monies was involved.
- The Trust had submitted a bid to host the CLARHC for Yorkshire and Humber and would be interviewed on 3rd July 2013. Up to £20 million of research monies was involved.
- Yorkshire and Humber Academic Health Science Network - There were some outstanding issues concerning the license which were currently being worked through with NHS England and as a consequence a Chair had not yet been appointed.
- Professor Sir Mike Richards had been appointed Chief Inspector of Hospitals. He would report the Chief Executive of the Care Quality Commission.

STH/138/13

Chairman and Non-Executive Directors' matters

There were no items to report.

STH/139/13

For Approval/Ratification

(a) **Common Seal**

Board of Directors' approval is sought to the affixing of the Corporate Common Seal to the following documents:

- new leases for Blocks 38 & 50 at NGH in the name of the Secretary of State for Health

STH/140/13

To Receive and Note

(a) **Monitor Strategic Plan 2013/14 (Public Version)**

The Director of Strategy and Planning referred to the Monitor Strategic Plan 2013/14 (Enclosure K) circulated with the agenda papers. She explained that the Strategic Plan set out how the Board of Directors intended to deliver high quality and cost effective services for patients on a sustainable basis. It also set out the Trust's assessment of the challenges it faced within the organisation and within the local health economy, its strategy to address those challenges and its implementation plans over the three years from 2013 – 2016.

It was noted that the Plan had been submitted to Monitor on 31st May 2013 and a copy had been circulated to Governors.

The Board of Directors **RECEIVED** and **NOTED** the 2013/14 Monitor Strategic Plan.

STH/141/13

To consider any other items of business

Annual Members Meeting

The Trust Secretary reported that the 2013 Annual Members Meeting would be held at 1.30 pm on Tuesday 10th September, 2013, in Lecture Theatre 1, Medical Education Centre, Northern General Hospital.

STH/142/13

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held at 9.15 am on Wednesday 17th July, 2013, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital.