



**Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC at 9.15 am on Wednesday 16th October 2013, in the 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	Mr. M. Temple
Mr. M. Gwilliam	Dr. D. Throssell
Mrs. A. Laban	

**APOLOGIES:**

Ms. S. Harrison	Professor A. P. Weetman
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**IN ATTENDANCE:**

Miss S. Coulson (Minutes)	Mr. A. Riley
Mrs. J. Phelan	Mr. N. Riley
Mr. R. Poll (item STH/192/13(a))	
Dr. C. Bates (item STH/192/13(c) and (d))	

**OBSERVERS:**

3 Governor  
1 member of staff

**STH/189/13**

**Declaration of Interests**

No declarations of interest were made.

**STH/190/13**

**To receive and approve the Minutes of the Meeting held 18th September 2013**

The Minutes of the Meeting held on Wednesday 18th September, 2013, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman.

**STH/191/13**

**Relevant Matter(s) Arising**

(a) **Late Cancer Referrals from District General Hospitals**

(STH/191/13(b)) The Director of Strategy and Operations confirmed that the letter to Monitor regarding late cancer referrals from District General Hospitals had been sent and a response was awaited.

(b) **Microsystem Coaching Academy**

(STH/192/13) The Chief Executive reported that since the last meeting the Trust Executive Group (TEG) had not had an opportunity to look at ways of speeding up the roll out of the programme. However, in the near future TEG would be looking at

the Service Improvement Business Plan for 2014 and would report back to the Board once that had happened.

(c) Health and Safety Annual Report

(STH/193/13(c)(i)) Further to discussions on the Supplies Audit at the September 2013 Board meeting, the Medical Director reported that an action plan had been agreed which contained ten actions eight of which had now been completed. The outstanding issues related to maintenance logs and display screen equipment but they were well on the way to being completed.

The Occupational Safety Manager would be undertaking a re-audit on both campuses in 2014.

(d) Annual Equality and Human Rights

(STH/193/13(c)(iv)) The Assistant Chief Executive reported that TEG had not yet considered the matter of additional resources but would take it forward in the next few months.

## STH/192/13

### Clinical Performance

(a) Clinical Update: The role of the Nurse Consultant from a clinical perspective

The Chief Nurse introduced Mr. Ray Poll, Nurse Consultant in Hepatitis C who gave a presentation (copy attached to these minutes) on his role as a Nurse Consultant in Hepatitis C.

The Chief Nurse explained that STH had 9 Nurse Consultants in different specialists and they were very different to Specialist Nurses. They had to be experts in their field, work at Doctorate level and undertake research work. Each post had to be supported by a clinical case of need and a rigorous recruitment process undertaken.

The Chairman thanked Mr. Poll for a very interesting presentation.

(b) Infection Control Report

The Chief Nurse presented the Infection Control Report (Enclosure B) circulated with the agenda papers and highlighted the following points:

- MRSA bacteraemia performance continued to be on target. The Trust had not recorded any Trust attributable cases of MRSA bacteraemia during September 2013. It had been 179 days (up to 30th September 2013) since a case of MRSA bacteraemia was attributed to the Trust.
- Clostridium Difficile (C.diff) target performance was off trajectory against the C.diff plan. The year to date performance was 49 cases against a contract threshold of 39. The Trust had recorded 10 positive samples in September 2013. It was **AGREED** that future reports would include how performance compared to the same period in 2012/13 as the Board was keen that there should be an improvement year on year.

**Action: Hilary Chapman**

The Chief Nurse reported that deep cleaning at the Northern General Hospital continued to be a challenge but deep cleaning on the Central Campus was going ahead.

During discussion the Chief Nurse explained that C.diff was not particularly seasonal but the number of cases could be affected by the level of Norovirus. She also pointed out that the Trust's current position was comparable to that in 2012/13 in that the Trust experienced high rates of C.Diff in August and September.

She explained that cases of C.diff were tracked by ward each month and it was not found to relate to a particular speciality or group of patients. She reported that on the occasions when the Trust had experienced a cluster of cases it had not been found to be as a result of cross infection between patients.

The Chief Executive stated that the Trust was striving to remain within the 77 threshold set by Monitor and pointed out that the position was significantly better than in 2012/13 (104 cases). He reported that at present there was a lot of controversy about how organisations were recording cases of C.diff. and there was a debate taking place nationally with Public Health England. The Chief Nurse confirmed that STH recorded everything and in the spirit of the guidance.

It was noted that there would be local contractual financial consequences for the Trust if it failed to achieve the target. However it was noted that any fines would be re-invested in improvements in infection control.

The Chief Nurse explained Difficile S was used to clean the wards which were susceptible to cases of C.Diff but pointed out that it was 18 times more expensive than other products used by the Trust.

- MSSA performance for the year to date was 30 cases which meant that performance was off trajectory against the Trust's self set target of having 5 or less cases per month (60 or less cases for the full year).

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

(c) 2012/13 Infection Prevention Control Annual Report

Dr. C. Bates, Director of Infection Prevention and Control, was in attendance for this item.

In response to a question from the Chairman on what more the Trust could do to reduce infection rates, Dr. Bates stated that the key actions were:

- Maintain the Deep Cleaning Programme
- Undertake more surveillance on wards

The Board of Directors **RECEIVED** and **NOTED** the 2012/13 Infection Prevention Control Annual Report (Enclosure C) circulated with the agenda papers.

(d) Antibiotic Resistance

Dr. C. Bates, Director of Infection Prevention and Control, gave a presentation on Antibiotic Resistance as part of her annual attendance at the Board to present the Infection Prevention Control Annual Report. Her presentation (copy attached to these minutes) covered the following areas:

- What is Antibiotic Resistance?
- How does it happen?

- Does it matter?
- What can we do about it?

Some of the actions being taken locally were:

- Reduce antibiotics prescribing locally including working with GPs
- Electronic prescribing useful
- Restricted antibiotic list
- Continue basic IPC strategies
- Screen all or various subsets of patients for certain organisms
- Label notes/electronic records of those known to have certain organisms
- Enhanced isolation for certain organisms
- Good environment – single rooms, bed spacing, air-flows
- Time to do basics right – including cleaning

A discussion took place about GPs and antibiotic prescribing. Dr. Bates reported that the response across GPs was variable, some were very engaged and some GP practices were undertaking audits. She reported that STH was happy to provide support to GPs and she and members of her team had met with some GPs. However there was a time issue involved with providing that support.

The Chairman thanked Dr. Bates for an interesting presentation.

(e) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report (Enclosure D) circulated with the agenda papers and highlighted the following matters:

- Care Quality Commission (CQC) Compliance - The Head of Patient and Healthcare Governance noted the recent mortality alert for nephrology identified within the Quality Risk Profile. That alert had not flagged on the Dr Foster or SHMI mortality profiles therefore further analysis work was required. A case note analysis was being undertaken with the aim to further understand the origin of the alert. No patient safety concerns had been identified during the initial work.
- External Visits, Accreditation and Inspections - The following inspections had taken place in the last few months.
  - In June 2013 the General Pharmaceutical Council inspected Pharmacy at Royal Hallamshire Hospital to check compliance with the national standards for registered pharmacies (re: private prescriptions). The Trust was found to be compliant.
  - In May 2013 the Health and Safety Executive (HSE) inspected the Laboratories at the Northern General Hospital. All actions identified have been completed and a response sent to the HSE.
  - In July 2013 the Clinical Pathology Accreditation (CPA) inspected the Laboratories to assess the impact of the move to the new Laboratory building on CPA accreditation. Some non-conformities were identified but they had all been subsequently resolved and no further action was required.
  - In June 2013 the Human Tissue Authority (HTA) inspected Renal Services at NGH to check compliance with the licensing requirements for kidney

procurement and transplantation. The unit was fully compliant with the assessment criteria.

- In June 2013 the Deanery completed a quality management visit to both campuses. Some recommendations were made. An action plan had been drawn up and most actions were due to be completed by the end of October 2013.
- In June 2013 a Cancer Peer Review visit took place. One immediate risk and two serious concerns were identified and these were reported to the Healthcare Governance Committee in July 2013. The immediate risk and one serious concern were resolved quickly, and the other serious concern would be addressed and the actions completed by October 2013.
- Serious Untoward Incidents (SUIs) - During the period 1st August to 19th September, 2013, the Trust had reported six SUIs, three of which had been defined as Never Events following the retention of a foreign object post-surgery.

One previously reported Never Event (Neurosurgery) had now been de-logged following advice from Sheffield Clinical Commissioning Group.

The following reports were presented:

(i) Annual Organ Donation Plan

The Medical Director referred to the Annual Organ Donation Plan (Enclosure E) circulated with the agenda papers and highlighted the following points:

- The Organ Donation Committee, which had not met for some time, was to be reconvened. Annette Laban, Non Executive Director, had been appointed Chair replacing Shirley Harrison who had recently stood down. Dr. Throssell recorded his thanks to Shirley Harrison for her contribution as Chair over the last few years.

Annette Laban reported that she had already met with Andrew Davidson, Clinical Lead for Donation, and a date for the Committee to meet had been set.

- The Donation Policy had been re-written to incorporate all outcomes measured by the potential donor audit aligned with NICE guidance.
- Dr. James Wigfull had been appointed as Clinical Lead for Donation at the Northern General Hospital.
- Compared to 2011/12 the Trust had seen improvements in:
  - referral and approach rates for potential donors
  - rates of brain stem death testing
  - the number of retrieved organs after circulatory death

Although there was evidence of very significant improvement more work was needed to bring the Trust's performance into line with best practice both locally and nationally.

- Neurological Death Testing was still lower than the Regional and National records.

- Nationally there had historically been a progressive increase in the number of people waiting for organs year on year. However the number of patients waiting for an organ transplant had now plateaued.
- The objectives for 2013/14 focussed on capitalising on the new appointments within the team and promoting organ donation across the organisation.

The Board of Directors **RECEIVED** and **NOTED** the Annual Organ Donation Plan

(ii) Quarterly Trust Mortality Report - September 2013

The Medical Director referred to the Quarterly Trust Mortality Report (Enclosure F) circulated with the agenda papers and highlighted the following points:

- Hospital Standard Mortality Ratio (HSMR) - The most recent rolling HSMR from Dr Foster for 1st July 2012 – 30th June 2013 was **89.7** (86.2 – 93.4) for All Admissions and was “lower than expected” when compared with Hospital Trusts nationally (taking into account trust case mix). The rebased value was not yet available.
- Standardised Hospital-level Hospital Mortality Indicator (SHMI) - The most recent information from the IC, published April 2013, for 1st January – 31st December 2012 reports a SHMI value for STH of **0.90** (0.90 -1.11 *over-dispersion control limits of 95%*). This was in the “lower than expected” range. The next publication was expected October 2013

In terms of SHIMI values and for comparative purposes the tables on pages 5 of the report showed an encouraging Trust position against "Peer-Picker Group" and "Peer-Yorkshire and the Humber" .

It was **AGREED** that it was not necessary to include the definitions of HSMR and SHMI in future reports.

**(Action: David Throssell)**

The Board of Directors **RECEIVED** and **NOTED** the Quarterly Trust Mortality Report as at September 2013.

**STH/193/13**

**Deliver Best Clinical Outcomes**

- (a) “A promise to learn – a commitment to act: improving the safety of patients in England” (Berwick Report)

The Chief Nurse gave a presentation (copy attached to these minutes) on the Berwick Report which covered the problems identified, solutions and recommendations made. The Executive Summary from the Berwick Report was circulated with the agenda papers (Enclosure G) for information.

The key points to note were:

- Patient safety problems existed throughout the NHS as with every other healthcare system in the world.

- NHS staff were not to blame - in the vast majority of cases it was the systems, procedures, conditions, environment and constraints they faced that led to patient safety problems.
- Fear was toxic to both the safety and improvement agendas.
- There was a need for a system-wide change and to abandon the blame culture.
- There were specific actions identified aimed at NHS Leaders as well as Clinicians and other NHS Staff.
- Culture was an issue which ran through the report.
- The key recommendations in moving forwards were:
  - Quality of patient care, especially safety, above all other aims
  - Engaging, empowering and hearing patients and carers throughout the system and at all times
  - Fostering wholeheartedly, the growth and development of staff including their ability and support to improve processes
  - Embracing transparency unequivocally and everywhere...accountability, trust and growth of knowledge

During discussion the following points were made:

- The Chief Nurse reported that the recommendations coming out of the Francis, Keogh and Berwick reports were being mapped to the Trust's Corporate Strategy.
- In response to a question on how much does the Trust co-produce with likely patients, the Medical Director explained that co-production was patchy at present within the Trust. However he stated that patients were extremely keen to be involved in their care and this was demonstrated in the Renal and Diabetes Specialities. He was conscious that the Trust had not capitalised to maximum effect on the translation of generic learning from initiatives such as DAFNE (Dose Adjustment for Normal Eating) into other areas of the Trust.
- The Chief Executive stated that the Trust needed to develop internal and external action plans which focussed on behaviours and culture prior to structural change e.g. employment contracts. The external action plan should focus on provider networks.
- The Medical Director emphasised that these challenges would need to be sensitively handled.

The Chairman thanked the Chief Nurse for a comprehensive presentation.

(b) Friends and Family Test

Further to previous discussions at Board meetings the Chief Nurse presented the scores and response rates from the Friends and Family Test for July to September 2013:-

<b>SCORES</b>	July	August	September
STH Inpatient	76	79	77
National Inpatient Average	71	72	n/a*
STH A&E	71	72	68
National A& E Average	54	56	n/a*
STH Combined	75	75	74
National Combined Average	64	65	n/a*

<b>RESPONSE RATES</b>	July (%)	August (%)	September (%)
STH Inpatient	26.0	23.0	18.8
National Inpatient Average	27.8	28.9	n/a*
STH A&E	5.7	7.2	7.3
National A& E Average	10.4	11.3	n/a*
STH Combined	14.5	14.0	12.4
National Combined Average	16.1	17.1	n/a*

\*National data for September was not available until the end of October 2013.

She explained that although the Trust's scores were consistently above the national average the Trust's response rates across the three areas were disappointing. She stated that a significant amount of work was going on within the Trust to improve that position using various methods.

It was **AGREED** that this information should be presented to the Board on a monthly basis in order to monitor progress.

**(Action: Hilary Chapman)**

## **STH/194/13**

### **Financial and Operational Performance**

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

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

- The 2013/14 Integrated Sexual Health Services contract with Sheffield City Council (SCC) was still not concluded. Following a meeting in July 2013, the Trust presented its proposals to the SCC in August 2013. A further meeting was held in early September, 2013 and the Trust was still waiting to hear from the SCC regarding their decision.

The Director of Finance felt that the difficulty in reaching an agreement was around the length of the contract. The Trust had proposed a 3-year contract given the significant savings being demanded by the SCC as opposed to the 2-year contract proposed by the SCC.

The Board of Directors felt that the time being taken by SCC to reach an agreement was unacceptable and was not fair to the staff in that service who were having to manage the uncertainty whilst having to integrate services and work differently.

It was **AGREED** that the Chief Executive and Chairman would formally raise the Trust's concerns with SCC colleagues at the Right First Time meeting on Friday 18<sup>th</sup> October, 2013.

**(Sir Andrew Cash/Tony Pedder)**

- The Month 5 financial position was a 1.5% deficit against plan reflecting lower than expected activity in August 2013. Although that position was before any central contingencies which would be reflected from Month 6.
- The in-year position at Month 6 was £6.1m which indicated that the deterioration was slowing compared to the position at Month 5. Contingencies from Month 6 totalling £11m would be deployed in order to maintain financial balance.
- 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. Finalising the Health and Social Care System “Winter Plan” was a current priority.
- The local and national planning processes for 2014/15 were underway and information to-date was reinforcing the belief that it would be a very challenging year.
- Monitor and NHS England had published their Consultation Notice on the 2014/15 National Tariff Payment System. The main headlines were:
  - A National Efficiency Target of 4%.
  - Tariffs largely rolled-forward from 2013/14 (before the tariff deflator).
  - Retention of the MRET and Emergency Readmission within 30 Days penalties with some potential changes to processes.
  - The outcome of the review of incentives, rewards and sanctions (which may impact on CQUIN and contract penalties) would be concluded in December 2013.

Internal planning had commenced and the position was extremely worrying as the efficiency requirement was in the region of £26m.

The above matters would be discussed in detail at the Finance, Performance and Workforce Committee meeting in November 2013.

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

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

The Chief Nurse presented the Activity and Access Report (Enclosure I) 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 August 2013.
- New outpatient activity was on target in August 2013 and 1.1% above for the year to date.
- Follow up activity was -4.3% below target in August 2013 but 0.3% above for the year to date.
- The level of elective inpatient activity was 1.2% above target in August 2013 and 3.3% above for the year to date.
- Non elective activity was -0.2% below expected levels in August 2013 and 4.1% for the year to date.
- The waiting list for inpatients fell by 13 and the outpatient queue increased by 625 in August 2013.

- Accident and Emergency had maintained the improvement seen in recent months and the Trust achieved the 95.2% of all attendances. The year to date performance for all attendances as at month 5 was 95.7%
- All cancer targets had been met.

Following discussion and concerns expressed regarding the number of patients on the outpatient waiting list, it was **AGREED** that TEG would investigate that position in detail and report back.

**(Action: Hilary Chapman)**

## **STH/195/13**

### **Spend public money wisely**

#### (a) **5-year Capital Plan and Capital Programme: Quarterly Update**

The Director of Finance referred to his quarterly update on the 5-year Capital Plan and Capital Programme (Enclosure J) circulated with the agenda papers. He highlighted the following points:

- There had not been much change since the last update. The Capital Programme remained manageable for 2013/14, but then moved into an increasing over committed position for the following four years. That over-committed position was likely to be exacerbated as new schemes and priorities emerged over the five-year period.
- A small improvement had been seen in October 2013 largely around savings on schemes of approximately £1m. However that position was before further schemes were submitted for approval in the next few years which was inevitable.
- Significant funding solutions for future years of the programme remained to be found.
- Capital planning/prioritisation and scheme “value engineering” continue to be crucial in securing maximum value for money from limited resources.
- Action may need to be taken to ensure an acceptable position was achieved for 2013/14 with no loss of PDC funding.
- The following schemes had been completed since the last update:
  - Diabetes/Endocrinology Outpatient Department
  - Immunology Car Park
  - Surgical Robot (several cases had been carried out using the surgical robot)
- Many immediate priorities for investment focussed around IT schemes such as Clinical Portal, Electronic Patient Record (including E-Prescribing), Document Management System, PACS Renewal, and exploiting the Wi-Fi network.

During discussion, Board members felt that it would be helpful if future updates on the Capital Plan and Programme could identify “Invest to Save” capital schemes. It was **AGREED** that TEG would consider that request.

**(Action: Neil Priestley)**

The Board of Directors:

- **APPROVED** the latest 2013/14 Capital Programme and noted the reducing but still significant over-commitment on the 2014/15 to 2017/18 position, which would need to be addressed.
- **NOTED** the list of “possible” schemes detailed in Appendix C which, along with other likely schemes which may emerge over the forthcoming planning round and five-year period, would require further consideration and careful prioritisation.

- **NOTED** the risks as set out in Appendix B and the need to continue to generate additional resources for future years and/or identify any affordable opportunities to secure additional capital funding.
- Gave its **CONTINUED** support to the capital planning/prioritisation and “value engineering” work that were essential in securing maximum value for money from the existing level of capital and revenue funding.

## **STH/196/13**

### **Our Staff**

(a) **Report from the Director of Human Resources: Staff Influenza Vaccination Programme 2013/14**

The Director of Human Resources presented the update on the Staff Influenza Vaccination Programme 2013/14 (Enclosure K) circulated with the agenda papers. The key points to note were:

- The 2013/14 Trust target for the uptake of influenza vaccination in staff had been set at 75% (7070) of front line health care workers, as defined by DH.. The uptake in that group of staff in 2012 was 57%.
- To achieve that target the Trust would require:
  - full engagement and commitment across the organisation including a communications campaign
  - High level planning to maximise efficiency
  - to maximise the use of the 140 trained ward-based vaccinator resources
  - a short focussed delivery period to minimise disruption due to ward based vaccinators being out of role, and to allow them to return to normal working before winter.
- Internal Audit had carried out a review of best practice from other Trusts. The findings of which were set out in Appendix 1 of the update.
- Flu reporting would be an agenda item for meetings of the Board of Directors, Trust Executive Group, Clinical Management Board and Operational Board.
- A significant internal media campaign had been launched to promote the vaccination programme and the Chief Nurse, Deputy Chief Nurse, Nurse Directors, Medical Director, Deputy Medical Directors and Clinical Directors would be filmed receiving vaccination which would then be publicised across the Trust.

The Board of Directors **NOTED** the update on the Influenza Programme and the actions already taken and planned.

## **STH/197/13**

### **Chief Executive's matters**

The Chief Executive reported the following matters:

- Care Quality Commission (CQC) Visit – Following the 2-week visit by the CQC in September, the Trust had received notification that it was compliant against all the areas inspected. A couple of areas had been identified as areas for improvement i.e. staff appraisals and patient record keeping.

The Board of Directors extended their thanks and appreciation to all staff involved in the visit.

- Right First Time – A 7-day Working proposal was to be submitted.
- Winter Plan – The Trust would be increasing off-site and on-site provision and focussing on reducing the length of stay particularly in the Acute Medicine Directorate.
- Thank You Awards – the Thank You Awards was being held on Thursday 18<sup>th</sup> October, 2013.
- Staff Matters:
  - Peter Blair, General Manager, Laboratory Medicine had recently retired after completing 44 years of service in the NHS. In order for the Board of Directors to mark that achievement he was to be invited to attend the November Board meeting over lunch in order that a presentation could be made to him. **(Action: Neil Riley)**
  - Heather Austin had been awarded Speech Therapy Assistant of the Year.
  - Alison Walsh, Consultant Clinical Scientist, had been appointed President of British Academy of Audiology
  - David Sanders, Consultant in Gastroenterology, had won a national award in Gastroenterology
  - Mr. Mark McAlindon, Consultant Gastroenterologist, and Professor Goura Kudesia, Microbiology, had both received Medipex NHS Innovation Awards.

### **STH/198/13**

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

Annette Laban reported that together with Martin Temple, they had met informally with Governors and it had been a very helpful meeting.

### **STH/199/13**

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

(a) **Common Seal**

The Chief Nurse reported that this item had been withdrawn due to some issues on the part of the League of Friends' Solicitor.

(b) **Board of Directors' Nomination and Remuneration Committee Terms of Reference**

The Assistant Chief Executive explained that as part of the review on the Trust's Constitution the Terms of Reference for the Board of Directors' Nomination and Remuneration Committee had been reviewed and updated (Enclosure M).

The Board of Directors **APPROVED** the revised Terms of Reference for the Board of Directors' Nomination and Remuneration Committee.

**STH/200/13**

**To Receive and Note**

(a) Declaration of Interest Register

The Board of Directors **RECEIVED** and **NOTED** the interests declared by Tony Pedder, Chairman, and Annette Laban, Non Executive Director as detailed in Enclosure N circulated with the agenda papers. The Trust's Declaration of Interests Register had been updated accordingly.

**STH/201/13**

**Date and Time of Next Meeting**

The next Meeting of the Board of Directors would be held at 9.15 am on Wednesday 20<sup>th</sup> November, 2013, in the Board Room, Northern General Hospital.