



Minutes of the BOARD OF DIRECTORS held on Wednesday 21st January 2016, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital

PRESENT:

Mr. T. Pedder (Chair)

Mr. T. Buckham	Ms. K. Major
Sir Andrew Cash	Mr. J. O'Kane
Professor H. A. Chapman	Mr. M. Temple
Mr. M. Gwilliam (until 10.45 am)	Mr. N. Priestley
Mrs. C. Imison	Dr. D. Throssell
Mrs. A. Laban	Professor A. P. Weetman

IN ATTENDANCE:

Miss S. Coulson (Minutes)	Mrs. J. Phelan
Mr. N. Riley	
Dr. J. Newell Price	
Dr. A. Munir	

APOLOGY:

Ms. D. Moore

OBSERVERS:

1 Governor
1 member of staff

The Chairman welcomed everyone to the meeting.

STH/01/16

Declarations of Interests

There were no declarations of interest made.

STH/02/16

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 16th December 2015 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record subject to the following amendment:

STH/267/15 (Page 7 - Penultimate Bullet point) Spending Public Money Wisely - The last sentence be amended to read " The contract value with Sheffield City Council was now agreed and the Council had agreed not to pursue more savings from the Sexual Health Service in 2015/16 given cuts to Public Health funding but would be looking for significant savings in 2016/17".

STH/03/16

Matters Arising

(a) Tendering (Community Services)

The Assistant Chief Executive reported that the letter from the Chairman to the Minister on tendering was being prepared.

STH/04/16

Providing Patient Centred Services

(a) Clinical Update: Neuroendocrine Tumours

The Medical Director introduced Professor John Newell-Price and Dr Alia Munir, Consultant Endocrinologists, who gave a detailed presentation on neuroendocrine tumours (copy attached to the minutes). The presentation covered:

- What are neuroendocrine tumours/cancers?
- What is special about imaging and management?
- What is special about Sheffield?

The key points to note were:

- Professor Newell-Price and Dr. Munir were delighted to announce that within the last month Sheffield Teaching Hospitals had been given centre of excellence status for Neuroendocrine Tumours. Sheffield was now a European Neuroendocrine Tumour Centre of Excellence of which there were only 30 in total in Europe.
- Neuroendocrine tumours can occur anywhere in the body and affect a wide range of people normally between the ages of 55 and 75.
- There was a team of staff who worked alongside the Endocrinologists in diagnosing and treating patients with neuroendocrine tumours such as MDT Co-ordinators and Administration, NET Nurse Specialists and Data Manager. The centre also worked closely with multiple specialties and partners such as:
 - Gastroenterology
 - Cardiology
 - Cardiac Surgery
 - Oncology
 - Endocrine Surgery
 - Thoracic Surgery
 - Pathology
 - Laboratories
 - Transplant Surgery
 - Radiology
 - Genetics
 - Palliative Care
 - Visceral Surgery
- The Centre received referrals from all across Yorkshire and further afield and offered a seamless service.
- The Centre's Mission was:
 - To provide the highest quality clinical care
 - To provide the right care at the right time, in the right place, by the right team and every time
 - To offer its patients individualised care based on the best scientific evidence available
 - To provide a Patient-centered, holistic approach

The following points were raised during discussion:

- There was a debate about whether there would be any advantage of Gallium Imaging being available within the Trust. Professor Newell-Price reported that there were only two organisations in the UK (Christie NHS Foundation Trust and A London NHS Trust) which offered Gallium Imaging. He stated that one of the advantages of Gallium Imaging was that images were available within 230 minutes and therefore would mean the Centre could better plan the management of patients. He also felt that in four year's time the NHS would largely be relying on Gallium Scans to pick up neuroendocrine tumours.
- It was noted that commissioning arrangements for the service were unsatisfactory. The service was commissioned by NHS England but at a financial loss to the Trust and it was anticipated that the Trust may receive an increased number of referrals now that the service had been given Centre of Excellence status.
- The service was an example of personalised precision medicine across organisational boundaries which required a team approach and it was anticipated that that type of team working would become more common in the future.

(b) Mental Health Services

The Director of Strategy and Operations apologised for the late circulation of the slide deck but due to the challenges of data systems and changing systems she wanted to ensure that there was comparable data pre and post Lorenzo on mental health waits in A&E.

She explained that the background to the matter was that patients with a mental health diagnosis were waiting longer in A&E. She reported that the Director of Operations had done a significant amount of work looking into how the Trust could improve the service.

From April to August 2015 there were approximately 60,000 attendances across the Emergency Department at the Northern General Hospital and the Minor Injuries Unit at the Royal Hallamshire Hospital and of those 926 patients had a mental health diagnosis recorded. Approximately two thirds of patients with a mental health diagnosis required crisis intervention in the Emergency Department from the Mental Health Liaison Team and from May to August 2015 there were approximately 130 such referrals which was almost double the number for the same period in 2014.

The Trust have been working closely with Sheffield Health and Social Care Trust colleagues to improve waiting times and as a result there has been a fixed term non recurrent investment from the Prime Minister's Challenge Fund in the Mental Health Liaison Team which has increased capacity across the 24/7 period. The Director of Strategy and Operations was confident that as a result of that investment and the improved service the Trust was seeing fewer patients waiting in the Emergency Department.

The Chief Executive reported that there was a meeting on 29th January 2016 of all the interested parties (Sheffield Health and Social Care, Clinical Commissioning Group, South Yorkshire Police) to discuss the mental health pathway for Sheffield residents.

The Board noted that the non recurrent investment was not a sustainable solution to the problems and the Director of Strategy and Operations would keep the Board updated at future meetings.

Action: Kirsten Major

STH/05/16

Chief Executive's Matters

The Chief Executive presented his report (Enclosure C) circulated with the agenda papers and highlighted the following items:

- Appointments - Karen Jessop has been appointed to the post of Nurse Director for OSCCA (Operating Services, Critical Care and Anaesthesia) with effect from 16th February 2016. Karen was currently the Divisional Nurse Manager, Cardiovascular and Critical Care Division at the Hull and East Yorkshire Hospitals NHS Trust. In the interim period Catherine Bailey, Nurse Director of MSK, would oversee the Nurse Director role in OSCCA.

Dr Sue Matthews has been appointed Clinical Director of Medical Imaging and Medical Physics (MIMP) and took up the role on 1st January 2016.

- Panorama – the programme on the treatment of patients with multiple sclerosis was screened on Monday 18th January 2016. It was well received and as a result the Trust had received some very good publicity.
- Integrated Performance Report – The Chief Executive invited each Executive Director to provide updates on their areas of responsibility.
- Clinical Outcomes

The Medical Director highlighted the following points:

- One new SUI had been reported during the period 11th November to 15th December 2015 which related to a cluster of *C difficile* cases. There had been four cases of *C. Difficile* of the same 'ribotype' (020) on the same ward which was indicative of a transmission event and a full investigation was taking place.

The four out of date SUIs reported to the Board in December 2015 had now all been submitted.

- Following external visits and/or inspections seven action plans had been received by the Chief Executive's office relating to the Downs Syndrome Screening Programme, Haemoglobinopathy, Cancer Peer Review, Environmental Agency, Royal College of Anaesthetists and the Health & Safety Executive. These action plans would be monitored by the Patient and Healthcare Governance Department.
- The number of incidents not approved within the 35 day target remained above the required standard and stood at approximately 1000.

The Chief Nurse highlighted the following points

- There had been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of November 2015. The year to date total remained nil.
- There were 8 Trust 'attributable' cases of MSSA bacteraemia recorded in November 2015 which was worse than the monthly trajectory that the Trust had

set itself. The year to date performance was 41 cases of MSSA against an internal threshold of 28 cases.

- The Trust recorded 7 cases of *C.diff* for November 2015 which was better than the monthly target of 7.25 cases. The year to date performance was 42 cases of *C.diff* against an internal threshold of 52 cases and a Monitor (NHS Improvement) threshold of 58.
 - Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 94.1% and for other care staff against the planned levels was 101.1%. At night those fill rates were 92.3% for registered nurses and 107% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for that continued to be vacant posts, sickness and parenting leave above the planned level. The fill rates for registered nurses during November 2015 had been better than in previous months and was likely due to the majority of newly qualified nurses appointed in the summer starting on the wards.
- Provide Patient Centre Services

The Chief Nurse highlighted the following points:

- The FFT response rate for inpatients was 30% which was the same as the internal target of 30%. The FFT response rate for A&E was 19% which was below the internal target of 20%. It was agreed that it would be helpful if future reports contained the actual scores.

Action: Hilary Chapman/Kirsten Major

- 87% of complaints were responded to within 25 working days.
- Flu vaccination uptake by pregnant women – For the period 1st September 2015 to 30th November 2015, South Yorkshire and Bassetlaw were the highest National Area Team with an average of 45.5% of women taking up flu vaccination against a national average of 38.3%. Sheffield was also the highest Clinical Commissioning Group in the region with an uptake of 48%. As of today 1200 pregnant women had been vaccinated at the Jessop Wing.

The Director of Strategy and Operations highlighted the following points:

- New outpatient activity was 7.2% below target in November 2015 and was 2.3% below target for the year to date.
- Follow up activity was 8.4 % below target in November 2015 and was 5.1 % below for the year to date.
- The level of elective inpatient activity was 1.9% below target in November and was 2.2% below for the year to date.
- Non elective activity was 2.9% below target in November 2015 and was on target for the year to date.
- Accident and Emergency activity was 0.4% below target in November 2015 and was 0.1% above for the year to date.
- The data on patients whose discharge from hospital was delayed for non-clinical reasons was currently unavailable. It was anticipated that this report would be generated from Lorenzo in the near future.

- The number of referrals was 10.4% above the contract target.
- The number of patients on incomplete pathways rose from 47,078 at the end of October to 49,198 at the end of November 2015. 94.2% of those had a waiting time of less than 18 weeks.
- The Trust did not meet the 18 week admitted pathways target with 86.35% being treated within 18 weeks. The target for non-admitted was met.
- The Trust was meeting all the cancer targets although the 62 day referral to treatment cancer target continued to be extremely challenging. The current performance against the 62 day referral to treatment (GP referral) cancer wait target was 79% (threshold 85%). The Trust performance for non-shared pathways in Q3 to date was 84.0%.
- The percentage of appointments through the e-Referrals service was now at 28.3% against the target of 50%. That was an increase from the 25.2% in September 2015. Although the new e-Referral system was implemented in June 2015, reports were still not available to provide comparative data.
- The Trust did not meet the target for waiting times for diagnostic tests for the second month running and therefore that was the topic for the Deep Dive in this month's report.

The target for waiting times for diagnostic tests was that "99% of patients would have their diagnostic test within 6 weeks of referral". It was noted that England as a whole did not achieve the target in either 2014 or 2015. The biggest issue was how dependent diagnostic services were on highly training individuals and the difficulties in attracting and retaining staff. Urodynamics was a clear example of when the right staff skill mix was achieved improvements in performance followed and it was anticipated that Urodynamics would soon meet the target.

- The Trust was still not in a position to report data nationally on the A&E 4 hour wait target as a consequence of the changeover to Lorenzo. However a significant improvement had been seen in the last 2/3 weeks and the Trust was getting much closer to where it needed to be in order to recommence reporting.
- Employ Caring and Cared for Staff

The Director of Human Resources highlighted the following points:

- Sickness absence in November 2015 was 4.95% against a target of 4%. The year to date figure as at end of November 2015 was 4.45% compared with 4.20% for the same period the preceding year. The year to date figures could be split into long term - 2.8% and short term - 1.65%. There were 3051 episodes of sickness absence during November 2015 of which 555 were for more than 28 days and 70 for 6 months and longer. All directorates above the Trust target of 4% had developed their own action plans which were continuously reviewed. The HR Business Partners were working with directorates to ensure that anyone who had been off sick for more than 3 months had an individual action plan that was closely monitored.

An update on the Action Plan was due to be presented to the Finance, Performance and Workforce Committee in February, 2016 following which an update would be given to the next meeting of the Board of Directors on 20th February 2016.

- The Trust had successfully bid to be part of the national Healthy NHS Workforce Programme to introduce a health assessment programme for staff over the age of 40. A health assessment would include areas such as weight management, blood pressure etc. and general health. Funding had been allocated for 12 months initially.
- A review of the Trust's Managing Attendance Policy would commence shortly.
- There continued to be steady progress in compliance levels for mandatory training with the figure of 86.5%.
- 89.7% of appraisals had been carried out in the preceding 12 month period, which was marginally below the target of 90%.
- The strike by junior doctors to be held on 26th/27th January 2016 had been cancelled. However the strike scheduled for 10th February 2016 (full strike with no emergency cover) would take place unless substantial progress was made in mean time. It was noted that 10th February also fell in the school half-term week and was a period when a significant number of staff took holidays.

The BMA were continuing to work actively with NHS Employers.

At the request of the Chairman the Medical Director gave a brief update on 7-day working and the Government's expectations. It was agreed that the Medical Director would prepare a paper for the Board on STH's performance against those expectations.

Action: David Throssell

- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 8 position shows a £6,588.9k (1.1%) deficit against plan. This represented a deterioration of £1,143.3k on the month 7 position, although the percentage deficit was virtually unchanged.
- There was a major year to-date activity under-performance of £10.5m, which was a deterioration of £1.3m in November 2015 after the £1.5m deterioration in October 2015 and £2.5m deterioration in September 2015.
- The under-performance remained largely in respect of elective activity, out-patients, critical care and a larger than expected deduction for emergency readmissions within 30 days. It seemed likely that some income was missing from that position due to data issues following the implementation of the new Lorenzo PAS towards the end of September 2015 but it was now clear that the bigger issue was the operational impact of the new system on booking and scheduling processes.
- There was a pay overspend of £2.4m (0.6%) in the first 8 months of the year, largely due to medical staffing pressures (£4.8m overspend). The focus on reducing bank and agency staffing costs continued.
- There was a £3.9m under delivery against efficiency plans at Month 8. Overall, Clinical Directorates reported positions £13m worse than their plans.

- The Director of Finance reported that he expected the Trust to get close to its Financial Plan due to the unexpected gains on capital charges and T3 project costs which were being quantified for month 9 reporting. Although he emphasised that was in addition to turning around the activity position which was critical. Weekly meetings were in place to performance manage improved activity levels..

The Director of Strategy and Operations assured the Board that the organisation including the Operation Directors were very clear that activity was the key to the Trust's financial challenges and was their top priority.

- The key risks for the year remained delivery of activity/efficiency/financial plans, particularly with the consequences of the Lorenzo implementation and winter, contract challenges, performance penalties, delivery of the Local Quality Incentive Schemes and service/cost pressures.
- There were no issues of concern at this stage in respect of the working capital position, balance sheet or capital programme. There has been some progress with the level of overdue debts owed by local Foundation Trusts where there were financial difficulties. Discussions with the Trusts and Monitor continued.
- The position at the end of Month 8 remained of concern. Action was being pursued to improve the delivery of activity, efficiency and financial plans and to mitigate risks and maximise contingencies. Quickly resolving the issues following the Lorenzo implementation and getting activity back to normal levels was critical.

During discussion, it was agreed that it would be helpful for Board members to have a better understanding of the Trust's length of stay profile. The Director of Strategy and Operations therefore agreed to make length of stay the topic for the Deep Dive in the next Integrated Performance Report.

Action: Kirsten Major

- Research, Education and Innovation

The Medical Director reported that all the metrics for research had improved.

STH/06/16

CQC Inspection

The Medical Director reminded the Board that the CQC Inspection had taken place during 7th-11th December 2015 as reported at the December Board meeting. Since then the CQC had made an unannounced visit to the Trust on 23rd December 2015. That inspection focussed on a small number of areas including, Weston Park Hospital, Brearley 2 and 4 Wards, Robert Hadfield 2 Ward and the Accident and Emergency Department.

An action plan had been developed from the feedback received following both the main inspection and the unannounced visit. However it was noted that there were no "immediate concerns" raised.

The Medical Director reported that the Trust was still receiving requests for information from the CQC. To date it had received 353 requests, 277 of which had been dealt with and 76 were outstanding.

The CQC should provide the Trust with the draft report within 50 days of the date of the unannounced inspection. However, given the information gathered from other organisations and also for an organisation the size of STH it was felt that that deadline

would not be met and it would be well into March or April 2016 before the report was received.

Board members suggested that the Trust should ask the CQC to confirm the date when the report would be made available given that Executive Directors need to plan time in their diaries to undertake checking of the report for factual accuracy. That exercise would inevitably take a considerable amount of time and therefore needed to be factored into Executive Directors' diary commitments in advance.

Action: David Throssell

The Director of Human Resources left the meeting.

STH/07/16

Spend public money wisely

(a) 2015/16 to 2019/20 Capital Programme: Update

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

- There had been a disappointing level of slippage on the 2015/16 Capital Programme, although current forecasts still showed a £39m investment.
- The current position for 2016/17 looked financially challenging but reasonable options existed to address that. The significant over-commitment over the 5 Year Plan period was a concern and may be exacerbated if new schemes and priorities exceed the planning assumptions. A list of possible schemes not yet included in the Capital Plan were set out in Appendix A of the update.
- Funding solutions for future years needed to be found if levels of capital investment were not to be constrained.
- Work had commenced on the 2016/17 Capital Programme and that will be submitted to the Board in March 2016
- Capital planning/prioritisation and scheme "value engineering" continued to be crucial in securing maximum value for money from limited resources.
- The following significant schemes had received approval in the last quarter:
 - Cataract Unit (Full Business Case) - £7.1 million
 - Updated STH Telephony Platform - £1.2 million
- The following schemes had been completed:
 - Huntsman Entrance
 - Huntsman Retail Facilities
 - Weston Park Assessment Unit
- The biggest issues which were causing concern were:
 - Theatres at the Royal Hallamshire Hospital - Plans were progressing to find a solution to create more theatre capacity at the Royal Hallamshire Hospital in order to enable refurbishment of the A Floor Theatres to take place.
 - Expansion of the Bev Stokes Day Case Unit - proposals had been developed and would be considered in the next few months.

- IT Infrastructure - A very useful meeting had been held earlier in the week and the plans to address the IT infrastructure were now taking shape and there was now a better understanding of what needed to be done and in what priority order.
- The Director of Finance emphasised that in 2016/17 it was fairly clear that there would be a much tighter grip nationally on capital planning spend.

During discussion, it was suggested that it would be helpful for Board members to have a deeper insight into how the future IT agenda linked to the innovation agenda.

Action: David Throssell

The Board of Directors:

- **APPROVED** the latest 2015/16 Capital Programme and noted the significant over-commitment on the 5 Year Plan position which would need to be addressed.
- **NOTED** the list of “possible” schemes on the 5 Year Plan at Appendix A which, along with other schemes which may emerge over the five year period, would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the report and the need to generate additional resources for future years if levels of capital investment were not to be significantly reduced.
- **NOTED** the importance of capital planning/prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding.

(b) 2016/17 Annual Planning Process/Guidance

The Director of Finance and Director of Strategy and Operations gave a presentation (copy attached to the Minutes) on the 2016/17 planning.

Discussion centred on the Sustainability and Transformation Fund Funding announced in the recent spending review of which the Trust would receive £19.3m depending on whether the Board of Directors accepted the offer which came with the following attached conditions:

- Deliver a £15.7m surplus.
- Delivery of plan milestones for Carter implementation and capital and revenue control totals
- Deliver all access targets including the 4-hour A&E target
- To develop an integrated 5-year plan in line with the national Sustainability and Transformation Fund timetable.
- Demonstrate progress towards a credible plan for 7-day services for patients by 2020.
- Release of funding would be subject to a quarterly review process.

The Board of Directors were required to confirm acceptance of the offer and attached conditions by 8th February, 2016

The Board were concerned at the timescale within which it was required to respond and felt that it was insufficient to give it the time it deserved for detailed consideration of the offer. It was **AGREED** that the Finance, Performance and Workforce Committee meeting on 8th February 2016 should be devoted to detailed

consideration of this matter and members of the Board who did not sit on that Committee were invited to attend if possible.

In terms of the discussion on 8th February 2016, the Director of Finance reported that

- much of the technical work had been done.
- contract negotiations would not be completed for a number of months.
- more work was needed on the investments the Trust would like to undertake.
- the second cut Directorate Efficiency Plans were due in on 27th January 2016 following which a quick analysis of those plans would be undertaken to get an idea of the position.
- activity levels needed to get back on track.

The Board **AGREED** that the Director of Finance should check out the position within the Shelford organisations and report back to the Finance, Performance and Workforce Committee on 8th February, 2016.

Action: Neil Priestley

STH/08/16

Governance

(a) Well Led Governance Review: Action Plan

The Assistant Chief Executive referred to his paper (Enclosure G) circulated with the agenda paper setting out the Action Plan from the Well Led Governance Review.

He explained the background to the Board commissioning Capsticks to undertake the review and highlighted the following points:

- Overall the review was positive about the Trust's arrangements across the two elements of the well-led domains covered by the review. The remaining two domains (Strategy and Planning/Capability and Culture) would be reviewed in 2016 once the update of the Board's strategy has been completed. The key points to note were:
 - Recommendation 11 had been rejected – “strengthen the Board oversight of Directorate performance by introducing a rolling programme where each Directorate Senior Leadership Team, presents to the Board on its main challenges, risks and successes” – It was felt that that action was too onerous for the Board as a whole and would be better done by exception at the Finance, Performance and Workforce Committee. The Trust Executive agreed with that view
 - The three significant areas for discussion were:
 - Developing the Board's capability and capacity to think and act strategically. Whilst the specific action concerned a focussed piece of work in that domain of the well-led review (strategy and planning/capability and culture), the Board were invited to identify any further actions.
 - Recommendation 13 – “consider the use of patient stories and staff stories at public Board meetings to enhance the Board's current strong focus on quality” -the current arrangements is that that focus was delivered appropriately via an integrated approach across the Board's work. In particular, the clinical update agenda item is often used to present both a

patient and staff perspective although that was not the only place on the Board agenda when this is done... "

- Recommendation 7 – “update and review the terms of reference of the Audit Committee to ensure that there are explicit links and close working with the Healthcare Governance Committee and that it references the need to oversee staff raising concerns and whistleblowing” – the Board is requested to agree where responsibility for overseeing “raising concerns at work” should sit within the Board’s Committee structure.

The Board discussed the above areas and the following points were raised:

- There was a difference of an opinion regarding whether the patient’s voice was heard in the Boardroom. One member felt that the clinical update did not bring the real voice of patients to the table and also did not feel that the Integrated Performance Report captured the patient’s voice. The view was that patient and staff stories could be incredibly powerful but some Board members felt that going out into the organisation would be more effective given the size of the organisation.

It was **AGREED** that the Assistant Chief Executive would take the matter away and review the position.

Action: Neil Riley

- In terms of the links between the Audit Committee and Healthcare Governance Committee and where responsibility lay for overseeing “raising concerns at work”. It was **AGREED** that the responsibility for overseeing “raising concerns at work” matters should remain with the Healthcare Governance Committee. It was noted that the Chairs of the Audit Committee, Healthcare Governance Committee and Finance, Performance and Workforce Committee now met on a regular basis. It was **AGREED** that it would be helpful if Board members could be provided with a diagram showing how raising concerns at work were dealt with through the Board Committee structure.

Action: Neil Riley/Mark Gwilliam

The Board of Directors:

- **APPROVED** the rejection of recommendation 11.
- **AGREED** the Action Plan (set out Appendix 1) and its implementation
- **NOTED** that a further RAG rated update would be presented to the Board in April 2016.

(b) Code of Conduct for the Board of Directors

The Assistant Chief Executive referred to the Code of Conduct for the Board of Directors (Enclosure H) which had been circulated with the agenda papers. He explained that it was good governance to have a Code and the key points were:

- High standards of corporate and personal conduct were an essential component of public service.
- The purpose of the Code of Conduct was to provide clear guidance on the standards of conduct and behaviour expected of all members of the Board of Directors.
- This Code, together with the Code of Conduct for Governors, the Code of Business Conduct and the NHS Constitution, formed part of the governance framework designed to promote the highest possible standards of conduct and behaviour within the Trust.

- The Code was intended to operate in conjunction with the Trust's Constitution, its Standing Orders and Monitor's Code of Governance.
- The Code applied at all times when directors were carrying out the business of the Trust or representing the Trust.

The Board of Directors **APPROVED** the Code of Conduct for the Board of Directors.

STH/09/16

NHS Preparedness for a Major Incident

The Director of Strategy and Operations explained that in the light of the recent tragic events in Paris, NHS England had requested all Trusts to provide a statement of readiness for a number of additional Emergency Preparedness, Resilience and Response (EPRR) standards and to discuss the matter at their public Board meetings:

The key points to note were:

- The Trust had reviewed its plans and could demonstrate readiness in all areas requested. However as with all EPRR activity the plans could be further developed to increase the organisations resilience.
- A Strategic Task and Finish Group had been established to address the planning response required in the event of a marauding terrorist attack.
- The Trust used a resilient automated telephone cascade system, "Confirmer" which was tested every six months.
- Arrangements were in place to allow staff access to STH premises in the event of a Major Incident.
- The STH Critical Care Escalation Plan outlined arrangements to increase critical care capacity and capability.
- Although the Trust did not have the local expertise for dealing with ballistic injuries, there was a national hotline from which it could gain specialist advice in relation to the management of a significant number of patients with such injuries. Additional formal blast and ballistic trauma training would be made available to all staff involved in Major Trauma and to additionally expand the education given during our MERIT provider courses.

The Board **NOTED** the report and was assured that a process was in place to develop a plan for a mass casualty incident by the end of May 2016.

STH/10/16

Deliver excellent research, education and innovation

(a) University Issues

Professor Weetman presented the update on activities from both Sheffield University and Sheffield Hallam University and highlighted the following items:

- Connected Health Cities
 - MRC Doctoral Training Programme
 - Nursing Bursary Reforms
 - Single overarching Research Council
 - Biomedical Research Centres
- Professor Steve Haake had been appointed as Director of the Advanced Wellness Research Centre

STH/11/16

For Approval

(a) **Common Seal**

The Assistant Chief Executive reported that the accompanying paper for this item had been removed from the STH internet site as it contained information of a commercial nature and therefore should not have been put in the public domain and extended his apologies for that error.

STH/12/16

Chairman and Non-Executive Director Matters

There were no matters raised.

STH/13/16

Any Other Business

There were no additional items of business raised.

STH/14/16

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 17th February 2016, in the Undergraduate Common Room, Northern General Hospital at a time to be confirmed.