



**Minutes of the Meeting of the BOARD OF DIRECTORS
held on Wednesday 17 January 2018,
in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital**

PRESENT:

Mr T Pedder (Chair)	Chairman
Mr T Buckham	Non-Executive Director
Sir Andrew Cash	Chief Executive
Prof Dame Hilary Chapman	Chief Nurse
Mrs C Imison	Non-Executive Director
Mrs A Laban	Non-Executive Director
Ms K Major	Deputy Chief Executive
Prof C Newman	Non-Executive Director
Mr J O'Kane	Non-Executive Director
Mr N Priestley	Director of Finance
Mr M Temple	Non-Executive Director
Dr D Throssell	Medical Director

IN ATTENDANCE:

Mrs S Carman	Assistant Chief Executive	
Mrs R Dawson (Minutes)	Business Manager, Chief Executive's Office	
Ms N Hartley	HR Operations Director (For Mr Gwilliam)	
Mrs J Phelan	Communications and Marketing Director	
Dr M Raza	Consultant Virologist	Item STH/05/18
Mr K O'Regan	Hotel Services Director	Item STH/06/18

OBSERVERS:

One Governor
Four Members of the Public

Prior to the meeting the Chairman and Board registered their appreciation of the hard work and dedication displayed by Trust staff to ensure that services were maintained during an extremely busy Christmas and New Year and periods of heavy snow experienced during January.

STH/01/18

Apologies for Absence

Apologies were received from Mr M Gwilliam, Director of Human Resources and Mrs D Moore, Non-Executive Director.

In addition, Mrs A Laban extended her apologies, in advance, for the February meeting of the Board.

STH/02/18

Declarations of Interest

There were no declarations of interest made.

STH/03/18

Minutes of the Previous Meeting held on Wednesday, 20 December 2017

The Minutes of the Previous Meeting held on Wednesday, 20 December 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting.

STH/04/18

Matters Arising

(a) **Diagnostic Test Demand**

(STH/231/17(a)) The Deputy Chief Executive reported that the Trust continued to support delivery of the diagnostic test standards within six weeks for echocardiography. She advised that work continued across the Accountable Care System to facilitate delivery and that the changes she reported on at the December Board meeting, introduced to recover the position and ensure the resilience of the service in the future, were progressing well, with staff undertaking extra shifts and recruitment underway.

(b) **Sheffield Clinical Commissioning Group (SCCG) Consultation: Update**

(STH/231/17(b)) The Deputy Chief Executive provided an update on the consultation process, reporting that the SCCG consultation had been extended to the end of January 2018. She added that she and the Chief Executive recently met with Brian Hughes, the SCCG Director of Commissioning and Performance, to go through some of the detail behind the consultation process.

STH/05/18

Providing Patient Centred Services

(a) **Clinical Update: Influenza**

The Medical Director provided an introduction to this item and Dr Mohammed Raza, Consultant Virologist, was in attendance and provided a detailed presentation which covered the following points:

- Winter seasons and their medical perils.
- Viruses and seasonal association.
- Influenza and its significance.
- Confusing terminologies.
- Vaccines – mismatches.
- Handling Flu at STH.
- Innovations.

Dr Raza's presentation focused on the principle that Influenza was different,

due to the fact that it:

- was treatable;
- caused severe illness;
- could lead to outbreaks;
- had the ability to cause pandemics.

Dr Raza then went on to discuss possible approaches to dealing with Influenza, in terms of its operational impact on the Trust.

Testing at Point of Care:

- This initiative was available in A&E, AMU, MAC, Frailty Unit, Infectious Diseases RHH, Renal Unit E and Brearley 4.
- It empowered clinicians and increased confidence.
- Was as good as Laboratory tests.
- Provided prompt results, within 15 minutes.

Closing his presentation Dr Raza summarised, as follows:

- Influenza caused more severe infection/disease and led to frequent outbreaks.
- Significant UK/global effort was put into surveillance and to keep a close eye on the emergence of new virus strains.
- The importance of vaccine was clear, but it remained difficult to predict coverage for the next strain in advance.
- New innovations had been implemented at STH which had not yet been implemented at many other Trusts.

Dr Raza was asked if it was possible to ascertain whether those patients arriving in A&E had been vaccinated against Influenza. In response, Dr Raza advised that this was not always possible, and when asked, some patients did not know if they had been vaccinated.

Responding to a question about cats and dogs and whether they were part of the infection chain, as were some other animals and birds, Dr Raza advised that cats and dogs had their own strains of Influenza, which did not infect humans.

Referring to the preparation of vaccines in advance of outbreaks, Dr Raza advised that decisions made on what to include in vaccines was based upon data gathered from previous outbreaks.

The Medical Director mentioned seasonal variation and the theory that there were links between Influenza and cellular immobility in the upper respiratory tract. Dr Raza agreed that this was one of a number of theories around Influenza.

Dr Raza advised that Influenza was currently at its peak and, on being asked how long the peak would last and what affected it, he reported that the peak tended to last 4-6 weeks and was affected by both community and weather/temperature factors.

In conclusion, the Chairman thanked Dr Raza for his extremely interesting and informative presentation.

Chief Executive's Matters

The Chief Executive presented his report (Enclosure B) and the following points were highlighted:

▪ Car Parking

The Chief Nurse explained that given the recent national media attention it was felt appropriate to update the Board on the current position. Following a brief introduction from the Chief Nurse, Mr Kevin O'Regan, Hotel Services Director, gave a presentation which outlined the background to the Trust's current car parking policies and an overview of how the Trust's car parks were maintained and managed. He advised that the Trust did everything possible to create more spaces where possible and confirmed that a further 150 spaces had been added at the Northern General and Jessop Wing during the last 12 months. However, he reported that the Trust was constrained in that both main hospital sites were in built up areas, meaning that opportunities for extra car parking were limited.

Mr O'Regan pointed out that the Trust did have a Travel Plan and continued to encourage the use of other modes of transport, including the H1 bus, which was available to both staff and the public. This was an area the Trust continued to focus upon.

In conclusion, Mr O'Regan reported on a number of on-going actions:

- Car parking was reviewed annually by the Trust.
- The Trust looked to convert any appropriate land which became available into car parking. Costs and planning permission permitting.
- The Trust communicated concessions regularly.
- Any national changes or directives were reviewed.

The Chairman noted that car parking remained an extremely challenging issue for the Trust and asked the Board to endorse the Trust's policy. This endorsement was received from the Board.

▪ Integrated Performance Report (IPR)

The IPR was taken as read but the Executive Directors gave a brief update on their areas of responsibility:

- Deliver the best clinical outcomes

The Medical Director highlighted the following headlines, some of which arose from discussions at the Healthcare Governance Committee meeting held on 27 November 2017:

- The Hospital standardised mortality ratio remained within the 'as expected' range.
- The timeliness of incident reporting continued to improve.
- The number of patient falls was less than the internal threshold and lower in November than in previous months.
- The proportion of patients who received a VTE risk assessment was above the internal target.

- Proposals were presented to the Healthcare Governance Committee regarding a process to ensure oversight of CQC Insight. It was agreed that a quarterly report would be provided which would include a performance summary along with a themed 'deep dive'.
- Concerns about medical gases delivery had been highlighted to the Healthcare Services Investigation Branch who had gone on to highlight this issue nationally to the NHS.

The Chief Nurse reported on the Trust's continued drive to recruit nursing staff and advised that nurse staffing numbers remained relatively stable at present.

– Providing patient centred services

The Deputy Chief Executive highlighted the following issues:

- Further work was underway to ensure a reduction in cancellations on the day for clinical reasons.
- Improvements were expected in outpatient cancellations by patients once the Patient Hub became operational, as patients would be able to select appointments convenient to themselves, rather than receiving an allocated appointment.

– Spend public money wisely

The Director of Finance highlighted the following issues:

- The Month 8 position indicated a £1,084.6k (0.2%) deficit against plan after the release of contingencies. This represented a £0.2m improvement from Month 7.
- There was a cumulative activity over-performance against plan of £4.9m at Month 8, which represented a £1.7m improvement in November. The strong activity position over the last two months had driven the improved financial position and has compounded the over-performance against commissioner plans.
- System Resilience funding of £2.9m had been allocated to the Trust following the announcement of additional funding in the Chancellor's Budget at the end of November. It had been assumed nationally that £1.9m of this was to compensate for costs already being incurred, such that a condition of the allocation was that this element should generate an equivalent improvement in the Trust's financial position.
- The Trust met its Control Total for Quarter 3.
- Planning was underway for 2018/19.
- In conclusion, the Director of Finance advised that, in his view, the four biggest challenges for the rest of the year would be:
 - Financial performance.
 - Commissioner financial challenges.
 - CQUINs.
 - The outcome of the Estates revaluation.

▪ Operational Update and NHS England Guidance

The Deputy Chief Executive reported that NHS England had issued guidance about Trusts having the option to defer all non-urgent procedures and outpatient

appointments until 1 February 2018, if it enabled capacity or staff to be freed up to support emergency care. The communication also mentioned that Trusts would not be penalised for placing patients in mixed sex accommodation.

The latest guidance had been considered by the Trust Executive Group who noted that, whilst the Trust had seen an increase in emergency patients over the last few weeks, its winter plans included doing everything possible to carry out as much planned care as possible. This was, primarily, to ensure there was limited disruption to patients, but also so the Trust did not prolong the pressure on staff and facilities into February and March, when it would be necessary to catch up on postponed operations/appointments. The Trust was reviewing its position several times a day and, based upon this, had decided not to routinely cancel all non-urgent operations or appointments at this time. The Trust was, therefore, asking patients who had a planned appointment or operation to attend as planned unless the Trust contacted them direct. The Trust's decision making in terms of cancelling operations or appointments would, therefore, continue to be based on clinical urgency and safety.

The Board would be aware that the Trust had worked very hard to eliminate mixed sex accommodation over a number of years and, thus, there was no intent to place patients in mixed sex accommodation during this busy period unless it was a matter of clinical safety for that patient at that time. The decision to place a patient in mixed sex accommodation would only be sanctioned after careful consideration and approval by a member of the Trust Executive Group or the TEG Director on Call..

- Honours Recognition – Professor Dame Hilary Chapman

The Board congratulated the Chief Nurse, Professor Hilary Chapman, who had been made a Dame Commander of the Order of the British Empire in the Queen's New Year Honours (2018). This honour was in recognition of her services to the nursing profession since she qualified as a registered nurse over 32 years ago.

- Home Office Letter – EU Citizens Living in the UK

The Board of Directors **NOTED** the contents of the letter recently published by the Home Office, and circulated to NHS Trusts, which confirmed that EU citizens living lawfully in the UK before the UK's exit from the EU would be able to stay.

- Workforce Race Equality – National Report

NHS England's latest report on race equality in the Health Service, which assessed how well trusts were performing against the new Workforce Race Equality Standard (WRES), indicated progress in the number BME nurses achieving higher pay bands.

Despite this improvement, it reported that BME nurses and midwives continued to be "seriously under-represented" in more senior roles at Band 6 and above. The Trust would use this information to progress work on the WRES standards supported by the STH WRES Working Group.

- South Yorkshire and Bassetlaw Accountable Care System (ACS) Update

The Chief Executive reported that during the last few months of 2017, the Hospital Services Review had conducted 15 Clinical Working Groups, made up of

clinicians from each service within each of the hospitals, and five public engagement events, in addition to an online survey, work with seldom heard groups and staff drop-in sessions in Trusts. Work was now underway to review the Insight and identify themes which had started to emerge from the engagement activity.

Public and staff engagement activity continued through January and would continue to be incorporated into the work of the review team.

The team would be developing proposed options in January, modelling them in February and running them against the evaluation criteria, to which the public had previously contributed, in early March. Equality Impact Assessments would be developed alongside each proposed model. A number of further events would take place in early March to look at all the proposed options and gather public opinion on these, before the final preferred proposed options were put forward in the review report in April.

Management arrangements for the shadow ACS would also need to be agreed and put into place.

- Working Together Partnership Vanguard Newsletter

The Chief Executive reported that the first Committees in Common meeting had taken place on 4 December 2017. Whilst the Committees in Common meeting remained a private meeting, it was agreed, that wherever possible, a briefing from the meeting would be reported in public. This was the first of those briefings.

Pathology

In September 2017 NHS Improvement (NHSI) published requirements around the development of 29 pathology networks across the NHS. Having looked into Pathology services across the UK the NHSI believed that implementing the 29 networks would provide high quality, rapid and comprehensive diagnostic services for patients, which were delivered in the most efficient manner. They believed that this would facilitate the introduction of, and the widest access to, new investigations and diagnostic systems, and improve future training and career development for scientific and technical staff.

All hospitals had been asked to look at the way services were delivered with this in mind, to ensure they remained safe and sustainable. Reference Groups for blood sciences, microbiology and cellular pathology had been established to explore how best a South Yorkshire and Bassetlaw network would work in a hub and spoke model.

Once the validation of the data, and reference group conversations were complete, the options would be considered by each Trust to ensure that the recommendations were supported by all of the partner organisations.

There was already a strong partnership across the South Yorkshire and Bassetlaw Trusts and the Pathology Steering Group, which was attended by Clinical Directors and Service Managers, had been in place for some time.

National Life Sciences Industrial Strategy

On 5 December 2017 the National Life Sciences Industrial Strategy was published, with up to £3.5bn allocated by the Government. Work was taking

place to look into the opportunity for the ACS to support this agenda, in relation to advanced manufacturing, digital, and health and care technologies.

NHS Providers Summary of Board Papers

The summary of board papers for the Health Education England board meeting held on 12 December 2017 was **NOTED** by the Board of Directors.

STH/07/18

South Yorkshire Accountable Care System: Update

This item had been discussed under STH/06/18 Chief Executive's Matters.

STH/08/18

Spend Public Money Wisely

(a) Capital Programme

The Director of Finance advised that the report, submitted to the Board of Directors as Enclosure C, considered the position at the end of December 2017 and outlined the major changes since the last 5 Year Capital Plan and 2017/18 Capital Programme update, considered by the Board in October 2017.

As previously reported, given the very challenging NHS financial climate, the Capital Plan for 2017/18 to 2021/22 did not assume any additional funding support from future I&E surpluses. Similarly, the 5 Year Plan continued to include specific budgets for key areas, plus an assessment of future needs for significant schemes. The sum for 2017/18 had been incorporated into the Capital Programme.

There had been many changes to approved expenditure since the programme update in October due to new scheme approvals, in-year re-profiling, allocation of specific schemes from the ring-fenced envelopes and cost updates on planned schemes.

The Capital Programme at Appendix B formally identified the status of all current capital schemes and since the Capital Programme and 5 Year Plan updates had been approved at the Trust Board meeting in October, the following schemes had formally commenced:

- NGH MRI Scanner Upgrade
- JHW Birthing Pools
- Stroke Rehabilitation (Beech Hill)
- BRC Offices
- RHH Patient Hub

A number of schemes had been completed since October, with the most notable being:

- WPH Replacement MRI Scanner
- NGH Replacement CT Scanner
- RHH Fluoroscopy Replacement
- RHH Gamma Knife Source Change

- A&E Plain Film Rooms
- Frailty Unit
- RHH C Floor Radiology
- CCDS Laboratories
- RHH Minor Ops

As requested, the Board of Directors:

- **APPROVED** the latest 2017/18 Capital Programme and **NOTED** the significant over-commitment on the 5 Year Plan, which would need to be addressed.
- **NOTED** the list of 'probable' and 'possible' schemes on the 5 year plan at Appendix A which, along with other schemes which would emerge over the five year period, would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in the report and the need to continue to generate additional resources for future years.
- **NOTED** the importance of capital planning/prioritisation and 'value engineering' in securing maximum benefits from limited capital and revenue funding.

The Chairman asked the Director of Finance to bring the plans for the WPH redevelopment works to the Board of Directors to facilitate a discussion on fundraising.

Action: Director of Finance

STH/09/18

Athena Swan

The Deputy Chief Executive and Assistant Chief Executive presented Enclosure D to the agenda and, as requested, the Board of Directors:

- Noted the update on progress of the Athena SWAN pilot.
- Continued to champion and support the Athena SWAN NHS project in the three pilot directorates.
- Provided continued support for the incoming Health Education England Clinical Fellows in 2018 to work on the sustainability of the project and disseminate this at a local, regional and national level.
- Supported the Steering Group to progress the Athena SWAN pilot to fruition for all three pilot directorates.
- Affirmed organisational support and commitment to delivery of the programme.

STH/10/18

Chairman and Non-Executive Director Matters

No matters were raised.

STH/11/18

Any Other Business

No additional business was raised.

STH/12/18

Date and Time of Next Meeting:

The next Board or Directors meeting would be held on Wednesday 24 February 2018 in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be confirmed.