



**Minutes of the Meeting of the BOARD OF DIRECTORS
held on Tuesday 31st July 2018
in the Undergraduate Common Room, Medical Education Centre, Northern General
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. A. Gibbs	Director of Strategy and Planning
Mr. M. Gwilliam	Director of Human Resources and Staff Development
Mrs. C. Imison	Non-Executive Director
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Deputy Chief Executive
Mrs. D. Moore	Non-Executive Director
Mr. N. Priestley	Director of Finance
Mr. M. Temple	Non-Executive Director
Dr. D. Throssell	Medical Director

APOLOGIES:

Mr. J. O'Kane	Non-Executive Director
Prof. C. Newman	Non-Executive Director

IN ATTENDANCE:

Mrs. S. Carman	Assistant Chief Executive	
Miss S. Coulson (Minutes)	Business Manager, Board of Directors	
Mrs. J. Phelan	Communications and Marketing Director	
Ms. C. Blaydon	Lead Nurse, Safeguarding	STH/161/18

OBSERVERS:

Mr. D. Campbell	Operations Director, SCMR (shadowing)
Mrs. J. Green	Corporate Governance Manager (shadowing the Assistant Chief Executive)
Ms. K. Jessop	Deputy Chief Nurse (shadowing the Chief Nurse)
Seven Governors	
Three member of the Public	
One member of staff	

STH/158/18

Declarations of Interest

There were no declarations of interest.

STH/159/18

Minutes of the Previous Meeting held on Tuesday 26th June 2018

The Minutes of the previous held on Tuesday 26th June 2018, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting.

STH/160/18

Matters Arising

(a) Sheffield Clinical Commissioning Group (SCCG) Consultation: Update

(STH/132/18(b))The Deputy Chief Executive reported that there had been a discussion with the SCCG and there were still some uncertainties around timescales.

The SCCG confirmed that they had received the Trust's response to the consultation. However a formal response to the consultation was required from the Council's Overview and Scrutiny Committee before any action could be taken and it was understood that response would be not be provided until the end of August 2018. Therefore it would not be possible for SCCG to consider any actions until September 2018.

The SCCG have agreed to meet with the Trust in early September 2018 to work through the next steps.

A further report would come back to the Board in October 2018.

Action: Kirsten Major

The Chief Executive stated that the outcome of the consultation would also need to be tied into the Hospital Services Review. He stated that the Trust had made a strong representation to the CCG and a copy of that response was presented to the Board of Directors at a public meeting. The response highlighted a number of concerns around the proposed options.

(b) Hospital Services Review

(STH/133/18) The Chief Executive reported that as agreed at the last Board meeting a letter signalling the Board's support in principle had been submitted.

More detailed consideration was being given by the Trust Executive Group to specific proposals to take forward and they would be presented to the Board in September 2018.

Action: David Throssell/Kirsten Major

(b) Freedom to Speak Up Guardians Annual Report

(STH/138/18) The Director of Human Resources reported that the appointment of Freedom to Speak Up Guardians from Staff Governors had been discussed by the Human Resources and Organisation Development Committee in July 2018.

It was noted that from benchmarking of how other organisations had addressed this matter it was evident that there was a variety of ways of appointing to these roles. However it was important to get the right balance in order that Staff Governors were able to undertake their daily duties as well as their duties as Staff Governors.

Noting the need to ensure that Staff Governors had the time and skills to fulfil the role of Freedom to Speak Up Guardian, it was **AGREED** that the Board should receive a further progress report in September/October 2018.

Action: Mark Gwilliam

STH/161/18

Providing Patient Centred Services

(a) Clinical Update: Prevent

The Chief Nurse introduced the item and Christina Blaydon, Lead Nurse for Safeguarding was in attendance. Christina explained that following her last report to the Board the purpose of today's presentation was to update the Board on the Trust's position and compliance under the Prevent Duty 2015 requirements. The key points to note were:

- The UK terrorist threat level remained at its second highest level of "SEVERE", meaning a terrorist attack was highly likely.
- Prevent was part of the Government's counter-terrorism strategy designed to identify vulnerable individuals and safeguard them from becoming terrorists or supporting terrorism.
- Prevent was about safeguarding vulnerable people and was therefore fundamental to the Trust's duty of care.
- The Prevent Duty requires NHS Trusts to have in place a programme to deliver Prevent WRAP (Workforce to Raise Awareness of Prevent) training, resourced with accredited WRAP trainers.
- In October 2017, NHS England contacted all CCG Accountable Officers and Chief Nurses to request that structures were put in place to ensure all NHS Trusts achieved 85% compliance with WRAP training by March 2018.
 - The STHFT Lead Nurse for Safeguarding implemented an action plan which resulted in STHFT achieving 82% compliance by 31st March 2018. By 1st July 2018, the compliance rate had increased to 94%.
- The Trust's action plan was seen as a beacon of good practice for other organisations.

- Further work was also being carried out to build on the compliance rates for medical and dental staff.
- Key achievements included:
 - STHFT achieved 82% compliance with WRAP training by 31st March 2018.
 - By 1st July 2018, the compliance rate had increased to 94%
 - At 1st July 2018, the number of staff recorded on PALMS as having attended WRAP was 7340 out of 7780 requiring it.
 - 15283 staff were recorded on PALMS as being up to date with mandatory training and therefore by default will also have received basic Prevent awareness.
 - The number of Home Office accredited WRAP trainers at STHFT had increased from 18 to 64.
 - The Prevent quarterly returns had been submitted to NHS England via NHS Digital in a timely manner
 - The progress made by STHFT to achieve the 85% target was recognised by the Regional Prevent Co-ordinator and the Clinical Commissioning Group.
- The key priorities for 2018/19 were:
 - To ensure 100% attendance at the CHANNEL PANEL when required
 - To ensure 100% attendance at the Prevent SILVER meeting.
 - To submit the Prevent quarterly returns NHS England via NHS Digital in a timely manner
 - To continue to facilitate Prevent WRAP sessions to new starters to the Trust to maintain compliance with the Prevent Duty.
 - To build on the levels of compliance with WRAP by medical and dental staff.
 - To provide options for Prevent WRAP training opportunities

Following the presentation there was a Board discussion which included the delivery of training to all staff including medical and dental staff and how the Trust tracked whether its policies were working.

Christina responded to the queries:

- In terms of staff that required training, Christina confirmed that all staff needed Prevent training but at different level of awareness and a number of E-Learning packages were in place. Prevent training was covered at Staff Induction sessions so all new staff would have received a basic awareness training.
- In terms of tracking whether Trust policies were working, Christina stated that she submitted monthly progress reports to the Chief Nurse and Human Resources and Organisational Development Committee of the Board in addition to the Prevent quarterly returns to NHS England. Reports included any concerns raised by our staff and any referrals made. As the Trust's Prevent Lead, Christina also had access to the Police-Led Prevent Team for advice.

- In terms of the compliance rate for Medical and Dental Staff, Christina explained that she had attended Multi Disciplinary Team Meetings and visited Departments to deliver bespoke training and that method had proved effective.

The Medical Director stated that, together with the Chief Nurse, they were discussing the position with Clinical Directors. From those discussions, it was clear that Clinical Directors found the most effective way of receiving such training was to have it delivered within the department. The Medical Director also stated that E-learning packages should be promoted as Medical and Dental staff often preferred that method of receiving training.

Christina also pointed out that staff who have received Prevent training in another organisation could passport that across. This was possible as Prevent training is a generic standard training and therefore is the same across all NHS organisations.

The Medical Director agreed to look into whether Prevent was on the curriculum for medical students.

Action: David Throssell

The Chairman thanked Christina for her comprehensive update.

STH/162/18

Chief Executive's Matters

The Chief Executive referred to his report (Enclosure B) circulated with the agenda papers and highlighted the following topics:

- Integrated Performance Report
 - Deep Dive – Delayed Transfers of Care (DTC)

The Deputy Chief Executive presented the Deep Dive into DTC. The paper covered what constituted a DTC, how the Trust managed them and the action being taken in conjunction with partners to improve performance and patient pathways.

She explained that there were now three discharge routes out of hospital for patients:

1. Discharged to usual place of residence
2. Discharged home for assessment for any additional care required
3. Discharged to somewhere else for assessment (includes the 5Q model)

One specific pathway improvement related to the introduction of the '5Q' model. Sheffield's health and social care organisations had signed a Memorandum of Understanding to implement the new assessment model during 2017/18 which meant all such assessments to determine the long term care needs and discharge destination for patients would be performed outside an acute or intermediate hospital bed.

The 5Q model has an evidence base that supported improvements for the public, staff and efficiency. Implementation was originally on a limited pilot basis but its success has meant the full inclusion of the principles within Discharge Route 3.

She explained that, as Board members were aware, Sheffield had its challenges with DTOC. There was a further CQC Review in March 2018 but this time it was of the Sheffield health and social care system as a whole.

The Sheffield system was working closely together and the following actions had been taken:

- Establishment of a Multi Agency Task Team which met on a daily basis
- A weekly Flow Group Meeting
- Establishment of a “Why Not Home Why Not Today?” Board, chaired by the Sheffield Health and Social Care Trust’s Director of Strategy and Planning. The Board has both clinical and managerial input and reports into the city’s Urgent & Emergency Care Transformation Delivery Board with links into the Chief Executive Officers of the member organisations. . The Board was underpinned by seven different workstreams.

It was noted that significant improvements had been made.

There was a general Board discussion around the following areas:

- How quickly was the Sheffield County Council able to respond and manage surges to enable the Trust to maintain flow,
- Actions within STH and along patients’ health pathway, including weekend discharge rate.
- What was the Primary Care Service doing to prevent surges happening?

The Chairman thanked the Deputy Chief Executive for an excellent and thorough report.

The Deputy Chief Executive stated that the Trust was in a better position than last year and there was more engagement between organisations, but the key was deliver a sustainable and stable platform regarding capacity prior to the winter.

Each Executive Director gave a brief report on their areas of responsibility:

- Summary of the Healthcare Governance Committee meeting on 14th May 2018

The Medical Director highlighted the following points:

- An update on progress against the outstanding Urgent and Emergency Care actions within the CQC action plan was presented, incorporating corporate workstreams along with directorate programmes of work.
- The Serious Incident report was presented. In summary, four new serious incidents were reported, none were closed and five incidents were subject to on-going investigations.

- An update was presented on the Sign up to Safety workstreams, including management of the 'at risk' patient. The sustained reduction in the number of ward-based cardiac arrests was highlighted along with the ongoing programme of education and training in relation to sepsis. It was noted that the Trust would need to transfer to NEWS2 by March 2019.
 - The Emergency Preparedness Annual Report was presented and it was noted that during 2017/18 the Emergency Planning Team had assisted with the planning for 40 business continuity interruptions and 14 unplanned incidents. The Trust's Major Incident Plan and associated Action Cards had been reviewed and a Strategic Task and Finish Group had been established in July 2017 to consider findings following national events.
 - The DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) audit report was presented. The audit highlighted a significant improvement in scores since the previous (2016) audit in relation to DNACPR forms being fully completed. The mean time between DNACPR decision and patient death was 42 days, which suggested that timely advance care planning was being undertaken.
- Deliver the best clinical outcomes

The Chief Nurse highlighted the following points:

- There had been one case of Trust assigned MRSA bacteraemia recorded for the month of May 2018 and the year to date total was one case.

The Chief Nurse reported that as a consequence of NHS Improvement changing the definitions and reporting criteria of the national target this case would not appear in future reports.

- There were two Trust attributable cases of MSSA bacteraemia recorded in May 2018. The year to date total was six cases against an internal threshold of 9.5 cases.
- The Trust recorded five cases of *C.diff* in May 2018 and the year to date performance was six cases against an internal threshold of 13 cases and an NHS Improvement threshold of 14 cases.

- Provide patient-centred services

The Deputy Chief Executive highlighted the following points:

- There had been a higher level of activity across all areas but particularly A&E, in part thought to be due to the recent hot weather.
- Accident and Emergency activity was over target (7.2%) in May 2018 and was 4.5% over target for the year to date
- In May 2018, 89.0% of patients attending A&E were seen within four hours compared to the Provider Sustainability Fund agreed trajectory of 90.0% and the national target of 95%.

- 47.87% of ambulance handovers occurred within 15 minutes, compared to 55.37% in May 2018. 6.72% of ambulance handovers took more than 30 minutes. The average time for handover is ~20 minutes. The Deputy Chief Executive explained that the decline was in part due to the new initial assessment process which improves patient care, assessment and time to diagnosis. Work was underway to implement an immediate handover of patients from the Ambulance Service and some IT changes were being installed in the A&E Department during the next month which should help to improve performance.
- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of May 2018 was 95.44% which was better than the national target (92%).
- At the end of May 2018, the percentage of patients waiting less than six weeks for their diagnostic test was 97.38% which was slightly below the target of 99%. Action plans to address the national and local issues regarding the current performance were progressing well.

Annette Laban stated that the significant improvement made in Echocardiography and DEXA Scans was a notable achievement and the Board extended its thanks to all the staff involved. It was now important to ensure that arrangements were in place to make sure that the current performance was sustainable.

The Director of Strategy and Planning highlighted the following points:

- The cancer waiting time targets were achieved for Q4 of 2017/18 apart from the 62 days from referral to treatment (GP referral), 31 days from decision to treat to treatment and 62 day cancer screening target.

With regard to 62 day referral to treatment, STH performance for non-shared pathways in Q4 was 87.6% (threshold 85%). The performance for Q4 2017/18 was 80.9% without reflecting the new Breach Allocation Guidance and reallocations (threshold 85%). For Q1 2018/19, the STH position (as at 22nd June 2018) was 85.6% for non-shared pathways and 78.1% without reflecting the new guidance.

With regard to 31 days from decision to treat, STH performance for Q4 was 95.9% (threshold 96%). For Q1 2018/19, the STH position (as at 22nd June 2018) was 94.8%.

With regard to the 62 day cancer screening target, STH performance for non-shared pathways in Q4 was 88.5% (threshold 90%). The performance for Q4 2017/18 was 84.8% without reflecting the new Breach Allocation Guidance and reallocations (threshold 90%). For Q1 2018/19, the STH position (as at 22 June 2018) was 92.1% for non-shared pathways and 91.5% without reflecting the new guidance.

- Cancer was now part of the remit of the Waiting Time Overview Performance Group.
- The new Cancer Waiting Time Guidance had just been published and a deep dive into the changes in the rules and what they mean in reporting

terms would be undertaken and an update would be provided to the Board in November 2018.

Action: Anne Gibbs

The Chief Nurse highlighted the following points:

- Complaints – 91% of complaints met the agreed response timeframe.
 - FFT score inpatient – the score for May 2018 was 97% which was above the internal target of 95%.
 - FFT score A&E – the score for May 2018 was on target at 86%.
 - FFT score community- the score for May 2018 was 91% which was below the internal target of 95%. It was noted that there had been an improvement in the FFT score community but the performance would be kept under review.
 - FFT score maternity– the score for May was 96% which is above the internal target of 95%.
- Employing caring and cared for staff

The Director of Human Resources and Staff Development highlighted the following points:

- Sickness absence was below the target (4.0%) at 3.57%.
- Short term absence has decreased from 1.54% in April 2018 to 1.40% in May 2018.
- Long term absence has increased from 1.99 % in April 2018 to 2.17% in May 2018
- For the period June 2017 to May 2018, the Trust achieved the 90% target for the number of appraisals carried out.
- For the period June 2017 to May 2018, compliance levels for mandatory training are at 89.13% against a 90% target.
- The staff group with the lowest turnover rates for May 2018 was for Healthcare Scientists (4.96%) and the staff group with the highest turnover was Administrative and Clerical roles (9.38%).
- The current staff engagement score was 3.83 which was higher than the national average of 3.78 for all Combined Acute and Community Trusts

The Chief Nurse highlighted the following point:

- Safer staffing – overall, the actual fill rate for day shifts for registered nurses was 92.3% and for other care staff against the planned levels was 113.7%. At night these fill rates were 91.7% for registered nurses and 128.3% for other care staff.
- Spending public money wisely

The Director of Finance highlighted the following points:

- The Month 2 position showed a £1,109.8k (0.7%) deficit against the Financial Plan. Whilst in percentage terms this was an improvement on the Month 1 position, it still represented a slightly disappointing start to the year.
- There was a cumulative activity under-performance of £0.3m to the end of May which was an improvement on the April 2018 position.
- There was an overspend of £1.0m (1.0%) to the end of May 2018. Although Bank & Agency costs were £0.75m below the May 2017 level.
- There was a £0.4m under delivery against efficiency plans for year to date.
- The key risks for 2018/19 relate to internal delivery of activity, efficiency and financial plans; residual tariff/contracting issues; receipt of CQUIN and Winter funding; financial, workforce and service pressures; the adequacy of pay award funding; and receipt of the PSF.
- Work was therefore required to ensure activity plan delivery, control expenditure, mitigate possible contract income losses, improve efficiency, support the ICS financial and maximise contingencies.
- Delivering excellent research, education and innovation

The Medical Director reported the establishment of the Innovation Executive Committee which would sit alongside the Research Executive Committee. Both the Director of Strategy and Planning and the Medical Director were members of the group.

- Appointment of Chief Nurse

Chris Morley has been appointed to the post of Chief Nurse and will take up post on 8th October 2018.

The Chief Executive pointed out that it was Professor Dame Hilary Chapman's last Board meeting before she retired from her post of Chief Nurse in August 2018 and he took the opportunity to thank Hilary for all she has done within the Trust, regionally and nationally.

He also reported that during the interim period prior to Chris Morley taking up the post of Chief Nurse the following arrangements had been put in place:

- Karen Jessop, currently Deputy Chief Nurse, would act up as Chief Nurse prior to Chris Morley taking up the post.
- Neil Priestley, Director of Finance, would oversee responsibility for the Estates Directorate
- Anne Gibbs, Director of Strategy and Planning, would oversee responsibility for Hotel Services.

He also stated that today's meeting was his last Board meeting as Chief Executive and that he was proud to have worked for such an outstanding organisation over the years, with fantastic staff who go above and beyond to care for the patients we serve. Kirsten Major would take on the role of interim Chief Executive until a substantive appointment was made. She would also take on the role of Accountable Officer.

- Reappointment of Chairman

The Council of Governors' had approved a recommendation from the Council of Governors' Nomination and Remuneration Committee to reappoint the Chair, at the end of his current term of office on 31st December 2019, for a further one year term (to 31st December 2020) in compliance with the Trust's Constitution which includes provision to extend the tenure by a maximum of one year in exceptional circumstances such as substantial changes in the Board of Directors.

- Reappointment of Non-Executive Directors

The Council of Governors' approved a recommendation from the Council of Governors' Nominations and Remuneration Committee to reappoint Dawn Moore and John O'Kane as Non-Executive Directors for a further term of office from 1st October 2018 to 31st September 2022.

- Health and Care Working Together in South Yorkshire and Bassetlaw

The following executive officers would support the Integrated Care System on a part time basis as Chief Executive System Leads for one year from September 2018 to September 2019:

- Lesley Smith, Chief Officer of NHS Barnsley CCG will take responsibility for Strategy, Planning and Transformation Delivery as well as being our Deputy System Leader
- Richard Jenkins, Chief Executive of Barnsley Hospital NHS Foundation Trust would take responsibility for NHS Provider Development
- Richard Parker, Chief Executive of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust would take responsibility for Integrated Assurance and Improvement (for NHS Providers)
- Maddy Ruff, Chief Officer of NHS Sheffield CCG would take responsibility for Population Health and Primary Care
- Chris Edwards, Chief Officer of NHS Rotherham CCG would take responsibility for Estates and Capital
- Idris Griffiths, Chief Officer for NHS Bassetlaw CCG would take responsibility for Integrated Assurance and Improvement (for NHS Commissioners)
- Kevan Taylor, Chief Executive of Sheffield Health and Social Care NHS Foundation Trust would take responsibility for Workforce

The aim was to have simplified governance arrangements and method of working.

- Test Bed

The Clinical Research and Innovation Office (CRIO) at STH had become an Official 'Test Bed' for the new UK Standards for Public Involvement in Research.

- NHS 70th Birthday Celebrations

The Trust had held a number of successful events to celebrate the NHS 70th Birthday and the Chief Executive particularly thanked Julie Phelan, Communications and Marketing Director, and her team for arranging the events, including the service at Sheffield Cathedral.

- New Secretary of State for Health and Social Care

Matt Hancock has been appointed as the new Secretary of State for Health and Social Care.

STH/163/18

Inspection Updates

- (a) CQC Local Service Review

The Medical Director referred to the key findings of the CQC Sheffield Local System Review and the action plan produced to address the report's findings. He explained that this review was separate from the Provider Inspections.

The review took place from 5th to 9th March 2018, included senior and front line staff, and focused on three areas relating to the care of older people in the city, examining how health and care organisations worked together to:

- ensure wellbeing so that older people could live happily and healthily at home for as long as possible.
- respond to crisis for example in the event of illness or injury that created a sudden need for treatment, care and support.
- help older people to recover after crisis.

The findings were broadly grouped under four headings:

- Purpose, vision and strategy for health and social care
- Delivery of interagency processes
- The experience of frontline staff
- The experience of people receiving services

In terms of the next steps:

- It has been agreed that the Accountable Care Partnership would provide the framework for delivery of the required actions, which would be overseen by the Health and Wellbeing Board.

- The action plan was discussed at the Executive Delivery Group of the Accountable Care Partnership on 19th July, 2018 and would also be discussed at the next meeting of the Healthier Communities and Adult Social Care Scrutiny Committee.

The following points were raised during discussion:

- It was crucial to make sure that the actions were delivered.
- The level of support available to the ACP Programme Director.
- It was felt that the action plan lacked reference to housing and digital intra-operability. The Medical Director explained that housing would be picked up by the Health and Wellbeing Board and that there was an Accountable Care Partnership digital work stream. It would be necessary to “piggy back” the digital inter-operability work onto that work stream rather than create a separate one.
- There was concern around the governance and delivery of the action plan. There needed to be agreement by the organisations involved as to who has the power to make it happen and what the incentives and penalties are. It was felt that there should be one person accountable for delivery of the action plan.

The Board of Directors **NOTED** and **DISCUSSED**:

- the findings of the CQC LSR
- the associated action plan
- the plans for implementation and oversight of actions arising from the review

(b) **CQC Well Led Inspection: Update**

The Medical Director explained that there had been three elements to the recent CQC Provider Inspection:

- Use of Resources Visit (4th June 2018)
- Unannounced Visit (12th June 2018 over three days)
- Well Led Visit (11th – 13th July 2018) – incorporated into that was the completion of the unannounced visit

The Trust would receive three ratings, one relating to each of the above elements.

The Medical Director reported that the Trust had received a letter summarising the verbal feedback from the unannounced inspection as well as a letter giving feedback from the Well Led Inspection which was mainly positive.

In terms of timing:

- The Trust expected to receive the draft report, including ratings, by the end of August 2018 for factual accuracy checking. However it was noted

that ratings may change after that point in response to the factual accuracy checking process.

- The final report should be received some time in September 2018.

STH/164/18

Spend Public Money Wisely

(a) 2016/17 to 2020/21 Capital Programme: Update

The Director of Finance presented the update on the Capital Programme (Enclosure D) circulated with the agenda papers. The key points to note were:

- The Capital Programme remained manageable for 2018/19, but thereafter the 5-Year Plan would start to move into an over committed position.
- The £9m of additional Sustainability Transformation Funding earned in 2017/18 was now incorporated into the programme for 2019/20 as previously agreed
- This over-committed position was likely to be exacerbated if a further Estate Revaluation/Asset Life review was undertaken and as new schemes and priorities emerged over the five year period.
- Funding solutions for future years of the programme would need to be identified.
- Key influences on the final 2018/19 Capital Programme position would be progression of the Weston Park Hospital Upgrade and associated schemes, the IT Programme and Ward and Theatre refurbishment schemes.
- Capital planning/prioritisation and scheme “value engineering” continue to be crucial in securing maximum value for money from extremely constrained resources.
- Appropriate action would need to be taken to address likely 2018/19 slippage
- Good progress was being made with the Weston Park Hospital Schemes as well as the Aseptic Unit.
- On Monday 30th July, 2018 the Capital Investment Team agreed that the Brachytherapy Upgrade would be undertaken at the same time as the Weston Park Hospital Schemes.
- Q Floor Theatres at the Royal Hallamshire Hospital were now open and good progress was being made on the A Floor Theatres.
- The Trust was out to tender for the main theatre refurbishment at the Northern General Hospital.

- Since the Capital Programme and Plan were approved in March 2018 a number of small schemes had been completed with the most notable being:
 - NGH Eye Centre
 - Beech Hill Stroke Rehabilitation
 - Telephony Platform
- Refurbishment of the entrance and waiting area in the Charles Clifford Dental Hospital commences week commencing 6th August 2018.

The Board of Directors:

- **APPROVED** the latest 2018/19 Capital Programme and noted the over-commitment on the 2019/20 to 2022/23 position, and the potential for it to increase, which would need to be addressed via an appropriate combination of the funding solutions proposed.
- **NOTED** the list of “probable” and “possible” schemes on the five year plan at Appendix A which, along with other likely schemes would emerge over the five year period, and would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the paper.
- **NOTED** the importance of capital planning/prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding.

STH/165/18

Employ caring and cared for staff

(a) **Staff Engagement Action Plan**

The Director of Human Resources and Staff Development presented an update (Enclosure E) on the 2018/19 Trust level Staff Engagement Action Plan which was based on the 2017 NHS Survey results.

The Plan had been signed off by the Trust Executive Group and the Human Resources and Organisational Development Committee and had been aligned to the Trust’s Workforce Strategy and mapped to the “Brilliant Place to Work”

Progress would be monitored through Trust Executive Group and the Human Resources and Organisational Development Committee and brought back to the Board periodically.

Action: Mark Gwilliam

Dawn Moore emphasised the importance of sharing best practice throughout the organisation.

STH/166/18

For Approval

(a) Access Policy

The Board of Directors **RATIFIED** the Access Policy for the management of waiting times including referral to treatment, cancer and diagnostic waits.

STH/167/18

Chairman and Non-Executive Director Matters

There were no items raised.

STH/168/18

Any Other Business

The Chairman thanked Sir Andrew Cash and Professor Dame Hilary Chapman for their significant contribution to the Trust over many years and said that they were leaving the Trust in a better place than when they arrived. On behalf of the Board he wished them the very best for the future.

STH/169/18

Date and Time of Next Meeting

The next meeting of the Board of Directors will be held on Tuesday 25th September 2018 in Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.

Signed Date
Chairman