



Minutes of the Meeting of the BOARD OF DIRECTORS
held on Tuesday 25 June 2019 in the Undergraduate Common Room, Medical
Education Centre, Northern General Hospital

PRESENT:

| | |
|------------------|---|
| Mr. T. Pedder | Chairman |
| Mr. T. Buckham | Non-Executive Director |
| Mrs. A. Gibbs | Director of Strategy and Planning |
| Mr. M. Gwilliam | Director of Human Resources and Staff Development |
| Mr. M. Harper | Chief Operating Officer |
| Dr. D. Hughes | Medical Director |
| Mrs. C. Imison | Non-Executive Director |
| Mrs. A. Laban | Non-Executive Director |
| Mr. C. Morley | Chief Nurse |
| 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 |
| Ms. S. Wright | Non-Executive Director |

PARTICIPATING DIRECTORS:

| | |
|----------------|---------------------------|
| Mrs. S. Carman | Assistant Chief Executive |
|----------------|---------------------------|

IN ATTENDANCE:

| | |
|----------------------|--|
| Miss R. Winterbottom | Business Manager, Board of Directors (Minutes) |
|----------------------|--|

APOLOGIES:

| | |
|----------------|---------------------------------------|
| Ms. K. Major | Chief Executive |
| Mrs. J. Phelan | Communications and Marketing Director |

OBSERVERS:

One member of staff
11 Governors

STH/95/19

Declarations of Interest

There were no declarations made.

STH/96/19

Minutes of the Previous Meeting held on Tuesday 21 May 2019

The Minutes of the previous meeting held on Tuesday 21 May 2019 were **AGREED**,
APPROVED and **SIGNED** by the Chairman as a correct record of the meeting.

STH/97/19

Matters Arising

There were no matters arising that were not to be discussed under the substantive agenda items.

STH/98/19

Clinical Update: Genomics

The Medical Director gave a presentation on Genomics to the Board. He explained that he had delivered a presentation on Genomics to the Board three years previously and that since then there had been advances in terms of both the time and cost associated with Genomics.

The key points highlighted were:

- At the end of 2012 the then Prime Minister committed the UK to the sequencing of 100,000 genomes for rare/inherited diseases and certain common cancers by the end of 2017. The Trust had participated in the 100,000 Genomes Project as part of the Yorkshire and Humber Genomic Medicine Centre and worked in joint collaboration with Sheffield Children's NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust.
- In terms of performance it had proved easier to recruit patients to be involved in the project for rare diseases than for cancer. The Medical Director thanked the Trust staff who had been involved to date as the Trust had made a positive contribution to the project.
- NHS England's vision is for a national Genomic Medicine Service to embed genomics in practice and provide consistent and equitable care mainstreamed across all clinical pathways.
- There would be benefits for patients and services including; the ability to select targeted drugs that had been identified to treat specific genetic abnormalities and for treatment response prediction.
- Possible negative impacts were also identified especially around the commodification of disease risk profiling.
- The Trust would need to consider how to prepare its workforce and services for the potential impacts that advances in genomics would have.

The Board had a detailed discussion following the presentation.

The Board discussed the need to prepare the workforce and public for the increasing availability of genomic sequencing. Chris Newman commented that all healthcare professionals would need an appropriate level of understanding about genomics.

Martin Temple highlighted some of the potential ethical concerns around more easily available genomic sequencing. Discussed were the potential impacts on insurance and mortgages and other unintended consequences.

The Chief Nurse highlighted that genomic sequencing is relatively affordable. He highlighted a potential quality issue with some commercial tests as well as a potential impact for the Trust of having to validate results.

The Chairman thanked the Medical Director for an interesting presentation. The Board agreed that it would need to monitor the impact of advances in genomics for any unintended consequences.

STH 99/19

Chief Executive's Matters

The Director of Finance presented the Chief Executive's report (Enclosure B) noting that due to long standing leave arrangements that pre-dated the scheduling of the Board of Directors' meeting the Chief Executive had sent her apologies for the Board.

The report highlighted the following matters:

(a) Integrated Performance Report

- Deep Dive – 18/19 Summary Performance

The Director of Finance explained that the report highlights the Trust's achievements in the last year and areas of potential concern. Areas of focus for improvement were A&E performance, cancellations and elements of the cancer waiting times performance.

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

- Deliver the best clinical outcomes

The Medical Director highlighted the following points from the Healthcare Governance Committee (HGC) held on the 15 April 2019:

- The Medical Director had presented an overview of mortality at the Trust. A key theme discussed was interpreting the Trust's position against different mortality indicators and the findings of various different reviews. He explained that the Trust's position against the Hospital Standardised Mortality Ratio (HSMR) indicator was slightly higher than the expected rate; however the Summary Hospital Level Mortality Indicator (SHMI) was at the expected rate. The difference between the SHMI and the HSMR may be due to coding issues.
- Dr Rob Ghosh, Clinical Director and Consultant Physician had attended the Committee to present the Dementia Annual Report. It had been agreed that dementia training could be included as Job Specific Essential Training for medical staff.

The Chief Nurse highlighted the following points:

- There no cases of Trust assigned MRSA bacteraemia recorded for the month of April 2019.
- There were six Trust attributable cases of MSSA bacteraemia recorded in April 2019. The Chief Nurse provided assurance that this was being closely monitored.

- The Trust recorded 13 cases of C.diff in April 2019. The Chief Nurse explained that this target has recently changed and now included cases involving patients recently discharged from the Trust and so was higher than in previous years.

The Chief Nurse notified the Board that going forward these reports would be brought to the Board and HGC on a quarterly basis, with the exception of any cases of MRSA which would be reported for the month in which they occurred.

In terms of safer staffing, overall, the percentage of care hours per patient day for registered nurses was 91% and for all registered nurse and care staff was 99.7%.

In response to a question from the Chairman, the Chief Nurse confirmed that the next intake of newly qualified nurses would be in September and October 2019. He noted that 2019 was the last year where there would also be a second intake of graduates in March.

- Provide patient-centred services

The Chief Operating Officer highlighted the following points:

- The activity performance for April 2019 was:
 - Referrals received were above the baseline level included in the Trust's plan.
 - New outpatient activity was 0.02% above the contract target.
 - Follow up outpatient activity was 2.1% above the contract target.
 - Accident and Emergency activity was 0.98% above the target.
 - Elective activity was at the contract target and is 0.68% above the contract target.
 - Non-elective activity was 1.0% below the contract target.
 - The average number of patients who had a delayed transfer of care in April 2019 was 41 compared to 50 in March 2019.
 - 100 operations were cancelled on the day for non-clinical reasons in April 2019 compared to 71 in March 2019.
 - Two patients who had their operation cancelled on the day of admission in March 2019 for non-clinical reasons were not readmitted within 28 days. The patients have subsequently had their operations.
 - 82.98% of patients attending A&E were seen within four hours in April 2019 compared to a local target of 90% and the national target of 95%.

- 60.26% of ambulance handovers occurred within 15 minutes in April 2019 compared to 58.06% in March 2019; 1.93% of ambulance handovers took more than 30 minutes in March 2019 compared to 2.79% in March 2019.
- The percentage of patients who had been waiting less than 18 weeks for their treatment at the end of April 2019 was 92.62% which met the national target (92%). The percentage of patients who received treatment in April 2019 and had waited less than 18 weeks was 81.06% for admitted patients (local target 90%) and 90.84% for non-admitted patients (local target 95%).
- There were no patients waiting over 52 weeks for treatment.
- The percentage of referrals received from GPs through the e-Referrals Service in April 2019 was 99.95%.

Candace Imison asked why despite recent investments in A&E, the Trust remains challenged to sustain A&E performance at the required level. The Chief Operating Officer highlighted the complexities of A&E and highlighted some of the plans in place to improve the position including:

- The development of a system wide plan by the Urgent and Emergency Care Transformation Delivery Board, including work with Care Homes.
- The appointment of two further A&E consultants who will be starting in September/October 2019.
- Work of the Flow Oversight Group to improve flow through the hospital.
- The ongoing Same Day Emergency Care trial.
- The implementation of a Single Assessment process before the winter.
- Employing caring and cared for staff

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

- Sickness absence in April 2019 was on target at 4%.
- Short term absence had decreased from 1.8% in March 2019 to 1.7% in April 2019.
- Long term absence had remained at 2.3% in April 2019.
- For the period May 2018 to April 2019, the Trust had achieved 89% for the number of appraisals which had been carried out against the target of 90%.
- For the period May 2018 to April 2019 compliance levels for mandatory training were at 91% against a 90% target.

Shiella Wright asked what actions the Trust was taking to retain administrative and clerical staff noting that they are the staff group with the highest leaver rates. The Director of Human Resources noted that the rate was within target and explained that the process for Exit and

Retention interviews was under review and that the Trust was piloting a Values Based Recruitment element to the recruitment process.

- Spending public money wisely

The Director of Finance highlighted the following points:

- The Month 1 position shows a £5.351k (0.6%) deficit against the financial plan.
- There was an activity income under-performance of £0.5m in April 2019, mainly on elective and non-elective activity.
- There was an overspend of £0.8m (1.4%) on pay in April 2019. Bank and Agency costs were above the April 2018 level. Medical and Dental Staffing remains the pressure area.
- There was a £0.3m under delivery against efficiency plans for April 2019.

- Delivering excellent research, education and innovation

The Medical Director highlighted the following points:

- The number of patient accruals to portfolio adopted grant and commercial studies for 2018/19 was 11,641. This was 127% of our Yorkshire and Humber Clinical Research Network (YHCRN) end of year target of 9166.
- STH continues to maintain research performance as a result of several factors including shortened R&D setup times, active recruitment by researchers and on-going collaborative working between the Clinical Research & Innovation Office, YHCRN, and STH research facilities.

The Director of Finance gave the following updates:

- Chief Operating Officer

The Director of Finance confirmed that following recent new appointment to the Executive team, rather than recruit to the post of Deputy Chief Executive the post of Chief Operating Officer would now be an Executive Director.

The Director of Finance explained that the content of the Chief Operating Officer's portfolio had not changed but his responsibility and accountability to the Board of Directors had changed from the 1 June 2019. He also confirmed that he Chief Executive would continue to be the Executive Director lead for Organisational Development and Equality, Diversity and Inclusion.

The Board congratulated the Chief Operating Officer.

- CD Leadership/ Recruitment

Following Clinical Director interviews the individuals below had been appointed into post:

- Dr Karl Brennan – Anaesthesia and Operating Services
- Dr Bisher Kavar – Renal Services
- Dr Andy Temple – Critical Care

- Hotel Services Director

The Director of Finance noted that Kevin O'Regan was retiring as Hotel Services Director after 28 years at the Trust and over 40 years' service to the NHS. The Board thanked him for his contribution to STH, the NHS and to patients and wished him well in his retirement.

The Director of Finance announced that an Interim Hotel Services Director had been appointed, Andrew Jones. Andrew will start in post on 8 July 2019.

- Changes to Sheffield CCG Leadership

On 23 May 2019 it was announced that Accountable Officer Maddy Ruff would be leaving NHS Sheffield CCG to take up a new post at Humber, Coast and Vale Health Care Partnership. Lesley Smith had been appointed as Sheffield CCG's interim Accountable Officer. Lesley is currently Accountable Officer at NHS Barnsley CCG and she will continue her role there as well as work with Sheffield.

Dr Tim Moorhead has announced his intention to step down as Chair of NHS Sheffield CCG. A process for selecting a new Chair will start soon.

- NHS Chief Operating Officer and Chief Executive of NHS Improvement

The Director of Finance reported that NHS England and NHS Improvement had announced that Amanda Pritchard had been appointed as NHS Chief Operating Officer. Amanda will take up the post full time on 31 July 2019.

- NHS Interim People Plan

The Interim People Plan for the NHS was published at the beginning of June 2019 and had been developed over the last few months. The plan set an agenda to tackle the workforce challenges in the NHS. The Board noted that the plan was in an early stage of development. The Director of Human Resources and Staff Development agreed to circulate the link to the plan and it will be on the agenda for discussion at the HR and OD Committee.

Candace Imison noted that the interim plan did not set out key financial commitments and highlighted that it would be important to ensure that local initiatives are in place with the Universities and Colleges.

- NHS Pension Scheme

The Director of Finance noted the increasing pressure relating to pension taxation issues affecting the workforce. This is having an impact across medical consultants, senior nursing and senior management roles.

The NHS Interim People Plan acknowledged this issue for senior medical staff. Accordingly the government is bringing forward a consultation planned for the summer. The Director of Finance explained that the Trust is working with the Shelford Group to input into this consultation process.

The Director of Human Resources and Staff Development was arranging a number of awareness sessions for affected staff.

- Hadfield Wing

The Director of Finance gave an update on progress. He reported that progress had been made at further Liaison Committee meetings and the commitment to address the issues was encouraging. The Trust had granted the contractors access to the building with effect from 17 June 2019. He added that the modular wards will be delivered in stages over the next few weeks and it is expected that they will be operational from December 2019.

The Board were pleased with the progress.

- Cancer Performance Update

The Director of Strategy and Planning gave an update on the Trusts Cancer Performance. She highlighted that the Trust continued to perform well in relation to the 2 week wait standards but that the 31 and 62 day standards had been challenging. She noted that difficulties were being experienced principally in head and neck and urology cancers. This was being driven by complex pathways in head and neck and robotic theatre capacity for urology. The Director of Strategy and Planning noted that urology had a detailed recovery plan in place and that she was assured that they would recover by the end of Quarter 2.

The Director of Strategy and Planning also highlighted actions being taken to support improvement in cancer performance:

- Investment in quality improvement support in the lung, urology, head and neck and lower GI pathways.
- Investment had been agreed to support improvement in histopathology waiting times.
- A new radiotherapy service manager had been appointed to support further improvement in pathway management.
- The Waiting Times Performance Overview Group will continue to closely monitor cancer performance.

The Board requested that an update be brought to the next meeting.

Action: Director of Strategy and Planning

- Hyper Acute Stroke Unit (HASU)

The agreed changes to the Hyper Acute Stroke services in South Yorkshire and Bassetlaw commence from 1 July 2019. From this date Rotherham District General Hospital will no longer provide this service and the majority of Rotherham patients will instead be admitted to the HASU at the Royal Hallamshire Hospital. Barnsley HASU will close from 1 October 2019 but this is expected to have a lesser impact on the Royal Hallamshire Hospital service, with the majority of patients receiving treatment at Doncaster Royal Infirmary. All Trusts will continue to provide care after the hyper-acute phase (~48hours) and there is clear evidence from other areas that have reorganised services in this way that there are significant benefits to patients.

Key risks were noted as staffing and the repatriation of patients back to their District General Hospital once there HASU episode is complete.

The Director of Strategy and Planning agreed to keep the Board and Healthcare Governance Committee informed of progress against key metrics as appropriate.

- Business Continuity Incidents

The Director of Finance reported that a number of events had impacted on the operational activity of the Trust in the last month. The Board extended its thanks to everyone involved and remarked that the significant efforts were very much appreciated. The Board also thanked patients and visitors for their understanding.

STH/100/19

Clinical Research Network Annual Report

The Assistant Chief Executive presented Enclosure D, the Clinical Research Network Yorkshire and Humber Annual Report for 2018/19. She explained that the report had been submitted on the 17 May 2019 and also required submission to the Board of Directors for formal approval as the Trust Host the contract.

The Board of Directors **APPROVED** the Clinical Research Network Yorkshire and Humber Annual Report for 2018/19.

STH/101/19

New Cancer Waiting Times Guidance

The Director of Strategy and Planning referred to her report (Enclosure E) that highlighted the key changes to the Cancer Waiting Time Monitoring Dataset Guidance (version 10) published on the 2 April 2019.

She summarised the key changes to the guidance which include, changes in the policy in terms of inter provider transfer breach allocation for the 62 day standard and the introduction of a Faster Diagnosis Standard in which patients should have cancer ruled out or diagnosed within 28 days of referral.

The Director of Strategy and Planning assured that the guidance had been disseminated widely in the organisation, with training provided to individuals to implement. She also highlighted that further changes on cancer standards may come into effect in April 2020.

The Board discussed and **NOTED** the report.

STH/102/19

Chairman and Non- Executive Director Matters

No matters were raised by the Chairman and No-Executive Directors.

STH/103/19

Any Other Business

(a) Planning for a 'No Deal' Brexit

The Chairman noted that a 'No Deal' Brexit was looking increasingly likely and asked about the Trust's preparations for a 'No Deal' scenario. The Chief Operating Officer assured that a Trust Brexit task and finish group had been re-established. He also noted that the Trust was working with system partners to plan for this scenario.

The Chief Operating Officer would keep the Board updated as appropriate.

STH/104/19

Date and Time of Next Meeting

Tuesday 30 July 2019, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.

Signed Date
Chairman