



Minutes of the BOARD OF DIRECTORS held on Wednesday 16th July, 2014, held in the Board Room, Northern General Hospital

PRESENT:

Mr. V. Powell (Chair)

Sir Andrew Cash	Mrs. A. Laban
Professor H. A. Chapman	Ms. K. Major
Mr. J. Donnelly	Mr. N. Priestley
Ms. V. Ferres	Dr. D. Throssell
Mr. M. Gwilliam	Professor A. P. Weetman
Mrs. S. Harrison	

APOLOGIES:

Mr. T. Pedder	Mr. M. Temple
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IN ATTENDANCE:

Miss S.Coulson (Minutes)	Mr. N. Riley
Mrs. J. Phelan	
Helen Dresner Barnes	} item STH/170/14
Nicola Dawes	
Sarah Martin	
Ellen Ryabov	} item STH/175/14
Lisa Needham	

OBSERVERS:

- 1 member of staff
- 1 Governor
- 1 Member of the Public

Prior to the commencement of the meeting Mr. Powell informed the Board that he had taken up the role of Acting Chairman for the next two/three months while Mr. Pedder was on sick leave. He also reported that John Donnelly and Vickie Ferres had agreed, following a proposal that they do so from the Governors Nomination and Remuneration Committee, to remain in post as Non Executive Directors for three months until the newly appointed Non Executive Directors started on 1st October, 2014

STH/167/14

Declaration of Interests

There were no declarations of interest.

STH/168/14

Minutes of the Meeting of the Board of Directors held on Wednesday 18th June 2014

The Minutes of the Meeting of the Board of Directors held on Wednesday 18th June 2014 were **AGREED, APPROVED** and **SIGNED** as a correct record by the Chairman.

STH/169/14

Relevant Matter(s) Arising

(a) Friends and Family Test

STH/142/14/(b)) The Chief Nurse reported that staff had spoken to pregnant and post delivery women and had asked them how they would prefer to be asked about the Friends and Family Test. Their comments had been taken on board. The survey had been re-profiled and as a result the response rates for maternity services had dramatically improved.

STH/170/14

Clinical Performance:

(a) Clinical Update: Community Midwifery: City Wide Team

Helen Dresner Barnes, Sarah Martin and Nicola Dawes were present for this item together with Marie Reid, Matron for Community Midwifery.

The Chief Nurse introduced the item and gave Dotty Watkins', Nurse Director, apologies for not being able to be present as she had been attending the birth of a baby through the night.

The Chief Nurse explained that she had spent some time working with the Community Midwifery City Wide Team. During that time she saw three women, two of whom she felt would have moved their care elsewhere if it were not for the City Wide Team and the third woman suffered with mental health problems and had received significant support enabling her to manage her pregnancy optimally. The team consisted of three members of staff who provided a service 24/7, 365 days a year across the city. The team demonstrated great flexibility in meeting the needs of women in Sheffield.

Helen Dresner Barnes gave a detailed and interesting presentation (copy attached to the minutes) on the work of the team.

Key points to note were:

- The Team provided care to women who faced a series of challenges including social issues, complex pregnancies and mental health problems from the point of referral to the completion of care.
- The model of care had been acknowledged as innovative practice by the British Journal of Midwifery and the City Wide 1:1 Team had been awarded was Team of the Year 2014.
- A team from Bradford were visiting the Trust to observe how the model works with a view to introducing it within their organisation.
- Caseloading has been identified as being a cost-effective way to provide safe care with continuity and good outcomes for 'high risk' women compared to standard maternity services.
- Midwife-led continuity models delivered consistently good outcomes.
- The Midwife would work as the key co-ordinator of care within the multidisciplinary team, liaising closely with obstetricians, GPs etc.
- Patients value the personalised care co-ordinated by a midwife they trust.

- The Team had organised the International North of England Breech Conference to be held on 26th/27th September 2014.

Helen gave the following responses to questions during discussion:

- She confirmed that the Team had to work with respect for patients' religious views. For example Muslim ladies were not keen on any intervention and were particularly uneasy about inducement.
- She stated that if the caseload became too high the Team could draw other midwives into the team as appropriate.
- She stated that Consultants did not attend patients in their homes as they did not have the necessary insurance cover. The Medical Director confirmed that Consultants were covered under the NHSLA for that purpose and agreed to confirm that by email to the Helen and the Consultants concerned.

Action: David Throssell

The Chairman thanked Helen and her colleagues for an extremely interesting presentation and wished them every success for the Conference in September.

(b) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Summary (Enclosure B) circulated with the agenda papers. He highlighted the following key points:

- Care Quality Commission (CQC) - Information of Concern
 - The Trust had submitted a joint response with the Sheffield Health and Social Care Trust to issues raised by the CQC following the death of a patient detained under the Mental Health Act in 2012.
 - Following receipt of anonymous information the CQC had requested a response to queries surrounding cardiac surgery data and the Trust had submitted a response within the required deadline.
- Mortality Report
 - HSMR - Most recent 12-month rolling HSMR – 1 March 2013 – 28 February 2014. 92 (88-96) for All Admissions and “lower than expected” when compared with hospital Trusts nationally. The rebased value for that period was currently expected to rise by 8-10 points as the national average had fallen by that amount during 2013/14. The year to date predicted rebased value was available at 102 (97-107) and was “as expected”.
 - SHMI - Most recent 12-month rolling SHMI - 1 October 2012 – 30 September 2013 (published 30 April 2013). 0.89 (0.90 -1.11 over-dispersion control limits of 95%). That was in the “lower than expected” range and rebased. The next publication was expected on 30 July 2014.
- Clinical Audit Programme was on track and good monitoring was in place. In June each year the Draft Trust Clinical Audit Programme was approved by the Clinical Effectiveness Committee and covered the audit requirements for the coming year. An update would be presented to the Healthcare Governance Committee in September 2014 to provide a position statement on the implementation and monitoring of each project at the mid-year state.
- Cancer Services Improvement Report and Outcomes of External Verification - A

number of Cancer Peer Review had taken place and all areas identified for improvement had been addressed.

No major concerns had been identified following all recent external quality inspections.

- Serious Untoward Incidents (SUIs) – The Trust had recorded the following two new SUIs, the first of which met the definition of a ‘never event’:
 - Retained Throat Pack (Never Event) - A trauma patient underwent a complex procedure requiring both thoracic and spinal surgery. In theatre an armoured ET tube was inserted to secure the airway and at the same time a throat pack was inserted. As the procedure being carried out was particularly lengthy the anaesthetists changed part-way through the operation and the fact that the throat pack had been inserted was not handed over. Intensive Care Unit staff identified that the throat pack was in place and reported it to the medical staff whereupon it was removed. The patient was unharmed.
 - Patient initially received the incorrect anaesthetic - A patient was listed for a nephrectomy and received the wrong type of anaesthesia. The patient should have been given a general anaesthetic for the surgery but initially received a spinal anaesthetic. The error occurred because the sequence of patients on the list had been changed. The Anaesthetist identified the error before surgery commenced. The patient then received the second identification check and the Anaesthetist proceeded with the correct anaesthetic. The surgery was uneventful and the patient was given an explanation of the error following the procedure.
- Never Event Report – The External Never Events Review Report had been received and an action plan was being drawn up and both documents would be submitted to the Healthcare Governance Committee in July, 2014 and the Board of Directors in September, 2014.

Action: David Throssell

(c) Infection Control Report

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

- The Trust had recorded 0 Trust attributable cases of MRSA bacteraemia during June 2014.
- *C.diff* target performance was off trajectory against both the internal and Monitor *C.diff* plan. STHFT had recorded 5 positive samples for June 2014 and therefore the year to date performance was 25 cases of *C.diff* against an internal threshold of 20 and a Monitor threshold of 24. As the Trust was now above the Monitor threshold the Infection Control Operational Group had agreed an action plan based on the Trust *C.diff* plan for 2014/15. As agreed at the June 2014 Board meeting the Healthcare Governance Committee would review/monitor the *C.Diff* Action Plan monthly starting in July 2014.

The Board noted that the number of *C.diff* cases had returned to normal in June 2014 following the spike in cases which the Trust recorded in May 2014. No specific cause for the rise in cases particularly at the Royal Hallamshire Hospital site had been identified.

- MSSA performance was off trajectory against the MSSA plan.

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

STH/171/14

Delivering the Trust's Corporate Strategy 2012-17:

(a) 5-year Strategic Plan Summary

The Director of Strategy and Operations presented the 5-year Strategic Plan Summary (Enclosure D) circulated with the agenda papers. She explained that the document set out a summary of the analysis that underpins the Trust's strategy and how STH would respond to the challenges facing the sector. The Summary version had been submitted to Monitor on 30th June 2014 and would be published on their web site.

The Board of Directors formally **APPROVED** the Plan which had been submitted to Monitor following discussion at the June 2014 Board Meeting when delegated authority was given to the Trust Executive Group to submit documentation in line with Monitor's timeline.

STH/172/14

Provide patient centred services

(a) Friends and Family Test: Update

The Chief Nurse presented the FFT results for June 2014 as set out below:

➤ Scores

	Q4			Q1		
	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014
STH Inpatient	73	74	76	78	77	76
National Inpatient Average	73	73	73	74	74	n/a*
STH A&E	55	54	49	47	50	48
National A&E Average	57	55	54	55	54	n/a*
STH Maternity	70	70	60	62	59	73
National Maternity Average †	70	70	70	70	68	n/a*

➤ Response Rates

	Q4			Q1		
	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014
STH Inpatient	33.6%	32.7%	34.1%	36.4%	29.8%	36.7%
National Inpatient Average	31.0%	34.2%	34.8%	34.9%	35.9%	n/a*
STH A&E	17.9%	17.0%	18.3%	23.6%	27.3%	24.9%
National A&E Average	17.4%	18.6%	18.5%	18.6%	19.1%	n/a*
STH Maternity	7.0%	7.4%	10.6%	7.3%	9.9%	40.1%
National Maternity Average †	17.6%	18.1%	19.2%	19.4%	20.1%	n/a*

➤ Maternity Services Scores

	Q4			Q1		
	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014
STH Antenatal Services	41	0	50	49	59	73
National Average	67	67	67	65	67	n/a*
STH Birth	87	82	65	74	67	74
National Average	78	75	77	76	77	n/a*
STH Postnatal Ward	51	63	58	63	38	70
National Average	65	64	64	64	65	n/a*
STH Postnatal Community	100	100	0	54	86	77
National Average	75	75	74	77	77	n/a*
Maternity Total	70	70	60	62	59	73
National Maternity Average †	70	70	70	70	68	n/a*

➤ Maternity Services Response Rates

	Q4			Q1		
	Jan 2014	Feb 2014	Mar 2014	Apr 2014	May 2014	Jun 2014
STH Antenatal Services	1.7%	0.4%	1.8%	8.7%	9.7%	41.6%
National Average †	13.8%	14.3%	14.6%	15.2%	16.5%	n/a*
STH Birth	12.6%	11.5%	18.5%	9.2%	12.4%	38.7%
National Average	20.8%	21.2%	22.6%	23.1%	23.3%	n/a*
STH Postnatal Ward	13.2%	17.1%	21.1%	8.3%	12.9%	38.3%
National Average †	23.1%	24.9%	25.8%	26.7%	26.8%	n/a*
STH Postnatal Community	0.7%	0.2%	0.9%	2.6%	4.5%	48.0%
National Average †	12.1%	12.0%	13.1%	12.2%	13.5%	n/a*
Maternity Total	7.0%	7.4%	10.6%	7.3%	9.9%	40.1%
National Maternity Average †	17.6%	18.1%	19.2%	19.4%	20.1%	n/a*

The key points to note were:

- The Maternity Score was now above the national average.
- The response rate in Maternity Services had increased significantly in June 2014 due to the following reasons:
 - Information Services had reviewed and refined the way in which they calculated eligible patient numbers at the Antenatal and Postnatal Community touch-points which provided a more accurate reflection of response rates
 - A renewed focus on FFT in Maternity Services by staff had led to a significantly improved response rate at every touch-point.

- FFT would be piloted in 5 Outpatient areas, Day Case and 5 Community Services commencing 21st July, 2014. Implementation in Day Case would commence on 28th July, 2014, in the Day Surgery Unit at the Northern General Hospital and the Day Case Centre and Theatre Admissions Unit at the Royal Hallamshire Hospital.
- The NHS England FFT guidance review publication had been delayed until 18th July, 2014. It was thought that the current scoring system may be replaced by a star rating system. The guidance may be prescriptive on some matters but would allow local flexibility on others.
- The CQUIN target for Q4 2013/14 was to achieve a response rate that improved on Q1 2013/14 and was 20% or over. The combined A&E/inpatient response rate for Q4 was 24.5%, therefore the Q4 funding (£175,000) was secured
- The CQUIN target for Q1 2014/15 was to achieve a response rate of 25% for inpatient areas and 15% for A&E.
- The Q1 response rate in inpatient areas was 34.2% and in A&E was 25.2%, therefore the Q1 funding (£125,000) was secured
- For Q4 2014/15, the target was to achieve higher response rates than Q1 and needed to be 30% or over for inpatient areas and 20% or over for A&E

The Board of Directors **RECEIVED** and **NOTED** the FFT Results for June 2014.

(b) **Monthly Nurse Staffing Report**

The Chief Nurse presented the monthly Nurse Staffing Report (Enclosure E). She explained that the report provided information on the details of the actual hours of Registered nurses/midwives and Clinical Support staff's time on ward day shifts and night shifts versus planned staffing levels for June 2014.

The key points to note were:

- For each of the 72 clinical inpatient areas the optimal number of hours of nursing or midwifery staff time required for day shifts and night shifts had been calculated for the month and the actual fill rate had been recorded.
- Overall the actual fill rate for shifts for Registered Nurses against planned levels was 94.7% during day shifts and for other care staff the actual fill rate was 91.7%. Overall the actual fill rate for shifts for Registered Nurses against planned levels was 93.7% during night shifts and for other care staff the actual fill rate was 105.8%.
- The report detailed the 19 areas (pages 4 to 8) where there was a variance of greater than 15% between actual fill rates and planned staffing levels. The reasons for the variance were provided and any actions being taken were detailed.

In answer to a question, the Chief Nurse stated that the 1:8 nurse:patient ratio mentioned in the recent guidance published by NICE covered day time only, had a weak evidence base and should not be used in isolation. The Trust's approach went beyond that guidance and was more sophisticated and reflected individual patient's needs at in-patient ward level.

The Board of Directors **RECEIVED** and **NOTED** the report and **AGREED** that the actions proposed were appropriate to maintain optimal levels of staffing.

STH/173/14

Financial and Operational Performance:

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

The Director of Finance presented the Finance Report (Enclosure F) circulated with the agenda papers and highlighted the following points:

- The 2014/15 contract with NHS England had been agreed with compromises made by both sides.
- NHS England is still reporting that it had yet to secure a financially balanced plan nationally.
- The 2014/15 Integrated Sexual Health Services contract with the Sheffield City Council was broadly agreed.
- Disappointingly the Month 2 financial position was a deficit against plan of £1,800.3k which was 1.2% of the budget to date.
- There remained significant risks to the 2014/15 Financial Plan around non-delivery of efficiency savings and unsatisfactory Directorate financial performance. Directorates had reported an under-delivery of £0.65 (15.3%) against their efficiency plans at Month 2 which was clearly a significant factor in the deficit position.
- The future financial challenges that the Trust faces within the context of ever increasing financial pressure in the Health and Social Care systems.
- It had recently been announced that additional NHS funding would be available to improve system resilience particularly over the coming winter and 18 week RTT performance.

The Board of Directors **NOTED:**

- The satisfactory conclusion to the outstanding 2014/15 contract negotiations.
- The disappointing Month 2 financial position and the potential adverse impact to the 2014/15 Financial Plan from under-delivery of efficiency plans and unsatisfactory Directorate financial performance.
- The future financial challenges the Trust faces within the context of ever increasing financial pressure in the Health and Social Care systems.

(b) **Report from the Director of Strategy and Operations**

The Director of Strategy and Operations presented the Activity and Access Report (Enclosure G) circulated with the agenda papers and highlighted the following points:

- As a result of the work to address the impact of rising demand on waiting lists, there had been some improvement in waiting times although the work continued with a view to reaching a significantly improved performance by Autumn 2014. In May, 2014, the target for incomplete pathways was met. The target for 18 week admitted pathways was narrowly missed with 88.6% of patients seen

within 18 weeks against the target of 90%. For non-admitted pathways the target was also narrowly missed for the Trust as a whole with 93.3% of patients seen within 18 weeks against a target of 95%.

- New outpatient activity was 2.1% above target in May, 2014, and 2.7% for the year to date.
- Follow up activity was on target in May, 2014, and 0.5% above for the year to date.
- The level of elective inpatient activity was 2.8% above target in May, 2014, and 3.3% year to date.
- Work continued to minimise the number of operations cancelled for non-clinical reasons. In May, 2014, fewer operations were cancelled than expected and the year to date total was 147 against a target of 150.
- Non elective activity was 0.5% above target in the month and was 2.6% above for the year to date. At any one time there was an average of 116 patients whose discharge from hospital was delayed compared to 112 in April, 2014.
- The waiting list for inpatients fell in May 2014 by 17. The outpatient queue increased by 971.
- Accident and Emergency performance was above target in May, 2014, by 2.8% and was 1.6% above for the year to date. In May, 2014, 94.9% of attendances were seen within 4 hours. The provisional position for June, 2014, was 95.9%, giving a provisional Q1 position of 95.8%.
- The performance against the Cancer targets was on track for Q1. The receipt of referrals from DGHs in the surrounding area varied in terms of time on patient pathway and ranged from 11% to 52% received after Day 38 on the 62 day pathway.

The Board of Directors **RECEIVED** and **NOTED** the Activity and Access Report

(c) **18 Week Wait Performance**

The Director of Strategy and Operations presented the update on the Trust's 18 week wait performance (Enclosure H) circulated with the agenda papers and highlighted the following points:

- The Trust continued to meet all the cancer treatment waiting time standards – the prioritisation of those urgent pathways inevitably on occasions impacted on the Trust's 18 week performance in non-cancer, non-urgent diagnoses.
- The Trust met the 18 week referral to treatment target for incomplete pathways in May 2014.
- The number of non-admitted and admitted patients treated within 18 weeks in May 2014 was just below the required national waiting time standards. The figures were 88.6% (target 90% admitted patients) and 93.3% (target 95% non-admitted patients).
- All agreed actions within the action plan were progressing well.

- Appendix 1 to the report highlighted the modest but nevertheless challenging improvements required across Directorates in order to deliver the 18 week target.
- Recovery plans were in place and weekly monitoring was being undertaken.
- Pathway validation was in place. A trajectory had been set for the Trust to significantly increase its rate of validation such that every pathway would be validated down to 5 weeks by the end of December 2014.
- Exception reporting was being introduced for any pathways over 52 weeks.
- There had been three patients in May, 2014, who had been waiting over 52 weeks. Two of those patients had received treatment and had been discharged with no compromise to their outcomes. The third patient was on a complex diagnostic pathway.
- Between now and October, 2014, the Chief Executive would chair and host a series of summit meetings alongside the Director of Strategy and Operations with Clinical Directors and General Managers to review progress against the agreed trajectories. The first meeting was due to take place on Friday 25th July 2014.

Annette Laban reported that the 18 Week Task Group had met on Monday 14th July, 2014, and the importance of getting on with the required work was reinforced to Directorates. The Directorates had taken the message on board and staff were also embracing the training. The Task Group would be focussing on orthopaedics and cardiology at their meeting in August 2014 as those were the most challenging Directorates.

The Board of Directors **RECEIVED** and **NOTED** the update on 18 week performance.

STH/174/14

Our Staff

(a) **Report from the Director of Human Resources: Quarter 1 Staff Friends and Family Test Update and Results**

The Director of Human Resources presented the Quarter 1 results of the Staff Friends and Family Test (Enclosure I) circulated with the agenda papers.

The key points to note were:

- Testing took place from 23rd May to 20th June 2014 both by postcard and online methods.
- 3269 staff were invited to participate in the following Directorates and 893 replies were received (115 online and 278 postcards) giving a response rate of 27%:
 - Cardiothoracic
 - ENT
 - Medical Imaging and Medical Physics
 - Central Nursing
 - Chief Executives Office
 - Critical Care Admin Staff
 - Urology
 - Weston Park Hospital
 - Hotel Services (Northern General Hospital)
- The report included raw data as the final data was not due back until week commencing 21st July 2014.

- The test would be rolled out to a further 14 directorates in Quarter 2 as detailed in the report. In Quarter 2 a web link and mobile phone QR code would be put on the postcards in order to make it easier for staff to participate. The results for Quarter 2 would be reported to the September, 2014 Board meeting

STH/175/14

Deliver Best Clinical Outcomes

(a) 2013/14 Winter Story

Ellen Ryabov, Chief Operating Officer and Lisa Needham, Deputy Chief Operating Officer were in attendance for this item.

Director of Strategy and Operations referred to the report (Enclosure J) circulated with the agenda papers and supported it with a detailed presentation (copy attached to the minutes). The paper and presentation provided the Board of Directors with a description and evaluation of the Trust's experience of Winter 2013/14 compared with the experiences of Winter 2012/13.

She outlined the process changes implemented within Clinical Operations and the wider Trust during winter 2013/14 and their impact on performance in comparison to 2012/13. She explained that the lessons learned from the success of 2013/14 would be used to form the basis of developing the Trust's Winter Plan for 2014/15.

The key points to note in 2013/14 were:

- Improved level of performance by STHFT when compared with other NHS Trusts both locally and nationally.
- Even though the Trust's performance improved in 2013/14 it was not as a result of a reduction in activity. The exact opposite was the case:
 - all winter admissions were up by 3.75%
 - non Elective winter admissions were up by 1.44%
 - elective winter admissions were up by 4.68%
 - day Case Elective winter admissions were up by 5.45%
- The flow of patients through the Trust had improved due in part to the A&E expansion scheme. Also the expansion of the Clinical Decisions Unit had increased patient throughput by 27%.
- The number of outlier bed nights had reduced.
- The number of delayed transfers of care had reduced.
- The Trust was not hit hard by Norovirus.
- A significant amount of work was undertaken around the discharging of patients. The overall increase in discharges from hospital was attributable to significant improvements in the community infrastructure and the introduction of Patient Centre had also helped.
- Staff were taking responsibility for their own areas and there was now a clear picture of what beds were available and where.
- The use of the Discharge Lounge had been extended and the aim was to have 10 patients in the Discharge Lounge ready for discharge by 10 am each

morning. Also a Pharmacy Technician was placed in the Discharge Lounge to improve the dispensing of TTOs and that had proved very successful.

In terms of preparing for Winter 2014/15 the proposed work programme to be continued/delivered included:

- System change – working with partners internally and externally
- Cultural change – wide ownership from the outset
- Discharging and discharge processes
- More systematic processes and escalation
- Admissions avoidance and admissions process
- Managing sickness absence
- Profiling work across week and days and responding
- Managing elective flow
- Planning for bank holidays

If funding was available in 2014/15 the principle areas to tackle were assessment beds, assessment capacity and the development of a robust model for the “acute take”.

The Board of Directors:

- **APPROVED** the analysis of Winter 2013/14 subject to any additions or amendments
- **AGREED** that the analysis should form the basis of planning for Winter 2014/15.
- **AGREED** that a communications plan should be developed that ensures the staff involved in the wide range of actions and plans implemented understand the positive contribution this had on operational delivery and delivery of patient care.

STH/176/14

Spend public money wisely

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

The Director of Finance presented an update on the 5-year Capital Plan and Capital Programme (Enclosure K) circulated with the agenda papers. He highlighted the following key points:

- The Capital Programme remained manageable for 2014/15, but the 5 Year Plan then moved into an increasing over committed position for the following four years.
- That over-committed position may be exacerbated as new schemes and priorities emerged over the five year period.
- In looking at where to locate a 5th MRI Scanner it had been decided that there needed to be a new MRI scanner on both hospital campuses and therefore a 6th MRI Scanner was required. The scheme for the 6th MRI Scanner had recently received approval at a cost of £1.7 million.
- There was also a need to confirm the costs on the Transformation Through Technology Programme which may now significantly exceed the early planning assumptions.
- Funding solutions for future years of the programme remain to be found.

- Capital planning/prioritisation and scheme “value engineering” continued to be crucial in securing maximum value for money from limited resources.
- Given potential slippage action would need to be taken to ensure an acceptable position for 2014/15.

The Board of Directors:

- **APPROVED** the latest 2014/15 Capital Programme and **NOTED** the significant over-commitment on the 2015/16 to 2018/19 position which would need to be addressed.
- **NOTED** the list of “possible” schemes on the five year plan listed in Appendix C which, along with other likely schemes, would 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 continue to generate additional resources for future years and/or identify any opportunities to secure additional capital funding.
- **NOTED** the importance of capital planning/prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding.

STH/177/14

Chief Executive’s matters

The Chief Executive reported the following matters:

- The Tour de France had been a success in terms of emergency preparedness and there had been no incidents
- The Trust had won three awards at the Patient Safety Awards held in London on Tuesday 15th July 2014. The awards were for:
 - Cancer Survivorship
 - Diabetes Foot Care
 - Changing Culture -MCA Work

STH/178/14

Chairman and Non-Executive Directors' matters

There were no matters to report.

STH/179/14

For Approval/Ratification

(a) **Common Seal**

The Chief Nurse tabled a revised copy of Enclosure L circulated with the agenda papers as it had been necessary to withdraw the following documents:

- the licence for alternations with Blatchfords
- the lease and licence for alterations of space at Weston Park Hospital to the Weston Park Hospital Cancer Charity .

The Board of Directors **APPROVED** the affixing of the Corporate Seal to the lease between the Trust and Blatchfords for space within the M&SRC Building at the Northern General Hospital.

It was noted that Blatchfords had won the Prosthetic & Orthotic tender.

STH/180/14

To Receive and Note

(a) Declaration of Interest

The Board of Directors **RECEIVED** and **NOTED** that Annette Laban had declared that she undertakes training and development work for Pfizer Pharmaceutical. The declaration had been entered onto the Trust's Declaration of Interest Register:

STH/181/14

Date and Time of Next Meeting

The next meeting would be held on Wednesday 17th September, 2014, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital at a time to be confirmed.

Signed: Date:
Chairman