



**Minutes of the BOARD OF DIRECTORS held on Wednesday 21st January, 2015, in the Board Room, Northern General Hospital**

<b>PRESENT:</b>	Mr. T. Pedder (Chair)	
	Sir Andrew Cash	Ms. D. Moore
	Professor H. A. Chapman	Mr. J. O'Kane
	Mr. M. Gwilliam	Mr. N. Priestley
	Mrs. S. Harrison	Mr. M. Temple
	Mrs. A. Laban	Dr. D. Throssell
	Ms. K. Major	Professor A. P. Weetman
<b>IN ATTENDANCE:</b>	Miss S.Coulson (Minutes)	Mr. N. Riley
	Mrs. J. Phelan	
<b>APOLOGY:</b>	Mr. V. Powell	
<b>OBSERVERS:</b>	1 Governor	1 Member of Staff

**STH/15/15**

**Declarations of Interests**

No declarations of interest were made.

**STH/15/15**

**Minutes of the Previous Meeting**

The Minutes of the Meeting of the Board of Directors held on Wednesday 17th December 2014 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

**STH/16/15**

**Relevant Matter(s) Arising**

(a) **Sheffield Safeguarding Children Board: Child Sexual Exploitation (CSE) Review**

The Chief Nurse referred to Enclosure B circulated with the agenda papers. She explained that the paper included the Executive Summary from the Assessment of CSE in Sheffield carried out by Dr. Kathryn A. Houghton in November 2014. Dr. Houghton had been commissioned by the Sheffield City Council to carry out the review in the light of Alexis Jay's Independent Inquiry into CSE in Rotherham. She had benchmarked current practice in Sheffield against the Jay recommendations to ensure agencies were providing the most responsive best practice.

The outcome of the assessment was that:

- there was a strong sense of seamless working together, partnership and joint ownership in dealing with CSE in Sheffield
- the Sheffield Safeguarding Children Board and partners demonstrated good compliance with the Jay recommendations and many of the requirements had been embedded in Sheffield for many years

The only recommendation highlighted in relation to health services was the need for a clearer pathway to and greater availability of health services for those children and young people impacted by CSE. The recommendation was being addressed by NHS Sheffield Clinical Commissioning Group who were looking at funding a dedicated post to work as part of Sheffield Sexual Exploitation Service

The Chief Nurse stated that it was a good report for Sheffield but emphasised that there was no room for complacency and there was still work to do.

The Healthcare Governance Committee would keep this issue on their agenda.

## **STH/17/15**

### **Clinical Performance**

#### (a) **Healthcare Governance Report**

The Medical Director presented the Healthcare Governance Report (Enclosure C) circulated with the agenda papers and highlighted the following points:

##### ➤ Care Quality Commission (CQC) Compliance

- Cardiac Surgery Review - The review was ongoing but was taking longer than anticipated as the Reviewers had undertaken more staff interviews than planned. The timetable had, therefore, slipped slightly.
- CQC Inspection - The Trust was not anticipating being inspected before July 2015 and may be later than that as some inspections due to be carried out in January 2015 had been cancelled due to the current operational pressures and would need to be rescheduled into the CQC schedule of inspections.

The work on the Key Lines of Enquiry self-assessment in preparation for a CQC inspection had slipped due to operational pressures and the timescale had been extended by one month to the end of January 2015.

##### ➤ Management of Controlled Drugs - There had been 96 Controlled Drugs incidents in the last 6 months, 82 insignificant, 13 minor and 1 moderate. One incident was reported to the Police although no further action was required.

It was confirmed that electronic prescribing would bring about a huge change in reporting – the expectation was that reporting would increase (as any discrepancy would automatically report), but ‘real’ incidents and risks should fall, because there was greater mitigation of potential risk for example because of a reduction in errors due to poor legibility of handwriting.

##### ➤ Serious Untoward Incidents (SUIs)

- One new incident had been reported relating to a delayed diagnosis of embolus in the patient’s leg. The patient was admitted suffering from confusion, pain and weakness in the lower right leg. Initial impressions were that the pain was from arthritis and the patient was referred to Geriatric Medicine. However an arterial doppler scan subsequently showed a restricted blood supply to the leg and foot. A vascular surgery opinion was requested and the patient required an above knee amputation. An investigation into the delayed diagnosis had commenced.

- Ongoing Incidents: Six SUIs were currently being investigated and the final reports were being compiled.
- The following two incidents had been closed:
  - Pressure Ulcer - The Trust had taken the following action:
    - Ensure care rounding and good documentation of pressure area care
    - Ensure staff were aware when to make a request for a dynamic mattress and protective (prevalon) boots
    - Ensure MUST score was done on admission or within 24 hours of admission
  - Delayed Antibiotics - The Trust had taken the following action:
    - Introduction of Trust-wide Sepsis pathway (underway)
    - Review the ward stock antibiotics suitable for Penicillin allergic patients for all medical admission wards
- Resuscitation Trolleys - The results of an audit on Resuscitation Trolleys had identified a number of issues relating to the documentation process for checking trolleys and the absence of some items of equipment. The Medical Director emphasised that a second set of equipment was always available nearby thus ensuring that patient safety was maintained.

The Healthcare Governance Committee had requested that a review be carried out of DATIX incidents relating to resuscitation equipment and the results presented to the March 2015 meeting of the Committee.

- Complaints - The number of new complaints received had increased to 159 in October 2014 from 109 in September 2014 which was the highest number of new complaints received since March 2013.

The Patient Services Team (PST) resolved 119 concerns in October 2014 compared to 106 concerns in September 2014.

Overall, the number of complaints and concerns combined (complaints and PST enquiries) in October 2014 was 278 which was the highest number in the last 24 month reporting period.

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Summary.

(b) Infection Control Report

The Chief Nurse referred to the Infection Control Report for December 2014 (Enclosure D) circulated with the agenda papers and highlighted the following points:

- MRSA - The Trust had had 1 case of MRSA bacteraemia during December 2014. The Post Infection Review process was currently determining the cause of that bacteraemia but it was likely to be attributed to the Trust as the sample was contaminated meaning the patient did not actually have a bacteraemia.

The year to date performance was 3 cases of MRSA bacteraemia attributed to the Trust (1 case pending the outcome of a PIR) against the threshold of zero

- *C.Diff* - *C.diff* target performance was off trajectory against both the internal and contract *C.diff* plan. The Trust had recorded 5 positive samples for December 2014. The year to date performance was 73 cases at the end of December 2014 against an internal threshold of 59 and a Monitor threshold of 70.

Monitor were using the number of cases of *C.diff* with lapses in care to determine whether the Trust was meeting its governance requirement in respect of *C.diff*. On this measure the Trust was meeting the required performance.

Discussions were ongoing with NHS Sheffield Clinical Commissioning Group about the Contract Penalties and how they would be applied if the Trust breached its contract target.

The Healthcare Governance Committee reviewed and monitored the C.Diff Action Plan on a monthly basis and was assured by the action being taken.

- MSSA performance was on trajectory against the MSSA plan. The year to date performance was 32 cases against an internal threshold of 32.
- Flu - Normally during December the Trust would see approximately 17 cases of flu per week. However during December 2014 it had seen a 10-fold increase with 170 cases presenting per week but since then the number of cases had now dramatically fallen.
- Norovirus - The Trust had not experienced high levels of Norovirus to date but it may still impact the organisation in the coming months and therefore continuation of the deep cleaning programme and infection control prevention was of significant importance. Huntsman 2 Ward had been identified as a decant facility but due to current operational pressures it had been necessary to open it to admit patients. The plan was to reclaim Huntsman 2 as the decant facility as soon as possible in order to restart the deep cleaning programme.

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

## **STH/18/15**

### **Provide patient centred services**

#### (a) **Friends and Family Test (FFT)**

The Chief Nurse presented the FFT Results for December 2014 (copy attached to the Minutes). The key points to note were:

- CQUIN Target Action Plan - The Trust had a CQUIN target to achieve a response rate of 30% for Inpatient areas for quarter 4. In addition, a response rate of 40% needed to be achieved during March 2015. A&E must achieve a response rate of 20% for quarter 4. The Trust was closely monitoring estimated weekly response rates and sending those figures to Nurse Directors and Deputy Nurse Directors every Tuesday to report on data from the previous week. Nurse Directors would continue to work closely with wards with low response rates to help them increase responses. If the Trust was not achieving at least a 35% response rate by mid-January, 2015, steps would be taken to use agent calls to contact patients.

From 1<sup>st</sup> – 8<sup>th</sup> January, 2015, the estimated response rate for Inpatients was 24% and the estimated response rate for A&E was 22.1%.

- Maternity Services showed a significant decrease in response rates from 21.5% in October 2014 to 10.9% in November 2014 and that decrease had continued in December 2014 resulting in a response rate of 9.2%. An Action Plan had been developed to increase response rates.
- The Trust FFT scores showed that the vast majority of patients responding to FFT would recommend the Trust to friends and family. That was consistent in all areas for December 2014. The percentage of patients who would recommend the Trust's service was unchanged in Inpatients but increased by 2% in A&E and 1% in Maternity Services.
- In November 2014 the Trust's positive scores for Inpatient services was 3% above the national average. Positive scores were the same as the national average for Maternity Services but 7% below the national average for A&E.
- The January 2015 deadline for completing the roll out to Community Services was achieved. A mix of SMS/IVM and postcards were being used in those areas.
- FFT was rolled out to outpatients and day case in October 2014 using SMS/IVM. FFT data for those areas would be reported to NHS England from April, 2015, and until then all data would be reported in house. Response rate targets would not be set for Outpatients, Day Case, Maternity Services or Community but would be monitored in house.
- Following an analysis of A&E FFT comments, the top 2 negative themes were waiting times and staff attitude. A meeting had been held with key colleagues in A&E to agree actions to make improvements based on FFT feedback. Those actions include making improvements to the signage and patient information and the introduction of a new volunteer support role. The team was also hoping to work with the Design Council on the signage and information in A&E and was investigating the possibility of securing charitable funds to refurbish the waiting area.
- The Chief Nurse emphasised that the current operational pressures had impacted significantly on response rates.

The Board of Directors **NOTED** the FFT results.

(b) Monthly Nurse Staffing Report

The Chief Nurse presented the monthly nurse staffing report (Enclosure E) circulated with the agenda papers. The report provided the Board of Directors with 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 each of the 72 clinical inpatient areas for December 2014. The key points to note were:

- Overall the actual fill rate for day shifts for Registered Nurses was 93.2% and for other care staff against planned levels was 91.3%. Overall the actual fill rate for night shifts for Registered Nurses against planned levels was 90.9% and for other care staff the actual fill rate was 99.9%.
- The report detailed the areas where there was a variance of greater than 15% between actual fill rates and planned staffing levels together with the reasons for the variance and any actions being taken.

- The major challenges over the current period of significant operational pressure had been the movement of staff across the organisation and managing sickness and parenting leave absences. The Chief Nurse emphasised that staff had worked extremely hard and continued to do so in response to the current pressure and many had worked significantly longer than their contracted hours.

The Chief Nurse emphasised that there remained a focus on patient safety at all times.

The report was considered in detail by the Healthcare Governance Committee who had asked for a helicopter review to be undertaken of all the reports in the quarter which would be followed by a deep dive investigation of any themes identified. The outcome of that work would be reported to the Board in due course via the Healthcare Governance Committee.

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

## **STH/19/15**

### **Financial and Operational Performance:**

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

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

- There was a much improved Month 8 financial position driven by a significant activity over-performance. However, there were still several key issues which would determine the ultimate 2014/15 outturn position.
- Work continued to identify further significant efficiency savings for 2015/16 but the Trust's 2015/16 financial position was looking extremely difficult given the current proposals in the "2015/16 National Tariff Payment System: A Consultation Notice", other national decisions and likely commissioner contracting positions. 2<sup>nd</sup> cut plans from Directorates were due in at the end of January 2015.
- Work had continued to understand the implications of the "2015/16 National Tariff Payment System: A Consultation Notice" and other information being released regarding 2015/16 financial arrangements. The final Tariff details, following the consultation process, were due to be issued towards the end of January 2015. However, as currently described the position was extremely worrying with several developments which would adversely impact on the Trust's income and make financial balance unlikely. Those developments included:
  - A 3.8% National Efficiency Target which equated to around £25m.
  - An unexpected loss of around £3m on the tariff movements, effectively on admitted care.
  - The introduction of a 50% marginal price for Specialised Services activity commissioned by NHS England over 2014/15 contract levels which would result in a loss of income currently estimated at around £15m.
  - A likely reduction in System Resilience funding of around £3m compared to the current year.
  - A further reduction of £2.6m on Undergraduate Medical Education funding (although £2m of this was expected).

- An apparent failure still of tariffs to recognise the very high costs of treating the most complex patients in tertiary hospitals.
- Potential further contracting losses given the apparent NHS England stance on a number of areas.
- More penal contract penalties regarding performance targets, and rules prohibiting their reinvestment in the Trust.

The Trust had responded to the Consultation document as had many other organisations. Monitor had indicated that dependent on the responses received it may reconsider the National Tariff Payment System.

- Of particular concern was the apparent national policy of targeting the major Teaching Centres for the most significant income reductions. That was being challenged given the potentially serious financial and service implications.
- The Director of Finance explained how the additional resources announced via the Chancellor's Autumn Statement of an additional £1.95b of funding would be allocated. Of this £1.5b would be part of general spending routed via the Clinical Commissioning Group (CCG) and Specialised Services allocations; £0.2b would be used as a transformation fund for pump priming new models of care set out in the Five Year Forward View; and £0.25b would be used to expand and enhance primary and out of hospital care. The £1.5b had been allocated to the NHS England Specialised Services budget to increase spending on Primary Care and Mental Health; to provide some of the 2014/15 System Resilience funding in CCG baseline allocations; and to CCGs which received allocations of less than their weighted capitation shares. That meant that Sheffield CCG had received no additional funding other than the System Resilience allocation from the additional £1.95b.

It was agreed that the Board would devote a significant part of its February 2015 meeting agenda to a discussion on what the potential deficit would mean for the Trust and the services it provided.

**Action Neil Riley/Neil Priestley**

(b) Report from the Director of Strategy and Operations

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

- The Trust achieved the target for non admitted pathways with a performance of 95.0% against the target of 95%. The target for incomplete pathways was also met, achieving 93.0% against the target of 92% - that was an improvement from October 2014 (92.4%) and represented an ongoing improvement in the queue of waiting patients. The target for 18 week admitted pathways was not met in November 2014 with a performance of 87.8% against a target of 90%.
- New outpatient activity was 9.3% above target in November 2014 and was 5.8% above for the year to date.
- Follow up activity was 2.8% above target in November 2014 and was 0.4% below target for the year to date. That reflected the heightened attention on timely 'first' pathways, but it remained important for Directorates to balance RTT and 'planned' activity for optimal patient care.

- The level of elective inpatient activity was 4.3% above target in November 2015 and 1.5% above for the year to date.
- In November 2014 there were 97 operations cancelled on the day for non clinical reasons compared to the target of 75. The year to date total was 693 against a target of 600 which was 0.84% of all planned operations for the year to date. The Director of Strategy and Operations emphasised that cancelling operations on the day was of great concern for patients.
- Non elective activity was 1.3% above target in November 2014 and was 2.4% above for the year to date.
- At any one time in November 2014 there were, on average, 48 patients whose discharge from hospital was delayed for non clinical reasons compared to 36 during October 2015.
- Accident and Emergency activity was 0.3% above target in November 2014 and was 2.0% above for the year to date. In November, 2014, 90.6% of attendances were seen within 4 hours, giving a Q3 position to date of 91.4% and a year to date performance of 94.6%, against a target of 95%.

The Trust had a good relationship with the Yorkshire Ambulance Service who were also experiencing significant operational pressures and liaised with them on a daily basis.

Q4 was still looking extremely challenging and the Trust achieved above 95% the previous week. The major challenge in delivering the target was around the provision of social care in Sheffield and urgent discussions were taking place to improve the position.

- The cancer targets for Q2 were achieved. The position for Q3, at the current time, was that the target for 62 days for GP referral to treatment was not being met at 83% compared to the target of 85%. Due to the nature of cancer diagnosis and treatment pathways it was however some weeks before the final data and performance become clear.

(c) 18 Week Wait Performance

The Board of Directors received the update on the Trust's 18 weeks performance and noted the following key points:

- The average waiting time for patients receiving care at the Trust was 8 weeks.
- In November, 2014, the required national waiting time standard for non admitted patients was achieved again for the second consecutive month, with 95.0% of patients being seen within 18 weeks (target 95%). The target has not yet been achieved for admitted patients where 87.8% were seen within 18 weeks marginally below the target of 90%.
- The number of incomplete pathways remained above the national waiting time standards, with 93% waiting less than 18 weeks (target was 92%). This was an improvement on October 2014 and reflected ongoing improvement in the management of the queue.
- The Trust had continued to receive more referrals than expected throughout the year and despite that had consistently delivered more inpatient and outpatient activity than target.

- The number of 18 week pathways that had been closed in the second quarter of the year was higher than those closed in the first quarter. The average number of pathways closed per month in quarter 3 so far is higher than that in quarters 1 and 2.

## **STH/20/15**

### **Spend public money wisely**

#### (a) **5 year Capital Plan and Capital Programme: Update**

The Director of Finance presented his update on the 2014/15 Capital Programme and the 5 Year Capital Plan (Enclosure I) circulated with the agenda papers. He highlighted the following key points:

- The Capital Programme remained manageable in the short-term but the 5 Year Plan then moved into an increasing over committed position for the following years. That over-committed position was likely be exacerbated as further investments, many already identified, were required. Therefore it was critical that funding solutions for future years were identified.
- Capital planning/prioritisation, scheme “value engineering” and project control continued to be crucial in securing maximum value for money from limited resources.
- A significant under-spend on the 2014/15 Capital Programme was likely due to slippage but the resources would be carried-forward to complete planned projects in 2015/16.
- Since the Capital Programme and 5 Year Plan were approved in October 2014 the following schemes had commenced:
  - RHH Digital Plain Film Room
  - PACS replacement
  - M&SRC Refurbishment
  - Reconfiguration of Clocktower
  - Osborne Ward Refurbishments
- A number of schemes had also been completed since the Capital Programme update at Quarter 2, with the most notable being:
  - RHH Theatres 3&4
  - Re-provision of Sorby1&2 accommodation
- Work on the Capital Plan for 2015/16 was well underway and was set out in Appendix C and decisions would need to be made fairly soon. Some of the possible new schemes included were:
  - Theatre Refurbishments/Expansion
  - IT Infrastructure (that was a big issue)
  - Refurbishment of Weston Park Hospital
  - Expansion of the Special Care Baby Unit
  - Haematology Single Rooms

The Director of Finance reported that he would bring the proposed Capital Programme for 2015/16 and Capital Plan to the March 2015 Board meeting for approval.

(b) 2015/16 Annual Planning Process/Guidance

The Director of Finance referred the Enclosure J circulated with the agenda papers which set out the annual planning requirements for 2015/16 and the process to meet them. He explained that a number of documents were issued in late December 2014 including “The Forward View Into Action: Planning For 2015/16”, which identified the key service and other priorities for 2015/16, and Monitor’s “Guidance on the 2015/16 annual planning review for NHS Foundation Trusts”. The Director of Finance pointed out that Monitor had two main expectations of foundation trusts for the 2015/16 planning round:

- Resilience - To develop their strategic position, engaging with health system partners in the process, to address issues of poor performance; meeting the operational and financial requirements set out in the Monitor provider licence and NHS mandate; and to have the flexibility and capacity to overcome unexpected short-term difficulties along the way.
- Sustainability - To put together, deliver and evolve a credible strategy for achieving the required levels of performance into the long term.

The key points to note were:

- For 2015/16 Monitor required a one year Operational Plan in line with the following milestones:
  - a draft Operational Plan submitted by midday on 27th February 2015
  - a final Operational Plan submitted by midday on 10th April 2015
- The submission of a five year strategic plan was not required for 2015/16. However, Monitor had stated that a new strategic plan may be requested later in 2015, with 2016/17 being ‘year one’.
- There was a significant emphasis on ensuring the principles contained within the NHS Five Year Forward View were reflected throughout Operational Plans and that planning takes place across the health economy.
- To ensure the required engagement with Governors there would be a briefing in the spring edition of Good Health along with a link to a survey to obtain views on current and future priorities. The views gathered would be discussed in detail at the Council of Governors’ meeting on 10th March 2015.
- A Planning Task and Finish Group would be established to progress the delivery of both plan submissions in line with an agreed timetable.
- Board Declaration - Each year, as part of the annual plan submission, the Board was required to sign a declaration that the Trust would be financially, operationally and clinically sustainable. Contained within the financial template, the declaration (Appendix 3) would require detailed debate and consideration at Trust Executive Group and the Board in light of the anticipated significant challenges for 2015/16. To support that debate a risk assessment on delivering healthcare targets and indicators for 2015/16; an analysis of the financial outlook; and detail of the assumptions underpinning the plan submission for 2015/16 would be presented to the Board in February 2015.

- With effect from 29th January 2015, Monitor had implemented a weekly contract tracker on the status of contracts so that they can track their progress and highlight risks and misalignment with commissioners plans.

The Director of Finance emphasised that the next few months would be extremely busy and challenging in order to meet the following timetable:

Action	Timeline
Commencement of weekly contract tracker submissions	29 January
Draft of operational plan presented to the Trust Executive Group	11 February
Presentation to Board of planning assumptions and draft Operational Plan	18 February
Presentation to Clinical Management Board of planning guidance and assumptions	20 February
Draft Operational Plan submitted to Monitor	27 February
Debate of planning priorities with Council of Governors	10 March
Presentation to Board of draft final Operational Plan (delegated authority to Trust Executive Group to finalise for submission)	18 March
Final Operational Plan to Trust Executive Group	25 March
Submission of final Operational Plan to Monitor	10 April
Final version Operational Pan to Board	15 April

During discussion, Annette Laban raised the introduction of the new access standards for mental health, included in the "Forward View into Action", which would also be an issue for the Trust and should be reflected in the Trust's commissioning intentions. It was confirmed that timely mental health assessments had been included in the Trust's commissioning intentions.

## **STH/21/15**

### **Quarterly Assurance Report on the Annual Plan**

The Assistant Chief Executive referred to the Board Statements Quarterly Assurance Report (Enclosure K) circulated with the agenda papers. The key points to note were:

- Under Monitor's *Risk Assessment Framework* the Trust was required to annually submit ten Board Statements. Monitor regarded the monitoring of compliance against board statements as a key element of its governance regime.
- At its meeting on 18th June 2014, the Board of Directors approved submission of the 2014/15 Board Statements to Monitor confirming compliance. Two risks to ongoing compliance with against Statement 8 and Statement 9 of the Corporate Governance Statement were declared. Both risks were separately reported in the Annual Governance Statement in the 2014/15 Annual Report and Accounts. Following previous practice the Assistant Chief Executive agreed to provide quarterly updates in order to assure the Board of Directors that the Trust was compliant with its declared position and on track against its commitments to address non-compliance.
- Updates from the previous report to the Board in September 2014 were shown in bold.

The Board of Directors **NOTED** the update to assurances and risks (as set out in Appendix 1) to ensure ongoing compliance with the 2014/15 Board Statements submitted to Monitor.

## STH/22/15

### Chief Executive's matters

The Chief Executive reported the following items:

- The previous evening he had met with the top management team of CSC, the supplier of Lorenzo, to discuss the new Electronic Patient Record system which was to be implemented across the organisation. CSC expressed a wish to make STH an exemplar site for them in the North of England.
- Budding Arrangements with United Lincolnshire NHS Trust (ULHT) - Since the December 2014 Board Meeting the Trust had worked with ULHT on the following two areas:
  - STH had arranged and facilitated a 48 hour time out at which a number of former STH Clinical Directors had attended together with Clinical Directors from ULHT to share learning and help ULHT Clinical Directors develop their Clinical Leadership Skills.
  - STH had undertaken a mock CQC Inspection at ULHT on Friday 19th January 2015. ULHT were due to have their formal CQC re-inspection commencing on 2nd February 2015. The inspection would be conducted by 20 inspectors over a 3 day period.
- Vanguard Site - The Trust was submitting a bid to become a Vanguard Site for an integrated primary and acute care system which was one of the new models of care set out in the *Forward View into Action* recently published by Monitor. Whilst the deadline for submission was 9<sup>th</sup> February, 2015, it was agreed that this proposal would be discussed further at the private meeting of the Board at its February 2015 meeting.
- Prime Minister Challenge Fund - STH would be supporting the bid being submitted by the Sheffield Clinical Commissioning Group for funding against the Prime Minister Challenge Fund to improve access to General Practice by extending their opening hours to 8.00 pm Monday to Friday. The outcome of that bid would be reported at the February 2015 Board meeting.

**Action: Andrew Cash**
- Listening into Action - 2 additional Big Conversation events had been arranged aimed at Staff Grades 1 to 4.
- Staff Survey - It was hoped to be able to report the results of the staff survey at the February 2015 Board meeting.

**Action: Mark Gwilliam**
- Professor Hilary Chapman CBE, Chief Nurse, has been awarded an Honorary Doctor of Medicine by the University of Sheffield.
- Operational Pressures - The Board of Directors expressed its appreciation and thanks to staff for their recent efforts in providing safe and effective care at a time of significant operational pressures.

## STH/23/15

### Chairman and Non-Executive Directors' matters

There were no matters to report.

## STH/24/15

### University of Sheffield's Research Excellence Framework (REF) Results

Professor Weetman gave a presentation on the University of Sheffield's 2014 REF results (a copy of which is appended to these minutes). Overall it was a good performance from the Faculty of Medicine, Dentistry and Health and should reassure the public that public money was being spent wisely.

Professor Weetman explained the definitions of the scoring system as set out below

- 4\* - Quality that was world-leading in terms of originality, significance and rigour.
- 3\* - Quality that was internationally excellent in terms of originality, significance and rigour but which nonetheless fell short of the highest standards of excellence.
- 2\* - Quality that was recognised internationally in terms of originality, significance and rigour.
- 1\* - Quality that was recognised nationally in terms of originality, significance and rigour.
- u/c - Quality that fell below the standard of nationally recognised work.

The results were:

- Biomedical research from the Faculty of Medicine, Dentistry and Health and the Faculty of Science ranked 1<sup>st</sup> for 4\* quality in the UK
- Overall 84% of the total score (outputs, environment, impact) across the Faculty was assessed as being world-leading (4\*) or internationally excellent (3\*)
- For Clinical Medicine, the Faculty's 3\* plus 4\* outputs put them in the top 10 of the UK Russell Group
- The Schools of Dentistry, Nursing and Human Communication Sciences (HCS) together were ranked 12th of 94 in the UK for 4\* and 3\* research, putting them in the top 10 of the UK Russell Group for those areas.

During discussion, the Chief Nurse reported that Sheffield Hallam University was scored as having 71% at 4\* or 3\* for Allied Health Professionals and Nursing.

## STH/25/15

### For Approval/Ratification

#### (a) Common Seal

The Board of Directors **APPROVED** the affixing of the Corporate Seal to the following document:

- Contract document between Sheffield Teaching Hospitals NHS Foundation Trust and Jarvale Construction Ltd for works at the Northern General Hospital to form new office accommodation in the Former Nurses Home Building (Contract value - £674,881.00; Part of the 2013/14 Capital Programme)

## STH/26/15

### Date and Time of Next Meeting

The next Meeting of the Board of Directors will be held on Wednesday 18<sup>th</sup> February, 2015, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital at a time to be confirmed.

Signed .....  
Chairman

Date .....