



Minutes of the BOARD OF DIRECTORS held on Wednesday 21st May 2014, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital

PRESENT:

Mr. T. Pedder (Chair)

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

IN ATTENDANCE:

Miss S. Coulson (Minutes) Mr. N. Riley

OBSERVERS:

1 member of the public
4 Governors

STH/90/14

Declaration of Interests

There were no declarations made

STH/91/14

Minutes of the Meeting of the Board of Directors held on Wednesday 16th April 2014

The Minutes of the Meeting of the Board of Directors held on Wednesday 16th April, 2014, were **AGREED, APPROVED** and **SIGNED** as a correct record by the Chairman.

STH/92/14

Relevant Matter(s) Arising

Doncaster Satellite Radiotherapy Project

(STH/83/14(b)) The Director of Strategy and Operations reported that the inaugural meeting of the Joint Board set up to oversee the project had taken place on Monday 19th May, 2014, at which a number of workstreams and the job description for the Project Manager were agreed

STH/93/14

Delivering the Trust's Corporate Strategy 2012-17

(a) **Right First Time Programme: Update**

The Chief Executive updated the Board on the Right First Time Programme and highlighted the following points:

- The Right First Time Project Board had agreed the opening of the new Active Recovery Pathway. An additional 69 active recovery packages had been purchased.

- The STH Community Intermediate Care Service (CICS) and the Sheffield City Council's Short Term Intervention Team (STIT) were now working in partnership to provide the Active Recovery Service which provided short term care and rehabilitation to people at home who had experienced a period of ill health or had been in hospital.
- The Non Reablement Pathway was now in place with funding provided from all parties.
- The changes to intermediate care provision were largely on track.
- Phase 3 of the project had been signed off by the Right First Time Project Board at their last meeting. Phase 3 was about continuing the work of Phases 1 and 2 and the management of flow of patients through the system, admission avoidance and continuing the work on intermediate care.
- The Right First Time Project Board was looking at the Better Care Fund and how it would be used particularly in 2015/16 and the involvement of GP's as providers. There were concerns about the current architecture for managing the fund, particularly the need for the Trust, as a provider, to have representation on the Better Care Fund.

Due to concerns raised nationally that the introduction of the Better Care Fund in 2015/16 could destabilise the acute sector of the NHS, Ministers had asked for a review to take place.

The Chief Executive reported that there had been a long discussion at the Chief Executives' meeting on Tuesday 20th May, 2014, about how providers would be engaged in the Better Care Fund and he would feedback on developments at a future meeting. There was an acknowledgement that the current architecture of the Better Care Fund needed to be improved.

- Simon Stevens, Chief Executive, NHS England had made an announcement about possible changes to commissioning for primary care provision and had asked for expressions of interest from Clinical Commissioning Groups by 20th June 2014. It was an important issue as there were concerns that there would be a conflict of interest for GPs as commissioners and providers.

There was a discussion around key performance metrics for the Right First Time Programme and the Chief Executive agreed to pull together a performance chart to be included in the integrated performance report.

Action: Andrew Cash

The Board of Directors also noted that a national document had been recently published on the future of primary care which talked about how GPs come together into Federations. The Trust Executive Group would consider the document.

Action: Trust Executive Group

STH/94/14

Provide patient centred services

(a) **Friends and Family Test: Update**

The Chief Nurse presented the FFT results for April, 2014, as set out in the presentation attached to the Minutes. The key points to note were:

A&E

- Response rates in A&E (NGH) had seen a significant improvement since the introduction of SMS texting in December 2013 followed by Interactive Voice Messaging (IVM) in March 2014.
- A&E consistently scored lower than in-patients and the impact of increased numbers of responses from A&E had resulted in both the A&E and in-patient scores to fall considerably.
- Actions were being taken to improve FFT scores in A&E through a detailed analysis of themes from negative responses and the agreement of an action plan to address those issues. The themes identified included uncomfortable seating in the waiting area.
- Issues raised through FFT across all areas were being addressed. For example the installation of air conditioning on one ward following FFT feedback that it was too hot. Another theme was noise at night and the Trust was looking at ways of addressing that issue.

Maternity

- Maternity response rates remained a significant problem despite the introduction of SMS texting in antenatal and postnatal community services. Poor response rates had led to fluctuating and unreliable scores.
- During April, 2014, only 297 mobile numbers were extracted and sent to the Trust's FFT provider from over 1000 women (antenatal and postnatal community) eligible to participate. From those 297 surveyed only 48 responses were received (16%).
- Maternity services were urgently working to rectify the problems in relation to data extraction in order for SMS texting to work effectively
- The introduction of IVM had been agreed and was ready to commence. However, the problems in relation to data extraction would need to be resolved in order for IVM to work effectively
- Current 'exclusions' had been re-considered and as a result 16-18 year olds would now be included in the text and IVM surveys.

The Board of Directors **NOTED** the FFT results for April 2014 and the steps being taken to improve the Trust's performance through responsive action planning and the use of technology.

STH/95/14

Financial and Operational Performance

(a) Report from the Director of Finance

The Director of Finance referred to his written report (Enclosure B) circulated with the agenda papers. The key points to note were:

- A satisfactory provisional 2013/14 outturn position, with an I&E surplus of £7.26m (just under 0.8% of turnover) compared to the plan of £6.7m. This surplus would be re-invested in the Trust's capital programme.

- There was a significant over performance on non-elective activity.
- 8 Directorates had deficits in excess of 5% of budgets (Gastroenterology; Geriatrics and Stroke Medicine; Operating Services Critical Care and Anaesthesia; Obstetrics, Gynaecology and Neonatology; Cardiothoracic Services; Vascular Services; General Surgery; and Orthopaedics) and 5 had deficits of between 2% and 5%.
- Directorates reported achievement of £26.6m of efficiency savings in 2013/14 which, although an extremely credible effort, represented an under-delivery of £4.3m (13.9%). The level of under-delivery had reduced slightly at the end of the year.
- Cash generated from the I&E surplus would be retained within the Trust and invested in future Capital Programmes.
- There was a slightly disappointing £9.2m underspend on the Capital Programme due to slippage, particularly on the IT and Ward Refurbishment Programmes. However, the resources would be carried-forward within the Trust to enable the planned schemes to be completed in due course.
- The significant risks to the 2014/15 Financial Plan were around non-delivery of efficiency savings and outstanding contract agreements, particularly with NHS England. The Director of Finance emphasised that the Financial Plan for 2014/15 was to break even which reflected the ever increasing pressure in the NHS system.
- The Month 1 position of 2014/15 would be available imminently.
- Discussions with NHS England were ongoing to resolve a number of important issues of principle although of low value. The Board noted that the gap was now between £0.5 to £1.0 m.

The Chief Executive agreed to notify Non Executive Directors of the dates of the performance meetings with the Directorates with deficits in excess of 5% so that they could attend if they wished as well as any other members of the Finance, Performance and Workforce Committee.

Action: Andrew Cash

The Board of Directors **NOTED** the:

- satisfactory provisional 2013/14 outturn financial position.
- threats to the 2014/15 Financial Plan from under-delivery of efficiency plans and outstanding contract agreements.
- ever increasing financial pressure within the service.

(b) Report from the Director of Strategy and Operations

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

- The targets for the 18 week admitted and non admitted pathways were not met in March 2014. However, the target for incomplete pathways was met. There was one patient waiting over 52 weeks in the completed admitted pathways in Thoracic Surgery. The Director of Strategy and Operation emphasised that it was for a cosmetic procedure.

- New outpatient activity was 12.4% above target in March 2014 and 3.7% above for the year overall.
- Follow up activity was 3.3% above target in March 2014 and 2.4% above for the year overall.
- The level of elective inpatient activity was 9.8% above target in March 2014 and 4.9% above for the year.
- 66 operations were cancelled on the day for non clinical reasons (such as lack of beds) in March, 2014. There were 1021 such cancellations in the year compared to a target of 903. That was an average of 85 per month.
- In March, 2014, there were, at any one time, an average of 153 patients whose discharge from hospital was delayed compared to 164 in February 2014 and 165 January 2014.
- Non elective activity was 3.5% above expected levels in March 2014 and 4.0% above for the year in total.
- The waiting list for inpatients rose again in March 2014 by 3. The outpatient queue fell again in March 2014 by 446.
- Accident and Emergency performance was above target in March 2014 by 3.5% and just above target for the year as a whole (+0.5%). 97.2% of patients were seen within 4 hours bringing the performance for the quarter to 95.6% and for the year to 95.5%.
- The performance against the Cancer Waiting Time Targets was on or above the threshold. There had been a general decline in performance over the course of the year in terms of the compliance of pathways from referring District General Hospitals. Despite that the Trust had maintained fully compliant performance in all of the cancer targets in all of the quarters in 2013/14.

In response to a query, the Director of Strategy and Operations confirmed that patients whose operations were cancelled on the day were rebooked in for surgery within 28 days.

The Board of Directors felt that the high number of late referrals received from Doncaster should be investigated. The Chief Executive reported that discussions on late referrals were continuing but he agreed to write to the Chief Executives of District General Hospitals and formally raise the matter with them and to seek confirmation that they were putting the matter on the agendas of their public Board Meetings.

Action: Sir Andrew Cash

The Medical Director reported that this issue had been discussed at the Shelford Group and a number of the organisations with the Shelford Group favoured the approach being taken by STH.

The Board of Directors **RECEIVED** and **NOTED** the Activity and Access Report for March 2014.

(c) 18 Week Wait Performance

The Director of Strategy and Operations updated the Board of Directors on the Trust's 18 week wait performance as detailed in her written report (Enclosure D) circulated with the agenda papers. The key points to note were:

- The Trust met the 18 week referral to treatment target for incomplete pathways in March 2014
- The targets for non-admitted and admitted patients were not met in March 2014. That performance was felt to be a consequence of tackling the patients with long waits.
- The Director of Strategy of Operations highlighted Appendix 1 in her report which analysed the performance of admitted and non admitted pathways by specialty in order to set out the scale of the problem. The information in the table demonstrated how much more achievable it would be for some specialties to meet the target than others.
- All agreed actions within the action plan were progressing.
- The report was scrutinised in detail by the Task and Finish Group at their meeting on Monday 19th May, 2014.
- The Task and Finish Group had noted a disproportionate increase in referrals to all STH specialties from GP practices around the Northern General Hospital. The Trust was investigating the matter and would share the information with the Sheffield Clinical Commissioning Group.

Annette Laban emphasised that the key theme was sustainability in order to give Monitor confidence that the Trust would achieve the 18 weeks referral to treatment targets by Quarter 2. However that would be a particular challenge for the Trauma and Orthopaedics Directorate. The Director of Strategy and Operations reported that she had spent a day with Trauma and Orthopaedics discussing their plans to achieve the target.

The Board of Directors:

- **RECEIVED** the more detailed description of 18 week RTT performance as requested previously by the Board of Directors.
- **NOTED** that all actions were being progressed.

STH/96/14

Our Staff

(a) Report from the Director of Human Resources: Staff Engagement Action Plan

The Director of Human Resources presented his report on Staff Engagement (Enclosure E) circulated with the agenda papers. He highlighted the following key points:

- The results of the staff survey had identified a year on year improvement on staff engagement from 3.61 in 2012 to 3.71 in 2013 which meant that the Trust had moved from below average to average. It was a considerable improvement compared with other large NHS Acute Trusts.

- Community Services performed extremely well and lessons needed to be learned from their approach.
- The full benchmarked survey results showed variations between:
 - occupational groups with staff working in the corporate functions being the most engaged with scientific and technical staff the least engaged.
 - age groups with staff aged 16 -30 having the lowest levels of engagement (3.33) compared to older staff groups.
 - Ethnicity - BME staff reported the highest levels of staff engagement (3.95)
- The Trust would need to work with staff aged 16-30 in order to understand what it needed to do to engage them. In parallel it needed to learn from the BME staff how they achieved their high levels of staff engagement
- 2013 was the first year the Trust conducted a full census staff survey and response rate of 55% was achieved which meant that over 7500 replies were received. That level of response had enabled Capita to produce good quality Directorate staff survey reports for each Directorate.
- Renal Services was the best performing Clinical Directorate and Urology had the lowest score.
- The most improved Directorate was Obstetric and Gynaecology and the most declined was Vascular Services.

The Board of Directors noted that question 7 (d) "I am able to make improvements in my area of work" received a low score of 3.3. The Director of Human Resources reported that it was an area that required extra focus and actions were being agreed to address it including the rolling out of microsystems and setting up Let's Talk sessions.

The Director of Human Resources had arranged to meet Becky Joyce, Service Improvement Director to discuss the roll out of microsystems across the organisation and agreed to feed back to the Board in due course.

Action: Mark Gwilliam

The Chief Executive stated that although he was pleased that Staff Engagement was improving he was concerned that the score was only average and therefore more work needed to be done to further improve the position and to build sustainability. He reported that there had been a good discussion about Staff Engagement at the meeting of the Council of Governors on 6th May, 2014, at which he had agreed to feedback to Governors on the further action to be taken.

The Board **RECEIVED** and **NOTED** the Directorate Staff Engagement Scores, the 2014/15 Staff Engagement Priorities and the Trust Staff Engagement Action Plan as set out in the report.

The Board of Directors **AGREED** that it should receive a further update in due course.

Action: Mark Gwilliam

Deliver excellent research, education and innovation

(a) Research and Innovation

Professor Weetman presented the quarterly report on the activities of both the University of Sheffield (UoS) and Sheffield Hallam University (SHU) (Enclosure F) circulated with the agenda papers. The University of Sheffield part of the report focussed on:

- Insigneo – The expression of interest submitted by Professor Paul Griffiths in response to a call from the MRC: 'Enhancing UK's Clinical Research Capabilities and Technologies had got through to the final stage. The outcome would be known in July 2014. The bid sought a replacement for the 1.5T MR scanner and would create a digital disease phenotype lab. Discussions between the University and the Trust were underway with regard to identifying a location for the scanner should the bid be successful.
- Public Engagement - The Faculty of Medicine, Dentistry and Health was participating in the University's broad programme of engagement with two events. The first was the Festival of Life – a week of public events starting on 19th May 2014 celebrating health research in Sheffield. Events would include be film screenings, free health checks, interactive lab demonstrations, fun seminars for school groups, and lectures from the University's experts.

The Faculty was also hosting a World War 1 exhibition from June to November 2014 on C floor in the Medical School, commemorating the contributions of Sheffield Doctors and Nurses in WW1.

- Clinical Academic Training - The University of Sheffield Clinical Research Working Group recently discussed a report on the current clinical academic training (CAT) pathway. The pathway was essential in the training of future clinical academics, who had options to undertake research during their Foundation and SpR training, in order to compete nationally for lectureships and senior research fellowships funded by NIHR and other bodies.

The Sheffield Hallam University part of the report focussed on the projects running in the following areas and the grants secured to support those projects:

- Biomedical Science Research Centre
- Centre for Health and Social Care Research
- Centre for Sports and Exercise Medicine
- Centre for Sports Engineering
- Sport Industry Research Centre

During discussion the Chairman felt that the Board would benefit from an update on the Academic Health Science Network (AHSN). The Chief Executive reported that the first meeting AHSN was due to take place in June 2014 and he would report back to the Board after that meeting.

Action: Sir Andrew Cash

The Assistant Chief Executive also reported that the Board visit in June, 2014 was to the National Centre for Sports and Exercise Medicine at Don Valley.

Chief Executive's matters

The Chief Executive reported the following matters:

- Tour de France - On Sunday 6th July, 2014, Stage 2 of the Yorkshire Grand Depart would come directly through and finish in Sheffield, at the Motorpoint Arena.

There would be unprecedented media focus, many hundreds of thousands of spectators and a global TV audience of millions.

The Trust was working with other partners across the city to ensure it was a successful event. It was anticipated that there will be 3 million extra visitors to the region. As a result of that there may be a potential increase in people requiring healthcare.

Routes across the city would be impacted and, whilst the Trust was planning to deliver the same level of services routinely provided on Sundays, it was making detailed plans to ensure there was as little disruption as possible. Internal and external communication campaigns were underway to ensure staff, patients, visitors and the public were informed and prepared well in advance

In terms of business continuity, all directorates had submitted their completed risk assessments to the Strategic Planning Group and were currently completing their contingency plans and statement of readiness.

The revised Major Incident plan had been tested in February 2014 at a Multi-Agency Live exercise held at Owlerton Stadium in Sheffield.

- Dementia Awareness Week – 18th - 25th May 2014 was dementia awareness week. Around a quarter of beds within the Trust were occupied by patients with dementia. The awareness raising campaign was to ensure all Trust staff were aware of how to support patients living with dementia. The Trust had launched the 'All About Me' booklet initially on the Frailty Unit at the Northern General Hospital. The booklet was a great aid to delivering patient centred care and was accompanied by a discrete wrist bracelet to alert staff of the booklet's existence and that the person may require extra assistance from staff.
- Awards – The Trust had seven projects shortlisted in the national HSJ Patient Safety & Care Awards – which was more than any other NHS organisation in the country. Teams from the Trust were successfully nominated from a record number of entries (over 600 in total) from health organisations across the country in the following categories:
 - Cancer Care (The Sheffield Survivorship and Late Effects Service)
 - Changing Culture (The Sheffield Microsystem Coaching Academy)
 - Diabetes Care (the Sheffield Diabetes Footcare Team)
 - Diabetes Care (Working with Insulin, Carbs, Ketones & Exercise to Manage Diabetes)
 - Managing Long Term Conditions (The Sheffield Integrated Care Team Virtual Ward Trial)
 - Quality of Care (Discharge to Assess)
 - Respiratory Care (The Sheffield Pulmonary Vascular Disease Unit)

The Patient and Safety Care Awards were one of the most prestigious and influential awards in the sector.

The Trust had also been named as one of the CHKS 40 Top Hospitals for 2014. The 40 Top award was based on the evaluation of 22 key performance indicators covering safety, clinical effectiveness, health outcomes, efficiency, patient experience and quality of care.

Two STH teams were also highly praised at the British Medical Journal Awards in May 2014 i.e. the Sheffield Diabetes Footcare Pathway team and the Gastroenterology Without Walls project.

- International Nurses Day (12th May 2014) - To mark the event, every day during the week a profile of one of the Trust's nursing staff was displayed on the Trust's social media sites.
- International Clinical Trials day (20th May 2014) - Researchers from across the Trust held a number of interactive events.
- Innovation in kidney care - Fourteen businesses from across the UK had been awarded around £100,000 each as part of a £3.6million competition funded by the Department of Health through the Small Business Research Initiative and managed by the National Institute for Health Research Devices for Dignity Healthcare Technology Co-operative which STH hosts. The competition aimed to improve the lives of the 5,000 people diagnosed with kidney failure every year.
- Kathleen Richardson – Sadly Kathleen Richardson passed away on Monday 19th May 2014. She was one of the longest serving, most experienced and respected Nurse Directors at Sheffield Teaching Hospitals and devoted all her working life to the Nursing profession.

STH/99/14

Chairman and Non-Executive Directors' matters

John Donnelly raised the issue of Non Executive Directors chairing interview panels for specialty doctors. He reported that there were 14 posts coming up for interview over the next few months and he was concerned about the impact that would have on the workload of Non Executive Directors especially as both himself and Vickie Ferres term of offices expired at the end of June 2014.

The Assistant Chief Executive reported that there was no strict legal requirement that a Non Executive Director had to chair the panel. Together with the Medical Director he was exploring the possibility of identifying other suitable individuals to chair panels in order to ease the workload on Non Executive Directors.

Action: Neil Riley

STH/99/14

Clinical Performance

(a) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report (Enclosure G) circulated with the agenda papers. The key points to note were:

- Care Quality Commission (CQC) Compliance – Following the CQC visit in September 2013, The Trust had developed and internal quality improvement plan and the actions implemented and an improvement in standards had been noted.

- Monitoring and Audit of Research Activity – The Trust received no critical findings following the Statutory Inspection by the MHRA in February 2014 but was required to respond to five “major” findings. A response would be sent to the MHRA by the end of May 2014.

The Healthcare Governance Committee noted that there had been a dramatic improvement in the turn around time for processing and approving research projects. A processing time of just 5 days had been achieved (target 30 days).

- Resuscitation Services – The newly designed “Resuscitation Clinical Record” form had been approved by the New Documents Committee and would be in circulation in 2014 and would enable effective audit against national metrics.

The results of the spot checks carried out on resuscitation equipment across 20 wards at the Central Site in December 2013 would be presented to the Safety and Risk Management Board and Governance Leads would be asked to address any issues within their areas.

- Information Governance Review – The number of requests for information had increased over the last ten years with a total of 676 requests in 2013/14 (the Trust received 15 such requests in 2005).

The Trust reported full compliance with the Information Governance Toolkit by the deadline date of 31st March, 2014.

- Medicine Safety Committee Report - No new medicine safety alerts had been issued during the year. The Medicine Safety Committee had continued to monitor progress with the action plans for two open alerts from last year and completed its review of a third closed alert:

- The Trust had been unable to declare full compliance with the alert on ‘Safer Spinal (intrathecal), Epidural and Regional Devices’ due to the lack of availability of suitable epidural lines from the suppliers. NHS England was aware of this national problem.
- The Trust had declared compliance with the ‘Safer Ambulatory Syringe Drivers’ alert two years ahead of the deadline.
- The Trust had declared compliance with the ‘Reducing Risk of Overdose with Midazolam Injection in Adults’.

- Serious Untoward Incidents (SUIs) – The following three incidents had been closed since the last report:

- Retained Throat Pack
- Blood Administered to Incorrect Patient
- CT Scan Incorrectly Reported

Three new incidents had been reported involving patients who had sustained grade three pressure ulcers. Those incidents were now being escalated within the Trust as potential SUIs and each case would be carefully reviewed to identify any lessons to be learned from the events.

- Complaints – Response time to complaints remained a problem although there had been an improvement. An action plan was in place and a significant amount of work was underway to achieve the target of 85% during 2014/15.

One of the Trust's initiatives was to encourage people to make informal approaches to the Patient Services Team so that any problems/complaints could be resolved speedily and to their satisfaction.

(b) Infection Control Report

The Chief Nurse presented the Infection Control Report (Enclosure H) circulated with the agenda papers. The key points to note were:

- The Trust had had 0 Trust attributable cases of MRSA bacteraemia during April 2014. It had been 100 days to date since the last case of MRSA bacteraemia was attributed to the Trust.
- The Trust had recorded 7 positive samples in April 2014. The year to date performance was 7 cases of *C.diff* against an internal threshold of 7.

The Trust had been set a contract threshold of 94 cases but to ensure that its aim to maintain a year on year improvement on the number of cases of *C.diff* attributable to the Trust an internal target of 78 had been set.

- MSSA performance was off trajectory against the MSSA plan. The Trust had recorded 7 Trust attributable cases of MSSA bacteraemia in April 2014 which was worse than the monthly trajectory of 42 set by the Trust.
- Norovirus - The Trust had experienced minimal levels of norovirus during April 2014. Following a pause over the winter period the deep cleaning programme had been restarted on both campuses and would continue throughout the year.

(c) Clinical Update: Cancer Survivorship and Late Effects Services at STH

The Chief Nurse introduced the item. She explained that the Trust had a small number of Nurse Consultants and in the case of Dr. Diana Greenfield, Nurse Consultant, she combined a strong research profile with clinical skills.

Dr. Greenfield gave a detailed presentation (copy attached to these minutes) on cancer survivorship and the Late Effects Services.

The key points to note were:

- An increasing number of patients were surviving cancer as a result of earlier detection, improved treatment and supportive care and multi-disciplinary team working.
- There was a cultural shift from traditional to holistic care.
- The Royal Hallamshire Hospital had provided a Late Effects Service since 1996 which was reputedly the first in the Western world. It was a multi-disciplinary and multiple medical specialties service. The Service was internationally renowned for its work in caring for adult survivors of childhood cancer
- A nurse led Late Effects Service was set up in 2010 at Weston Park Hospital primarily for lymphoma and testicular cancer survivors. The service provided

survivorship care encompassing the more holistic and psychosocial needs of younger adults who have been treated curatively living in Sheffield and beyond.

- Despite greater awareness of cancer patient needs, meeting patient needs in others of the survivorship framework could be improved further.
- A Sheffield Survivorship Group was established in 2012 and was run in partnership with local commissioners and voluntary agencies. The Group's aim was to develop a Survivorship Strategy.
- There was a strong research focus working with clinical academics to develop and deliver evidence based practice.

During discussion the Board noted that more women accessed the Late Effects Service. Dr. Greenfield emphasised that one of the challenges going forwards was the need to identify ways to engage men more.

The Chairman thanked Dr. Greenfield for an extremely interesting and inspiring presentation.

STH/100/14

For Approval/Ratification

(a) Common Seal

The Board of Directors **APPROVED** the affixing of the corporate seal to the following document:

- Lease with Hospital Broadcasting Sheffield for radio broadcasting equipment at the Northern General Hospital

STH/101/14

To Receive and Note:

(a) 2013/14 Annual Reports and 2014/15 Workplans from Board Committee:

The Board of Directors **RECEIVED** and **NOTED** the 2013/14 Annual Reports and 2014/15 Workplans from the following Board Committees:

- Healthcare Governance Committee
- Audit Committee
- Finance, Performance and Workforce Committee

(b) Declaration of Interest

The Board of Directors **NOTED** that the Chief Nurse had declared that she had been appointed Non-Executive Director of the National Skills Academy for Health and that the Trust's Register of Interests had been updated accordingly.

STH/102/14

To consider any other items of business

There were no additional items of business.

STH/103/14

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 18th June, 2014, in Seminar Room 1, R Floor, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be notified

Signed Date:
Chairman