



**Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC at 9.30 am on Wednesday 18<sup>th</sup> December, 2013, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.**

**PRESENT:**

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

**IN ATTENDANCE:**

Miss S. Coulson (Minutes)	Mr. A. Riley
Mrs. J. Phelan	Mr. N. Riley

Dr. R. Gandhi (item STH/241/13(a))

**OBSERVERS:**

Mrs. L. Beacham (Lead Nurse) - shadowing Chief Nurse  
4 Governors  
1 member of the public

**STH/238/13**

**Declaration of Interests**

No declarations of interest were made.

**STH/239/13**

**To receive and approve the Minutes of the Meeting held on 20<sup>th</sup> November 2013**

The Minutes of the Meeting held on Wednesday 20th November, 2013, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman.

**STH/240/13**

**Relevant Matter(s) Arising**

(a) **Late Cancer Referrals from District General Hospitals**

(STH/215/13(a)) The Chief Executive reported that following discussion at the last Board meeting he had discussed the matter with the Chairman. The Chairman had agreed to Sir Andrew taking the issue back to a meeting of the Working Together Chief Executives on 2nd December 2013 as he felt that was the right approach in order to maintain a coherent approach between the Chief Executives. It was agreed at that meeting that the matter should be taken to the Cancer Network Board of which Kirsten Major, Director of Strategy and Operations was a member. The matter would be considered by the Cancer Network Board at their meetings in December 2013 and January 2014 after which a recommendation would be made to the Chief Executives of the Working Together Group for acceptance.

He emphasised that the outcome may be no change but on the other hand the Cancer Network Board may agree that processes need to be changed to improve patient pathway management.

In answer to a question that given the issue had been around for a number of years did the Trust have confidence in the Cancer Network Board to deal with the matter, Kirsten Major stated that there had been a significant change in the composition of the Cancer Network Board recently. She explained that a paper was being prepared describing the action to date for consideration in January, 2014. She reported that it had been agreed not to discuss targets at that meeting but to discuss average waits.

The Board of Directors wished the matter to be resolved as speedily as possible and emphasised that nobody should be disadvantaged by geography and Kirsten Major was asked to convey that message to the Cancer Network Board.

**Action: Kirsten Major**

(b) Integrated Sexual Health Services

(STH/215/13(b)) The Chief Executive reported that, following discussions at the November meeting, he had met with John Mothersole, Chief Executive of the Sheffield City Council (SCC). John Mothersole had agreed to withdraw the paper which had been made public stating that SCC were not prepared to offer a contract of more than two years and that they required a further 4% of savings in 2014/15 above the current offer.

Discussions would continue in the New Year.

(c) Analysis of Outpatient Queue

(STH/215/13(c)) The Director of Strategy and Operations reported that:

- the outpatient queue had reduced by over 10% during October and November 2013
- clinic attendances during November had been at their highest to date in 2013 with 1118 patients per day.
- the average wait for an outpatient appointment had risen (close to 5 weeks) as a consequence of the action being taken to reduce the outpatient queue.

She had met with the Clinical Commissioning Group (CCG) and provided them with an analysis of referrals. The CCG were looking at differences in practice referral rules and improved use of Choose and Book.

The Board discussed the use of Choose and Book and it was agreed that a communication exercise was required in order to raise its profile with consultant medical staff, GPs, and patients to show how it had improved and the significant advantages and benefits of using it. The Director of Strategy and Operations stated that Choose and Book would be included in the Trust's Access Policy which was currently being reviewed and updated together with the Standard Operating Procedures.

**Action: Kirsten Major/Julie Phelan**

The Board noted that the improvement in the outpatient queue and requested a further update at the January 2014 meeting.

**Action: Kirsten Major**

(d) The Government's Response to Mid-Staffordshire

(STH/220/13) The Medical Director referred to Enclosure B which provided Board members with an overview of the Hard Truths: The Journey to Putting Patients First report circulated with the agenda papers. He explained that the Trust Executive Group had agreed that responsibility for this work would be transferred from the Assistant Chief Executive to himself and the Chief Nurse.

He explained that the Board had discussed the Francis Report on a number of occasions and the Trust's response had been to align the recommendations contained in the report to its Corporate Strategy "Making a Difference".

The Government's initial response to the Francis Report was the publication Patients First and Foremost and the Hard Truths publication built on that to provide a detailed response to the 290 recommendations in the Francis Report. It also responded to the six independent reviews commissioned by the Government to consider some of the key issues identified by the Francis Inquiry.

All the recommendations and commentary had been mapped to the following categories and to the Corporate Strategy:

- New action
- Due regard - existing work stream in place
- Watching brief - no immediate action necessary. Executive Leads would monitor national developments through professional networks and NHS England communications

The most important category was the 'new action' which would require a new work stream to be established to take that work forward. A document would be prepared setting out all the actions in that category.

The timetable for the Trust's response was:

Late December/Early January 2014	Discussion at the Trust Executive Group
January 2014	Communicate the proposed approach to Council of Governors, Clinical Directors, General Managers, Nurse Directors
February/March 2014	Work on producing the Plan
April 2014	Plan to be presented to the Healthcare Governance Committee
May 2014	Response to be presented to the Board of Directors for final approval.

Vickie Ferres reported that the Healthcare Governance Committee had already considered a very detailed and paper on the Trust's response and commended Sandi Carman, Head of Patient and Healthcare Governance on a comprehensive piece of work.

The Medical Director explained that the initial communication stated that Trusts had to respond by the end of the Calendar year but as the report was only published at the end of November that would not be possible. Sandi Carman, Head of Patient and Healthcare Governance, was seeking more clarity on that timescale. However, if required to do so the Trust had documentation that it could use as a response if required by the end of December 2013.

(e) Dementia Friend Training

(STH/216/13) Vickie Ferres reported that following the presentation by Dr. Rob Gosh on Dementia at the November Board meeting, the Healthcare Governance Committee had arranged to hold a training session on becoming a dementia friend prior to the February 2014 Committee meeting. Any Board members wishing to attend the session should inform the Assistant Chief Executive.

**Action: All to note**

The invitation to attend would also be extended to Governors.

(f) T3 Transformational Programme

(STH/222/13) Martin Temple felt that the discussion on the T3 Transformational Programme and where technology could take the organisation held at the Board Strategic Session on 6th December, 2013 had been an extremely informative and useful. He felt that innovation should be a routine item on the Board agenda.

The Chief Executive reported that arrangements had already been put in place to include an item on Innovation on the agenda commencing in February 2014. It was also noted that from February, 2014 the agenda would include a item on Research and Development which Professor Weetman would speak to.

**Action: Neil Riley/David Throssell/Tony Weetman**

It was **AGREED** that a paper on the establishment of the Research Committee should be presented to the February, 2014 meeting.

**Action: Sir Andrew Cash**

**STH/241/13**

**Clinical Performance**

(a) Clinical Update: The Diabetic Foot

The Medical Director introduced the item.

Dr. Rajiv Gandhi, Consultant Diabetologist, gave a detailed presentation on the improvements made in the footcare services for people with diabetes in Sheffield as part of the Service Improvement Project. The key points to note were:

- The Community Footcare Pathway was extremely complicated and difficult to navigate and therefore a new simplified pathway was designed.
- The establishment of a Diabetes Foot Hotline for instant advice had proved extremely successful in avoiding more serious complications.
- Education for primary care staff had been improved.
- An audit of all amputations in 2012 found that at least 20% of amputations had potentially avoidable factors such as delays in referral and problems with management of antibiotic therapy.
- The Service Improvement Team had been involved with the redesign of the Foot Clinic which had resulted in increased clinic flow, reduced waiting times, better patient information and a huge improvement in staff engagement.
- Feedback from patients on the service was good.

- An electronic system had been introduced which notified the Footcare Services by way of an email of the admission of a foot clinic patient.
- The improvements made had been achieved through the hard work of a passionate and dedicated team and had resulted in 15 fewer people (37%) with diabetes in Sheffield losing a limb every year

Following the presentation discussion focussed on whether the monitoring and screening of patients needed to be improved both in hospital and in primary care and the importance of providing education to patients about the risks.

The Board thanked Dr. Gandhi for an interesting and informative presentation and suggested that a similar presentation should be given to the Clinical Commissioning Group.

(b) Infection Control Report

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

- The Trust had recorded two Trust attributable cases of MRSA bacteraemia during November 2013.
- C.diff target performance was off trajectory against the C.diff plan. Although the position had improved as a result of the deep cleaning programme. Three cases had been recorded in November, 2013.
- MSSA performance was under trajectory against the MSSA plan.
- To date the Trust had a very low incidence of Norovirus.

The Board **RECEIVED** and **NOTED** the Infection Control Update.

(c) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Summary (Enclosure D) circulated with the agenda papers and highlighted the following matters:

- Peer Review of Acute Oncology - The area for improvement identified by the Cancer Peer Review Programme during their visit to the Trust on 19th June 2013 in relation to Acute Oncology Services had been resolved and no further action was required.
- Thrombosis Committee - Good progress was being made. A Thrombosis Nurse Specialist and an additional pharmacist had been appointed and route cause analysis work of hospital-associated thrombosis was being undertaken.
- Serious Untoward Incident (SUI) and Never Events - There had been one new incident - a missed follow up. It involved a patient who was receiving treatment and required surgery. In addition the patient required tests from a different speciality. The patient received no follow up in either service until late 2013 when further tests were undertaken. The patient was admitted as an emergency but unfortunately sadly died. Trust representatives had met with the family and the incident had been discussed by the Serious Untoward Incident Group. Learning from that incident would be shared across the Trust.

Following discussions with the Clinical Commissioning Group, relating to a SUI involving a nasogastric tube, the incident had now been classified as a Never Event.

(i) Care Quality Commission (CQC) Compliance

The Medical Director referred to Enclosure E circulated with the agenda papers which provided Board members with an update on news and events regarding CQC compliance during the past month. The key points to note were:

- Information Of Concern - One new notification had been received about a patient who complained directly to CQC about her care. The complaint had been passed to the Patient Partnership Department and the CQC had closed the case.
- Intelligent Monitoring Report - The Intelligent Monitoring Report was a new surveillance model replacing the Quality and Risk Profile (QRP). In the October 2013 Intelligent Monitoring Report the Trust had a total risk score of 4 and was placed in Band 6 (the lowest risk band). Out of 150 indicators, one indicator flagged was red and two indicators flagged as amber. Actions were being taken to address those areas of concern.

(ii) Care Quality Commission (CQC) Inspection in September 2013

The Medical Director referred to Enclosure F circulated with the agenda papers. He explained that the paper included the final reports for each area visited (Jessop Wing, Royal Hallamshire Hospital, Northern General Hospital and Weston Park Hospital) as part of the unannounced inspection of the Trust in September 2013. The standards inspected were:

- Outcome 1 Respecting and involving people who use services
- Outcome 4 Care and welfare of people who use services
- Outcome 13 Staffing
- Outcome 14 Supporting workers
- Outcome 16 Assessing and monitoring the quality of service provision

The inspectors found evidence of good care and robust governance and the reports contained very positive feedback. The Trust was particularly impressed by the number of positive comments reported verbatim and that there was not a single negative comment from a member of the public.

It was noted that the Trust was not required to respond to the CQC on the reports. However the Trust was in the process of developing an internal quality improvement plan to learn and address the comments made in the inspection reports.

The Chief Nurse reported that she was pleased with the findings of the inspection but emphasised that there was no room for complacency and work would continue to improve the patient experience.

**STH/242/13**

**Provide patient centred services**

(a) Friends and Family Test: Update

The Chief Nurse presented the Friends and Family Test results for November 2013 as set out below:

<b>SCORES</b>	Jul	Aug	Sept	Oct	Nov
STH Inpatient	76	79	77	76	77
National Inpatient Average	71	72	n/a*	n/a*	n/a*
STH A&E	71	72	68	65	73
National A& E Average	54	56	n/a*	n/a*	n/a*
STH Combined	75	75	74	73	76
National Combined Average	64	65	n/a*	n/a*	n/a*

<b>RESPONSE RATES</b>	Jul (%)	Aug (%)	Sept (%)	Oct (%)	Nov (%)
STH Inpatient	26.0	23.0	18.8	30.8	32.5
National Inpatient Average	27.8	28.9	n/a*	n/a*	n/a*
STH A&E	5.7	7.2	7.3	8.9	7.8
National A& E Average	10.4	11.3	n/a*	n/a*	n/a*
STH Combined	14.5	14.0	12.4	18.1	19.1
National Combined Average	16.1	17.1	n/a*	n/a*	n/a*

\*National data for October is not available until the end of November 2013.

<b>MATERNITY SERVICES</b>	<b>October</b>		<b>November</b>	
	<b>SCORES</b>	<b>RESPONSE</b>	<b>SCORES</b>	<b>RESPONSE</b>
STH - Antenatal Services	70	5.1%	37	3.60%
STH - Birth	95	9.9%	96	7.55%
STH - Postnatal Ward	61	17.9%	60	19.06%
STH - Postnatal Community	60	2.7%	76	3.20%
Total	74	8.6%	69	7.67%

The following key points were noted:

- There had been an improvement in the A&E score overall although the A&E response rate had dipped.
- The response rates continued to improve with the exception of A&E and Antenatal.
- An analysis of the comments made from patients on the postnatal ward was undertaken in terms of the top positive and negative themes and staff attitude and food appeared in both categories which demonstrated that patient experience was often a very individual issue.

The Chief Nurse presented a breakdown of the November 2013 antenatal and postnatal scores as shown below which clearly demonstrated the significant impact of passive responses on the overall scores and how the methodology used does not necessarily give a fair reflection of the quality of the service. It was noted, however, that the methodology was universal and therefore allowed comparisons to be made with other organisations:

	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
STH - Antenatal Services	9	8	2	0	0	0

	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know
STH - Postnatal Ward	108	41	6	1	4	0
STH - Postnatal Community	22	10	0	0	0	0

■ Promoter / Positive Response  
■ Neutral / Passive Response  
■ Detractor / Negative Response

The Board of Directors noted the results for November 2013.

**STH/243/13**

**Financial and Operational Performance**

(a) Report from the Director of Finance

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

- As discussed earlier in the meeting the 2013/14 Integrated Sexual Health Services contract with Sheffield City Council had still not been agreed but further discussions were expected shortly.
- The Month 7 financial position was a small surplus against plan reflecting a virtually unchanged operating position in October with a benefit from the further monthly release of uncommitted central contingencies.
- There were no major concerns regarding the Trust's balance sheet, working capital or Capital Programme.
- Monitor had required the Trust to re-profile its 2013/14 capital expenditure plans given that spend in the first two quarters was behind that stated in the 2013/14 plan.
- The key on-going financial management actions were to drive the Efficiency Programme; to progress the Performance Management Framework work with financially challenged Directorates and secure good general Directorate financial performance; to contain operational and cost pressures; to manage contractual issues (particularly regarding potential contract penalties) and deliver contract targets; to deliver CQUIN schemes; and to maximise contingencies.
- The key factors in determining the Trust's ultimate outturn position would be:
  - Directorate financial performance in the remainder of the year.
  - The Health and Social Care system's management of operational pressures during the "winter" which would be assisted by the recent announcement of an additional £2m of national funding for the Trust.
  - Agreement with Commissioners around the application and/or reinvestment of potential contract penalties which was likely to be considered shortly.
  - CQUIN scheme delivery.
  - The outcome of national discussions regarding a potential "infrastructure payment" to compensate the major tertiary centres for the failure of tariffs to adequately fund the most complex treatments.
- The local and national planning processes for 2014/15 were underway and information to-date was reinforcing the belief that it would be a very challenging year.
- Monitor and NHS England had published the final tariff guidance document on 17th December 2013. Other guidance was anticipated later in the week and would be submitted to the January 2014 Board Meeting.

**Action: Neil Priestley**

During discussion the following points were made:

- The Trust had improved its arrangements for joining up information which had resulted in an enhanced performance management process for Directorates. The Trust was on a gradual journey of improving capability and capacity and a significant amount of work had gone into the performance management framework including the appointment of Clinical Leads.



- The Trust would need to consider opportunities for the transformation of services.
- The Trust should have a discussion with the Sheffield City Council and the Clinical Commissioning Group (CCG) about the Integration Transformational Fund from 2015/16.
- The Board could not yet be confident about 2014/15 as the outcome of contracting negotiations for next year was not a given especially given the CCG's position.

The Board **NOTED** the key financial issues and, in particular, the current position against the 2013/14 Financial Plan, the key financial management actions required and the outlook for 2014/15.

(b) Report from the Director of Strategy and Operations

The Director of Strategy and Operations presented the Activity and Access Report (Enclosure H) circulated with the agenda papers. The key points to note were:

- The targets for the 18 week admitted, non admitted and incomplete pathways were met in October 2013.
- There were two patients whose completed non admitted pathways exceeded 52 weeks.
- New outpatient activity was 3.8% above target in October 2013 and 1.8% above for the year to date.
- Follow up activity was 0.6% above target in October 2013 and 1.1% above for the year to date.
- The level of elective inpatient activity was 3.4% above target in October 2013 and 3.1% above for the year to date.
- Non elective activity was 6.8% above expected levels in October 2013 and 3.9% for the year to date.
- The waiting list for inpatients increased by 358 and the outpatient queue decreased by 387 in October 2013.
- Accident and Emergency performance was:
  - October 2013 - 94.5%
  - November 2013 - 96.2%
  - December 2013 - 95.66%
  - As at 18th December 2013 - 98.35%

The quarter 3 performance was 95.39% and year to date performance for all attendances was 95.9%

It was noted that activity in A&E was not as high as last year during the same period as a result of the mild weather conditions. However the A&E Department were still dealing with around 300 patients per day.
- Patient flow through the Trust was a critical issue
- The Trust was confident that all cancer targets for Quarter 3 would be achieved.

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

**STH/244/13**

**Our Staff**

Report from the Director of Human Resources

The Director of Human Resources presented his written report (Enclosure I) which provided Board members with an update on the following:

- Flu Vaccination Rates - To date the uptake of flu vaccination was 69.7% which equated to 6569 members of staff. A further 500 staff were required to be vaccinated in order to achieve the 75% target set by the Trust. The Communications Team were working hard to encourage staff to get vaccinated and were particularly targeting the areas where the uptake had been low.

Board members felt that in encouraging staff to take up vaccination the Trust should reinforce that it was a duty of care in order to improve the outcome for patients. The Director of Human Resources reported that an announcement prepared by Chris Morley, Deputy Chief Nurse, and Andrew Gibson, Deputy Medical Director, stated that fact and would be circulated shortly across the organisation.

- Staff Survey - The response rate for the 2013 staff survey was 55.5% which equated to 7580 members of staff. The Director of Human Resources took the opportunity to thank the Communications Team for their hard work and help in encouraging staff to return the survey.
- Apprenticeship Programme - The Trust currently had over 100 apprentices within the organisation. Each apprentice was enrolled onto a recognised apprenticeship framework. The teaching component was delivered by Sheffield College, in partnership with the Trust, on a day release basis to provide underpinning knowledge and skills relevant to the role.

Apprentices were fully supported throughout the programme by various people e.g. managers, buddies, assessors tutors.

The course evaluated extremely well and had been recognised by a number of awards. The completion rate was 77% which was above the national average (72%) and the conversion rate to jobs within the Trust was 79% of those completing the apprenticeship frameworks.

In answer to a question the Director of Human Resources stated that the intention was to look at having more apprentices in Hotel Services and that was something that was being developed.

The Board **RECEIVED** and **NOTED** the report from the Director of Human Resources.

## **STH/245/13**

### **Board Governance Review**

The Assistant Chief Executive referred to Enclosure J circulated with the agenda papers. He explained that the paper set out the requirement in Monitor's Risk Assessment Framework for a 3-yearly governance review and the proposals agreed in November 2013 by the Trust Executive Group for a shadow internal review to prepare the Trust for commissioning an external review in 2014. The shadow review would provide an early understanding of the Trust's strengths in Board governance as well as identifying any weaknesses which could then be addressed in readiness for the external review.

The informal feedback from Monitor was that they would be focussing on early wave Foundation Trusts such as STH. Therefore the Assistant Chief Executive and Assurance Manager had undertaken a desk-top assessment of the Trust's position against the Board Governance Assurance Framework which had been adapted to make it relevant for an existing Trust rather than an applicant Trust. That assessment had been shared with Internal Audit who would independently test the assessment using evidence provided by the Trust.

The Assistant Chief Executive explained that the Trust was at the commencement of a process which would develop in 2014 with the Board commissioning an external review. He explained that an action plan would be developed in response to any recommendations made by Internal Audit and regular progress reports would be submitted to the Trust Executive Group and the Board of Directors on the implementation of that action plan.

**Action: Neil Riley**

## **STH/246/13**

### **Deliver excellent research, education and innovation**

#### (a) Yorkshire and Humber Academic Health Science Network (Y&H AHSN)

The Corporate Development Director referred to Enclosure K circulated with the agenda papers and explained that the purpose of the paper was to ask the Board of Directors to consider and approve a number of decisions to establish a Academic Health Science Network (AHSN) office, key appointments and contracts of work programmes to deliver year one operation plan objectives. He explained that as STH was the host of the AHSN the STH Board of Directors were required to support the decisions.

He reassured the Board that all items for discussion at today's meeting had been discussed and agreed by the AHSN Steering Group and the Trust Executive Group:

- AHSC Contract for 2013/14 – He explained that the preparation of a contract had been a protracted process as the initial contract had contained a number of clauses which were detrimental to the host organisations and therefore the contract was challenged. As a result of that NHS England had issued a new contract which Beachcrofts had looked at and although it contained some risks for STH they were not felt to be significant.

The Board of Directors **RATIFIED** the AHSN Steering Group's approval of the NHSE contract for 2013/14 and authorised Sir Andrew Cash, as interim Chair, and Andy Riley, as interim Managing Director, to sign the Y&H ACSN contract with NHS England.

- Establishing a Company Limited by Guarantee (CLG) – It was noted that the preferred governance model was for the AHSN to become a CLG. Beachcrofts have worked through the legal issues and have produced the necessary documentation and prepare for the Y&HAHSN to become a CLG on the Companies House register.

The contract with NHS England would cease on 31<sup>st</sup> March, 2014 and the plan was for the AHSN to become a CLG from 1<sup>st</sup> April, 2014.

The Board of Directors **CONSIDERED** and **APPROVED** STH becoming a member and therefore a guarantor (limited to £1) for the Y&H AHSN.

- AHSN Premises Lease –The AHSN Steering Group had reviewed options for basing the central office in a number of locations both on NHS and commercial sites. Ultimately, the Steering Group agreed to lease commercial offices in Wakefield which was acceptable to all parties. The lease was for two years (with a break clause after one year) at a cost of £24k per annum.

The Board of Directors **NOTED** and **APPROVED** the arrangements in place to secure the lease on the property in Wakefield.

- Chair and Managing Director Appointments – The process for the appointment of the Chairman and Managing Director had been agreed with the Director of Human Resources.

The interviews for the Chair was on 19th December, 2013 and the interviews for the Managing Director would be held in January 2014. The posts would be appointed to the CLG rather than to NHS contracts at STH which would avoid any TUPE arrangements.

The Board of Directors **NOTED** progress and support of the process to appointment of the Chairman and Managing Director

- Wealth Creation Work Programme - At this point in the meeting Kirsten Major declared that she was a Director of Medipex and Sir Andrew Cash declared he was a Director of Medilink and therefore both of them did not take part in the discussions.

It was noted that the delay in the NHS England issuing the contract had slowed the investment into the Wealth Creation Work Programme. In order to get back on plan support had been sought from Medilink Ltd., Medipex Ltd. and D4D Ltd. to carry out an establishment and delivery programme from now until 31<sup>st</sup> March 2014. The Corporate Development Director reported that that work had not been competitively tendered due to the timescales involved and as all three companies had been working with Y&H AHSN to develop the AHSNs year one operational plans and therefore had unique knowledge of the SME and MNO economy in Yorkshire and Humber.

The Board noted that due to the relatively low value of each contract the Trust Executive Group had agreed to the request for single tender action for the 3 programmes of work until 31st March, 2014.

The Board of Directors **AGREED** to single tender action for each of the three pieces of work in the Wealth Creation Work Programme through to 31st March 2014 and delegated authorisation to the Assistant Chief Executive to sign the single tender action documentation.

The Board also **NOTED** that D4D was a Company Limited by Guarantee which STH was the only member.

## **STH/247/13**

### **Chief Executive's matters**

The Chief Executive briefed members on the following items:

- STH was supporting the second UTC application focussing on Sport and Life Sciences for 14 - 18 year olds. The decision would be announced in January 2014. The College would be based on the former Don Valley Stadium site.
- CLRN (Clinical Research Network) - Appointment of the Clinical Director and Chief Operating Officer would be made in the New Year.

### **STH/248/13**

#### **Chairman and Non-Executive Directors' matters**

Shirley Harrison reported that the Non Executive Directors had had a very successful informal meeting with Governors earlier that week and hoped that it would be repeated at some point.

### **STH/249/13**

#### **For Approval/Ratification**

##### (a) Common Seal

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

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Henry Boot Construction Limited for works to DEMOLISH THE Former Immunology Building and form new car parking facilities at the Northern General Hospital (Contract Value - £635,302.00 and forms part of the 2011/12 Capital Programme)
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Jarvale Construction Ltd for works to form a new Diabetes and Endocrine Unit at the Northern General Hospital ( Contract Value - £314,054.00 and forms part of the 2011/12 Capital Programme)

##### (a) Treasury Management Policy

The Director of Finance referred to Enclosure M circulated with the agenda papers. He explained that the Trust's Treasury Management Policy had been updated in line with governance requirements and to reflect the required policy changed which had arisen from revised operational environments during 2013/14.

The Board of Directors **APPROVED** the updated Treasury Management Policy.

### **STH/250/13**

#### **To consider any other items of business**

There were no additional items of business.

### **STH/251/13**

#### **Date and Time of Next Meeting**

The next meeting of the Board of Directors would be held at 9.15 am on Wednesday 15<sup>th</sup> January, 2014, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital