A

Sheffield Teaching Hospitals NHS
NHS Foundation Trust

In hospital and in the community
proud to make a difference

Minutes of the Meeting of the BOARD OF DIRECTORS held in PUBLIC at 9.30 am on Wednesday 15th January, 2014, in the Undergraduate Common Room, Medical Education Centre, Northern General 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. M. Wilkie
Ms. T. Barnes
David Pargeter
} item STH/04/14(a))

OBSERVERS: 3 Governors
2 members of staff

STH/01/14

Declaration of Interests

No declarations of interest were made.

STH/02/14

To receive and approve the Minutes of the Meeting held on 18th December 2013

The Minutes of the Meeting held on Wednesday 18th December, 2013, were **AGREED** and **APPROVED** and signed as a correct record by the Chairman subject to the following amendment:

- Page 9 third bulletpoint – changed to read "The Board could not yet be confident about 2014/15 as the outcome of contracting negotiations for next year was not finalised."

STH/03/14

Relevant Matter(s) Arising

(a) Late Cancer Referrals from District General Hospitals

(STH/240/13(a)) The Chief Executive reported that a way forward had now been agreed.

The Director of Strategy and Operations reported that there had been two meetings of the Cancer Board at which a thorough review of cancer pathway data had taken

place. The review included all the occasions of patients being referred to the Trust after 38 days over the last two years and the average waiting times for cancer referrals.

The following actions had been agreed:

- With immediate effect the Cancer Board would review the number of referrals to STH on a monthly basis.

- The Clinical Commissioning Group (CCG) would monitor performance under the contract.

- Two pieces of work would be undertaken around urology and lower gastrointestinal.

- The Cancer Board would review the position in June 2014 to see if performance had improved.

The Director of Strategy and Operations would include an update and details of any referrals arriving at the Trust after 38 days in the monthly activity and performance report to the Board. It was agreed that the Board would also review the position in more detail in 6 months' time.

Action: Kirsten Major

The Chief Executive reported that the matter would be further discussed at the CEO meeting on 3rd February, 2014.

It was **AGREED** that the matter would now come off the agenda as a matter arising.

(b) Integrated Sexual Health Services

(STH/240/13(b)) The Chief Executive reminded the Board of the background of the issue which was that the Sheffield City Council (SCC) were looking to reduce the cost of the service by 11%.

He reported that he had met with John Mothersole, Chief Executive of the Sheffield City Council, to discuss the matter and the outcome of that meeting was that

- the SCC had now reached a settled position on their 2014/15 budget.
- the SCC's primary objective was to retain the contract with the Trust during 2015/16 and that had been put in writing
- during 2013/14 and 2014/15 there would be a service integration project, led by a Project Board, which would build on the work already carried out to date.
- John Mothersole had explained that if agreement on the 2015/16 contract could not be reached then the SCC could default to tender if necessary

The Chief Executive reported that he had received a letter from John Mothersole confirming the above position. However, information had recently appeared on the SCC website which required clarification as it was not consistent with the above information and it was important that there was a clear and consistent message to STH staff.

Sir Andrew Cash and John Mothersole would meet with their respective teams and draw up Terms of Reference for the service integration project which would deliver a solution for the next three years and also deliver a good quality service for patients.

A meeting with staff in the Sexual Health Services should be held as soon as possible in order to keep them informed of the position and to reassure them.

During discussion the following points were made:

- Board members commented that it appeared that most of the risk was being borne by the Trust and not SCC. The Chief Executive reassured members that the relationship between the Trust and SCC was good.

- The Chief Executive emphasised the issue of STH not having a representative on the Health and Wellbeing Board and he would pick up that issue with the CCG and Local Authority.

Action: Sir Andrew Cash

- The Chairman highlighted the need for the Trust to 'horizon scan' and to look at other organisations who were tendering out such services.

The Board of Directors **NOTED** the current position.

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

(STH/220/13) The Medical Director reported that the Trust Executive Group had discussed this matter in detail at a recent Time Out. Executive Leads had been allocated to each key area and in line with the agreed timetable good progress was being made and work was on schedule to present the Trust's response to the May 2014 Board meeting for final approval.

Action: David Throssell/Hilary Chapman

STH/04/14

Clinical Performance

(a) Clinical Update: Shared Haemodialysis Care

The Chief Nurse introduced Martin Wilkie, Consultant Nephrologist, Tania Barnes Shared Haemodiaylsis Care Educator and David Pargeter, patient who gave a joint presentation on Shared Haemodialysis Care.

The presentation focussed on the training provided to renal patients to enable them, if they wished, to be involved in administering their own care either in a hospital setting (Self Care Unit) or at home and the benefits that gave them e.g control, understanding, confidence, knowledge, self esteem and freedom.

The 4-Day Bespoke Shared Haemodialysis Care Course for staff run by the Trust was nationally recognised and had initially been funded as part of a national grant.. The next four courses were fully booked and after that there would be a need to consider the funding model further

There was a discussion around the risks and outcomes between home and hospital haemodialysis. Dr. Wilkie explained that there were risks involved whether haemodialysis was carried out in hospital or at home. He stated that patients were able to carry out their haemodialysis to a very high standard and it was known that the outcomes for home haemodialysis were better than that for other patients.

The Medical Director emphasised the importance of transferring the concept into other areas especially for the treatment of long term chronic conditions which required regular monitoring.

The Chairman thanked Dr. Wilkie and Tania Barnes for their presentation and particularly thanked David Pargeter for taking the time and trouble to come and talk about his experience as a renal patient.

(b) Infection Control Report

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

- The Trust had not recorded any Trust attributable cases of MRSA bacteraemia during December 2013.
- Post Infection Reviews had been undertaken into the two cases of MRSA bacteraemia attributed to the Trust during November, 2013:

    - Patient 1 – On investigation it had been found that the staff member taking the blood culture had MRSA in their nose and that the blood culture was contaminated by sub-optimal technique. The member of staff concerned would be decolonised from MRSA and would undergo retraining.

    - Patient 2 - On admission, the patient was screened negative for MRSA. However, blood cultures taken post operatively grew MRSA. Despite extensive investigation, the source of acquisition was unclear. Actions to be taken include further education for Advanced Nurse Practitioners on antibiotics and prescribing, improved intravenous cannula documentation and an audit of the significance of MSSA / MRSA drain positive swabs.

    In response to a question, the Chief Nurse reported that it was not feasible to screen all staff for MRSA as screening would need to be done on a daily basis.

- Although the Trust had seen an improvement in its C.diff performance it was off trajectory against the C.diff plan. However the Chief Nurse reported that the Trust had achieved its best performance in Quarter 3 (18 cases compared to 23 in Quarter 3 in 2012). That achievement was felt to be largely as a result of the deep cleaning programme although there were other actions which had had an impact.

    It was noted that there had been one case to date in January 2014.

- MSSA performance was on trajectory against the MSSA plan. The Trust had recorded 1 Trust attributable case of MSSA bacteraemia in December 2013. The year to date performance was 36 cases (April to December 2013) which was a significant improvement compared to the 66 cases recorded for April to December 2012.

- Norovirus - 11 positive samples had been recorded last week; 2 wards were closed and a further 3 wards had bays closed which was having an impact on the Trust's operational performance.

- The Trust was experiencing increased incidences of Flu.

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

(c) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report (Enclosure C)

circulated with the agenda papers and highlighted the following points:

- Putting Patients back in the picture – Clwyd and Hart Report - The review was commissioned following the Mid-Staffordshire Public Inquiry and considered all aspects of the complaints process as well as 'whistle-blowing' and the handling of concerns raised by staff. The review concluded that current problems within the complaints process included delays and lack of effectiveness. National recommendations included actions to prevent formal complaints, increase the independence of the process and ensure effective outcomes. The Trust already complied with a number of the recommendations but areas for development had been identified and those were being taken forward as part of the patient experience refresh on which progress to date would be reported to the Healthcare Governance Committee the following week.

- Care Quality Commission (CQC) - the CQC had reviewed their Intelligence Monitoring Reporting process and had changed some of the indicators.

- Clinical Assurance Toolkit (eCAT) Report - The Electronic Clinical Assurance Toolkit (eCAT) provided clinical areas with a range of standards, based on the Standards for Better Health framework, which enabled accurate annual feedback concerning clinical area performance and adherence to governance and quality arrangements. It contained information from a multiple of sources including patients.

  It was noted that there had been an overall fall in the Trust eCAT scores by 4% but it was difficult to assess whether the reason for that drop in performance was due to a deterioration in quality or poor compliance with completing the elements of eCAT.

  The central eCAT team, in collaboration with the Patient Partnership Department, were supporting the action planning process and through the eCAT operational and eCAT development groups, would continue to update the systems and tools to reflect national and local requirements. One of the changes was to make the standards more current by aligning them to the Trust's Corporate Strategy rather than the Standards for Better Health.

- Serious Untoward Incidents - There had been three new serious incidents all of which were being investigated.

- Never Event Review - The report from the external review team visit in December would be available later in January 2014 and would be presented to the Board of Directors thereafter.

- Orthopaedic Services Improvement Report - The report focused on the Fractured Neck of Femur Pathway, that was recognised as a complex and challenging service and which required a comprehensive multidisciplinary approach to deliver high quality clinical care.

  A detailed action plan was produced in response to the report and it was noted that the majority of recommendations in the plan had now been achieved. Actions to address the outstanding concerns had been agreed and would be taken forward by the Fragility Fracture Group under the management of the Orthopaedic Executive Management Team and monitored centrally by the Chief Nurse and Medical Director.

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

(i) Quarterly Trust Mortality Report (December 2013)

The Medical Director referred to the Quarterly Mortality Report (Enclosure D) and highlighted the following key points:

- **Most recent 12-month rolling HSMR** (1st September 2012 – 31st August 2013) - 94 (90 – 98) for all Admissions and "lower than expected" when compared with Hospital Trusts nationally. The rebased value was not available for this time period.

- **Year-to-date HSMR** (1st April – 31st August 2013) -The predicted rebase for Sheffield Teaching Hospitals NHSFT for April - August 2013 was 100 (94 – 106) and "as expected" when compared with Hospital Trusts nationally.

- **Most recent 12-month rolling SHMI** (1st April 2012 – 31st March 2013 (published October 2013)) 0.88 (0.89 -1.12 *over-dispersion control limits of 95%*). That was in the "lower than expected" range and rebased.

For the first time, the report included analysis of mortality data by diagnostic groups. The Medical Director reported that the Trust was keen to obtain more information about any diagnostic groups which raised concerns as a result of the analysis and further work to address that was underway or planned within the relevant clinical teams..

The next publication was expected at the end of December 2014.

(ii) Quarterly Patient Experience Report (July to September 2013)

The Chief Nurse presented the Quarterly Patient Experience Report (Enclosure E) and highlighted the following key points:

- The report presented patient experience feedback from a wide range of sources, including surveys, frequent feedback, website feedback and complaints.
- Staff attitude was the top positive theme and the top negative theme.
- Results of the latest frequent feedback surveys suggest excellent performance for patients having confidence in the nurses treating them, pain management and feeling that they were treated with respect and dignity. In some areas there was variable performance, such as doctors talking in front of patients as if they were not there, and staff demonstrating an excellent attitude.
- 336 new complaints were received between July and September 2013 which reflected a 2% decrease compared to the same period last year. However, the number of Patient Services Team (PST) enquiries suggested a higher number of concerns were being resolved quickly at ward/department level and recorded as PST contacts.
- The Friends and Family Test response rate remained low at 14% for Quarter 2 and therefore a number of measures had been put in place to improve that position.
- The Care Quality Commission visited the Trust for 2 weeks in September 2013. Overall the Trust received positive feedback from the inspectors regarding the care they witnessed and no compliance concerns were recorded.

The Board of Directors **RECEIVED** and **NOTED** the Patient Experience Report for the period July to September 2013.

STH/05/14

Provide patient centred services

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

The Chief Nurse referred to the 6-monthly update on the Friends and Family Test (Enclosure F) circulated with the agenda papers and highlighted the following key points:

- Trust scores were very good, however response rates were low.
- The Trust was working towards achieving the CQUIN target of a 20% response rate for quarter 4.
- Actions being taken to improve response rates included piloting a new method of texting A&E patients following discharge.
- A process for reviewing wards that scored below the England average had been put in place. That process included triangulating and analysing all patient experience data for those wards.
- The FFT commenced in Maternity on 1st October 2013 and the plan was to roll it out to out patients, day cases and community by July 2014, ahead of national implementation plan of 2015.
- Monthly summary reports would continue to be provided to the Board of Directors along with more detailed quarterly reports

The Chief Nurse presented the FFT results for December 2013 as set out in the presentation attached to these Minutes. The key points to note were:

- The A&E score was the lowest to date.
- The Trust's combined score was also at its lowest.
- The Trust's response rates in A&E (11.4%) and Inpatients (34.1%) had improved in December 2013.
- With the exception of Birth the maternity response rates had deteriorated.

The Chief Nurse presented a breakdown of the Antenatal scores for December 2013 (copy attached to these minutes) which clearly demonstrated the significant impact of passive responses on the overall score and how the methodology used did not necessarily give a fair reflection of the quality of the service.

The Chief Nurse reported that Friends and Family Test CQUIN Targets for 2014/15 were:

- Acute services:
  - 30% of funding for implementation of the staff FFT by April 2014
  - 15% of funding for early implementation of patient FFT in outpatient and day case departments by 1st October 2014
  - 15% of funding for achieving target response rates in A&E (15% for Q1, 20% for Q4) and inpatient areas (25% for Q1, 30% for Q4), which would be monitored as separate elements
  - 40% of funding for reducing negative responses from A&E, inpatient and maternity services between Q1 and Q4

- Community Services:
  - 30% of funding for implementation of the staff FFT by April 2014
  - 40% of funding for early implementation of patient FFT by 1st October 2014

- 30% of funding for full implementation of patient FFT by January 2015

STH/06/14

Financial and Operational Performance

(a) Report from the Director of Finance

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

- The Month 8 results showed a small overall deterioration but were still broadly in line with the Financial Plan position. There were still a number of key factors which would have a material impact on the Trust's final 2013/14 financial results but overall the Director of Finance reported that there was a good level of confidence of the plan being delivered.
- Of the 33 Directorates, 17 reported a break-even/surplus position, 3 reported small deficits of less than 2% of budget to-date and 13 reported more significant deficits. The Directorates causing most concern continued to be Geriatric and Stroke Medicine; Gastroenterology; Operating Services, Critical Care and Anaesthesia; Obstetrics, Gynaecology and Neonatology; Cardiothoracic Services; General Surgery; and Orthopaedics.
- 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 local planning processes for 2014/15 were underway for what would inevitably be a very challenging year. The National Planning Guidance for 2014/15 confirmed a position broadly as was expected but the position for subsequent years looked particularly difficult.
- The Trust's first cut plans for 2014/15 had identified efficiency savings which were considerably less than the minimum which would be required and the challenge arising from the national efficiency requirement would be impossible to manage if there were significant baseline income losses from the contract negotiations.
- The Trust was in discussion with Commissioners about their application of contract penalties particularly around 18 weeks and C.diff.

A discussion took place on whether the 7 Directorates which continued to cause the most concern fully understood the seriousness of their positions. The Director of Finance stated that there was a good level of awareness of the seriousness. However, the challenge for the Directorates was around turning what needed to be done into action and delivering it.

The Chief Executive reported, that together with key members of the Trust Executive Group, he would be meeting with each Directorate to review their second cut plans for 2014/15 which were due in at the end of January 2014.

The Director of Strategy and Operations stated that pathway redesign was critical and that it may lead to unlocking some efficiencies as demonstrated by the issues in Geriatric and Stroke Medicine.

Board members emphasised the importance of keeping up the momentum in the Directorates that were performing well and achieving their efficiency saving target.

The Director of Finance stated that the business planning review meetings with each Directorate had been completed. Part of the discussion at those meetings focussed on their financial and efficiency plans and also provided the opportunity to congratulate those Directorates performing well and to encourage those who needed to do better.

The Chairman emphasised the urgency of the position and it was **AGREED** that a specific update on the 7 Directorates of most concern should be presented to the Board in the near future.

Action: Neil Priestley

The Director of Finance stated that 2015/16 looked particularly challenging given the proposal to create a Better Care Fund. It was understood that 3% of Clinical Commissioning Group's cash up lift would be transferred to the Local Authority but what was not clear was how much of that was new money or existing funding.

It was also **AGREED** that the Chief Executive should present an update on the Right First Time Programme at the February 2014 Board meeting.

Action: Sir Andrew Cash

The Board of Directors **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 and beyond.

(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 and incomplete pathways were met in November 2013. However, the target for completed non admitted was not met.
- There were no patients waiting over 52 weeks.
- New outpatient activity was 5.0% above target in November 2013 and 1.8% above for the year to date.
- Follow up activity was 1.7% above target in November 2013 and 1.3% above for the year to date.
- The level of elective inpatient activity was 7.2% above target in November 2013 and 3.7% above for the year to date.
- Non elective activity was also 7.2% above expected levels in November 2013 and 4.3% above for the year to date.
- The waiting list for inpatients remained exactly the same and the outpatient queue decreased by 818 in November 2013.
- Accident and Emergency performance was above target in November 2013 with 96.3% of patients seen within 4 hours. The performance for the quarter so far was 95.3% and for the year to date 95.5% (as at month 8).]
- Week commencing 6th January 2014 had been particularly difficult in Accident and Emergency with 95.47% of patients being seen within 4 hours.

The Board of Directors recorded their thanks to all staff for their tremendous efforts in achieving the targets in Quarter 3 and particularly over the last few weeks.

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

Spend public money wisely

(a) 5-year Capital Plan and Capital Programme: Quarterly Update

The Director of Finance presented the quarterly update on the 5-year Capital Plan and Capital Programme (Enclosure I) circulated with the agenda papers. The key points to note were:

- The Capital Programme remained manageable for 2013/14, but then moved into an increasing over committed position for the following four years.
- That over-committed position was likely to be addressed in the short-term by resources generated from the planned 2013/14 I&E surplus but then exacerbated as new schemes emerged over the five-year period.
- Significant funding solutions for future years of the programme remained to be found.
- Capital planning/prioritisation and scheme "value engineering" continued to be crucial in securing maximum value for money from limited resources.
- Action may need to be taken to ensure that an acceptable position, with no loss of PDC funding, was achieved for 2013/14.
- There had been some slippage in the plan around Information Technology schemes and ward refurbishments. The plan had been to refurbish the wards in Weston Park Hospital. However, there were some strategic issues that needed to be resolved in order to decide whether that scheme should go ahead. A report on that matter would be presented in due course.
- The big issues for 2014/15 were:
  - Royal Hallamshire Hospital Theatres refurbishment plan
  - 5th MRI
- The bulk of the funding for a new Helipad at the Northern General Hospital would be raised by the Sheffield Hospitals Charity and the national Air Ambulance Charity.
- A Peer Review of the Major Trauma Centre would be carried out in March 2014. Following the review a report would be presented to the Board.

The Board of Directors:

- **APPROVED** the latest 2013/14 Capital Programme and again **NOTED** the significant over-commitment on the 2014/15 to 2017/18 position, which would need to be addressed.

- **NOTED** the list of "possible" schemes at Appendix C of the report which, along with other likely schemes which may emerge over the forthcoming planning round and five year period, would require further consideration and careful prioritisation.

- **NOTED** the risks as per Appendix B of the report and the need to continue to generate additional resources for future years and/or identify any affordable opportunities to secure additional capital funding.

- **CONTINUED** to support the capital planning/prioritisation and "value engineering" work that were essential in securing maximum value for money from the existing level of capital and revenue funding.

STH/08/14

Our Staff

(a) Report from the Director of Human Resources:

(i) Increasing the Visibility of Senior Managers to Improve Staff Engagement at STHFT.

The Director of Human Resources referred to his written report (Enclosure J) circulated with the agenda papers which provided the Board with a brief on the pilot initiative, "Back to the Floor", being taken forward by the Trust from April, 2014 to increase the visibility of senior managers to improve staff engagement.

He reported that the visibility of senior managers within the Trust was a theme which had emerged from the staff survey.

The initiative would entail a senior manager shadowing/working alongside a front line member of staff, for a minimum of half a day per quarter, in order to improve their understanding of:

- the current issues and pressures frontline staff face
- patient and staff experience
- and to share their perspective with frontline staff and vice versa

Rhian Bishop, Trust Staff Engagement Lead, would be responsible for co-ordinating, monitoring and evaluating the "Back to the Floor" programme.

The Director of Human Resources also reported that from 1st April 2014, there would be an executive briefing (1 hour) each month (following one formal TEG meeting) held in a care group/hotel services/corporate directorate location. That meeting would provide an opportunity for an open question and answer session for staff. Rhian Bishop, Trust Staff Engagement Lead, would be responsible for scheduling and evaluating that initiative.

It was **AGREED** that an update on both the above initiatives should be presented to the Board 3 months after their commencement.

Action: Mark Gwilliam

Julie Phelan **AGREED** to circulate to the Non Executive Directors a list of the Chief Executive's visits to Directorates scheduled throughout the year to which they were welcome to join if they wished.

Action: Julie Phelan

(ii) Minutes of Staff Engagement Committee held on 17th December 2013

The Board of Directors **RECEIVED** and **NOTED** the Minutes of the Meeting of the Staff Engagement Group held on Tuesday 17th December, 2013. The following points were noted:

- The PROUD values would be further promoted via screen savers. A suggestion of promoting one value each month for five months was being taken forward by HR and Communications.

- Staff Friends and Family Test - staff would be asked to complete a questionnaire every quarter despite the concerns put forward to NHS England that it would have a detrimental effect on the completion rates of the staff survey.

  The first questionnaire would be circulated during Quarter 1 (1st April – 30th June 2014).

(iii) Flu Vaccination

The Director of Human Resources reported that 6850 staff had been vaccinated as at week ending 10th January 2014 (72.7%). A further 220 staff needed to be vaccinated in order to achieve the target set by the Trust of 75% of front line staff should be vaccinated. He was confident that the target would be achieved by the end of January 2014.

STH/09/14

Chief Executive's matters

The Chief Executive briefed members on the following issues:

- NIHR CLAHRC South Yorkshire - The first 5 years of the Pilot NIHR CLAHRCs finished at the end of 2013. The South Yorkshire Collaboration was successful in terms of the NIHR's metrics (40 peer reviewed articles accepted, a total of 156 projects initiated, grants of over £22 million into our health services research economy) but also in terms of creating a community of health practitioners and university colleagues to take forward truly innovative projects responding to local NHS priorities.

  The South Yorkshire CLAHRC outperformed the other UK CLAHRCs in terms of number of students registered for higher research degrees, subjects recruited with individual consent and external funding received for the final reporting period April 2012 – 31 March 2013.

  Impacts from the CLAHRC SY would continue to be collected and reported back to the NIHR and many strands were being taken forward in the NIHR CLAHRC Yorkshire and Humber.

- NIHR CLAHRC Yorkshire and Humber - In July, 2013, the NIHR confirmed that STH had been successful in the application to host the NIHR CLAHRC for Yorkshire and Humber. That new collaboration was building on the success of the South Yorkshire and Leeds, Bradford and York CLAHRCs to face the challenges of delivering this innovative programme of research across the Yorkshire and Humber region. Professor Sue Mawson was the Director and would provide strategic leadership to nine themes:

  - Evidence Based Transformation with the NHS
  - Translating Knowledge into Action
  - Health Economics and Outcome measurements
  - Telehealth and Care technologies
  - Public Health and Inequalities
  - Primary care based management of frailty in older people
  - Avoiding attendance and admissions in long term conditions
  - Mental health co-morbidities
  - Health Children, Health families

  The new CLAHRC started on the 1st of January, 2014, and the first Strategic Board (Chaired by Sir Andrew Cash) would be held in the next two months.

The Yorkshire and Humber CLAHRC would build on the networks developed by the two previous CLAHRC pilots in the region, and work closely with new partners such as the Academic Health Science Network to deliver the health and wealth agenda through high quality applied research and evidence based implementation.

- Chair, Yorkshire and Humber Academic Health Science Network - Professor William Pope had been appointed as the first Chairman of the Yorkshire and Humber Academic Health Science Network with effect from February 2014. Professor Pope had previously been the Chair of the East of England Development Agency and Chairman of NHS Northamptonshire and Milton Keynes and brings to the post a wealth of experience, leadership and expertise gained from senior roles within industry, the NHS and academia.

  Professor Pope would be responsible for overseeing the strategic direction of the Yorkshire and Humber Academic Health Science Network which was one of 15 new academic health science networks set up across the country to promote research and identify, adopt and spread innovation across the NHS.

- NHS England – South Yorkshire and Bassetlaw - Eleri de Gilbert had been appointed to the role of Director of NHS England in South Yorkshire and Bassetlaw. The process of recruiting to the post of Director of Commissioning would now commence.

- Interim Chair, Monitor - Conservative peer and former minister Baroness Hanham had been appointed by the Government as the interim Chair of Monitor.

- New Year's Honours for Sheffield Teaching Hospitals – The Trust had had a record number of our colleagues recognised in the New Year Honours list which was testament to the quality of people working within our organisation in a variety of fields and professions:

  - Professor Pamela Shaw, Consultant Neurologist and Professor of Neurology at the University of Sheffield, was one of only 16 figures across the country to be given Damehood in recognition of her extraordinary contribution to the field which included the establishment of the Sheffield Institute for Translational Neurosciences (SITraN), an £18million research facility bringing together 150 international clinicians and scientists to fight crippling diseases such as motor neurone disease.

  - Professor Kate Gerrish, Professor of Nursing Research at the Trust, had been given a Commander of the Order of the British Empire (CBE) in recognition of her unique contribution to nursing.

  - Professor Wendy Tindale, Scientific Director at the Trust and Clinical Director of the National Institute for Health Research Devices for Dignity Healthcare Technology Co-operative and Professor Moira Whyte, Professor and Honorary Consultant in Respiratory Medicine, were also given Officers of the Order of the British Empire (OBEs) for the fantastic work they have done in their fields.

- 2014/15 – Under the new planning guidance the Trust was required to produce a 2-year and a 5-year Strategic Plan

- Reduction in centres carrying out specialised work from 100 to 30 to 15 centres

STH/10/14

Chairman and Non-Executive Directors' matters

The Chairman highlighted the following points:

- The recent visit by David Prior, Chairman of the Care Quality Commission, to the Trust had gone extremely well and he had been impressed by what he had seen at the Trust.

- He had opened the new Histopathology Department on Tuesday 14th January, 2014.

STH/11/14

For Approval

(a) Paperless meetings for the Board, its Committees and Trust Executive Committee – Project Proposal

The Assistant Chief Executive referred to the Enclosure K circulated with the agenda papers which sought the Board's approval of a project proposal to move to paperless meetings for the Board of Directors and its committees and Trust Executive Group. The key points to note were:

- Currently there was mixed approach in the Trust for managing the meeting packs of the Board, its committees and TEG i.e. hard copies, electronic copies on lap-tops or tablets
- The project proposed to move from the current arrangements for the production and circulation of hard copy meeting packs to paperless meetings using board portal software and mobile devices.
- Board portal software electronically managed Board meetings and documents. It was a web-based, online workspace that offered board members confidential access to meeting materials, past and present, and provided tools to make it easier to prepare for meetings. It could be extended to other high level groups within the organisation and had the flexibility to be used across multiple meetings and multiple organisations.
- The move to paperless meetings would mean a fundamental change in practice for the Board of Directors.
- TEG had approved the project and necessary funding at their meeting on 8th January, 2014.
- The preferred provider BoardPad (ICSA Software) was the market leader for such systems and offered very good support to users.
- A site visit was made to Guys and St. Thomas where BoardPad has been used for some time and they reported favourably on the system and had not experienced any difficulties in terms of storage of the volume of board papers.
- Training would be given to all users.

A discussion took place regarding the implementation of the system and the concerns expressed by those Board members who were less confident in the use of the technology.

Subject to Board approval, the system would be implemented in two phases as detailed in the following timetable:

Business Case to TEG – To Approve	8 Jan 2014
Project Brief to Board of Directors – To Approve	15 Jan 2014
Phase 1: Board and TEG • Set up, training and pilot with Board and TEG early adopters • Evaluation of pilot phase • Training and roll out to remainder Board and TEG • Evaluation	 Feb/Mar 2014 May 2014 Jun 2014 Aug 2014
Phase 2: Board Committees • Audit Committee • Healthcare Governance Committee • Finance, Performance and Workforce Committee • Nomination and Remuneration Committee	Sept – Dec 2014
Project evaluation and scoping study to explore potential for wider adoption.	Nov 2014

The Board of Directors:

- **APPROVED** the project to move towards paperless meetings of the Board, its Committees and the Trust Executive Group.

- **AGREED** that the early adopters would include Tony Pedder, Sir Andrew Cash, Shirley Harrison and Martin Temple.

STH/12/14

To Receive and Note

(a) Declaration of Interest

The Board of Directors **NOTED** the following declaration of interest made by the Assistant Chief Executive and that the Trust's Declaration of Interest Register had been updated accordingly:

- Extension of appointment as Visiting Professor to the Faculty of Health and Wellbeing at Sheffield Hallam University to 31st December 2016.

STH/13/14

To consider any other items of business

There were no additional items of business for discussion.

STH/14/14

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held at 9.15 am on Wednesday 19th February, 2014, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.