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NHS Foundation Trust

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Minutes of the Meeting of the BOARD OF DIRECTORS held on Wednesday 19th February, 2014, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT: Mr. T. Pedder (Chair)

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

IN ATTENDANCE: Miss S. Coulson (Minutes) Mr. N. Riley
Mrs. J. Phelan
Mr. S. Haigh (Item STH/44/14(a))
Mrs D. Padwick (item STH/42/14(a))
Professor S. Heller (item STH/47/14(b))

APOLOGY: Martin Temple

OBSERVERS: 1 member of the Public
5 Governors
2 members of Staff

STH/39/14

Declaration of Interests

Shirley Harrison declared that she as a member of the Cancer Research Grant Committee as it related to the discussion on the Sheffield Cancer Research Centre (Minute STH/47/14)

STH/40/14

To receive and approve the Minutes of the Public Meeting held on Wednesday 15th January 2014

The Minutes of the Meeting held on Wednesday 15th January, 2014, were **AGREED**, **APPROVED** and **SIGNED** as a correct record by the Chairman.

STH/41/14

Relevant Matter Arising

(a) Integrated Sexual Health Services

(STH/03/14(b)) The Chief Executive was pleased to report that the basis for a 2-year contract for integrated Sexual Health Services 2013/14 and 2014/15 had been agreed and that the Integrated Sexual Health Board was looking at the contract for 2015/16 and would report the outcome of their deliberations by 31st May, 2014. A further update would be provided to the Board of Directors in June 2014.

Action: Sir Andrew Cash

STH/42/14

Clinical Performance

(a) Clinical Update: Strengths Based Recruitment

Mrs. Debbie Padwick, Head of Employee Resourcing, was in attendance for this item**.**

The Chief Nurse gave a presentation on "Recruiting Great Ward Sisters/Charge Nurses through Strengths Based Recruitment (SRB) which was part of the work that was being undertaken through the Shelford Group. The presentation covered the following areas:

- Background to SRB
  - The aim of SRB was to recruit the right person for the right job
- What is a strength
  - Something that a person loves doing, is good at and is energised by.
- Shelford work – ward sisters
  - Following discussions13 strengths were identified for Ward Sisters
- Ward sister strengths/profile (crosses both Acute and Community Services)
- Benefits of SBR to the organisation
  - Improvement in performance through having the right people in the job and satisfied customers
  - Improvement in organisation's reputation through candidate advocacy
  - Recruiting managers waste less time recruiting people who don't stay or are wrong for the job
  - Reduction in leavers due to job incompatibility
  - Increased engagement because people are happier
  - Less need for training and development that 'fixes' weaknesses
  - Reduced frustration of managers having 'square pegs in round holes'
  - Improved rigour and efficiency of recruitment process
  - Improved candidate experience
  - Rejected candidates understand and accept why the job is not right for them
  - Culture/mind-set shift
- Outline of project plan and current position
  - Communicate with key stakeholders at STHFT
  - Training Programme and train-the-trainer (the first train-the-trainer event had already taken place) (February/March 2014)
  - Agree what needs to happen to ensure SBR was implemented, embedded and makes a difference quickly
  - Create profiles for bands 2 and 5 nursing posts
  - Scoping evaluation project to be done by independent academic
  - Funding had been secured to roll out SRB to the recruitment of Support Workers and Staff Nurses/

During discussion the following points were made:

- It was noted that Ward Sisters were predominantly internally recruited so it was important to get this right with higher education institutions.

  The Chief Nurse reported that the Trust had been in contact with Sheffield University and Sheffield Hallam to explore if they would be interested in recruiting student nurses through SRB so that the approach was used at the beginning of a person's career. A separate profile would need to be developed for that purpose but it would ensure that the Trust was training the right people who hopefully would go on and develop and gain promotion.

- How did SRB link into the Trust's appraisal process? The Chief Nurse reported that it fundamentally complemented the Trust's values and behaviours although she acknowledged that it may reduce the Trust's recruitment pool.

- What about existing Ward Sisters? The Chief Nurse confirmed that there were no plans to apply SRB to existing Ward Sisters although the profile was available to them.

- It was noted that the SRB approach had been well received by Staff Side.

- SRB was not about closing doors but about opening the right doors for the right strengths.

- The SRB approach had been used once so far and appeared to have been successful although on-going evaluation was essential.

(b) Infection Control Report

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

- The Trust had not recorded any Trust attributable cases of MRSA bacteraemia during January 2014.
- C.diff target performance was off trajectory against the C.diff plan.
- The Trust's C.diff target for next year had not yet been set. The Chief Nurse reported that she was hopeful that a more academic and evidence based approach would be taken this year which hopefully would result in the Trust being set a more realistic target.
- MSSA performance was on trajectory against the MSSA plan.
- The Trust had had some problems with Norovirus recently but it had now reduced with only 3 wards affected and 6 beds closed. Although she emphasised that Commissioners had reported that there was a lot of Norovirus out in the community but she hoped that this would not result in an increased incidence in the hospitals. As part of the Trust's Infection Control Programme it was felt that the Board of Directors should be aware of the following matters:
  - The Renal Directorate was working closely with Fresenius, provider of services at the Sheffield Haemodialysis Satellite Unit, to review the cleaning schedules and contract for the unit to ensure improved standards of cleanliness on the unit.
  - The Cardiac Directorate highlighted that in conjunction with the Infection Control Team they had investigated an MRSA bacteraemia. The cause of the bacteraemia was not established but there were no identified lapses of practice by the clinical team.
  - The Vascular Directorate raised an issue regarding refresher training for medical staff. They highlighted that this was to be undertaken as part of mandatory training. That was done and signed off in job planning for the 2012/13 year but due to difficulties providing this and access to the content on ESR, it had been decided that it needed to be done for 2013/14 and 2014/15 together and would be reviewed as part of the next job planning round.
  - The Specialised Cancer Directorate had raised issues about the need for the Weston Park wards and other areas to be refurbished. They were currently undertaking an option appraisal about the configuration of services at Weston Park and once that was completed, the plans for refurbishment could be considered.

- The Operating Service, Critical Care and Anaesthesia Directorate highlighted that they were continuing to work towards Infection Control Accreditation for operating theatres at the Royal Hallamshire Hospital. In addition, they were reinforcing the importance of theatre etiquette with all professional groups.
- Surgical Services highlighted that the Theatre Admission Unit at the Northern General Hospital was now open to inpatients and therefore would require additional audits to conform to the standards for an inpatient area. The Infection Prevention and Control Team would support them with that.
- The Obstetric Directorate highlighted that there had been an improvement in the provision of domestic services cover but they would continue to meet with the Domestic Services to ensure that the arrangements were meeting the needs of the department.

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

(c) Healthcare Governance Report

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

- Complaints Management – The review of the Trust's Complaints process formed part of the wider refresh of patient experience. There was a focus on improving three key elements i.e. access, speed and efficiency of response. Underpinning the process was the restructure of the complaints and patient experience teams within the Patient Partnership Department, including a move towards the centralisation of complaints management.

  Professor Chapman explained that all recommendations from the Clwyd and Hart review were being carefully considered, however there were some which the Trust may decide not to adopt, most notably the recommendation in relation to separating the management of the Patient Advice and Liaison Service (PALS) and complaints.

  It was acknowledged that when a complaint was made, the complainant already felt let down and it was therefore doubly important to get the complaints process right. Key aspects of the process included timely responses, well written letters of response and holding meetings with complainants wherever possible. Currently responses were of variable quality and performance in relation to response times had fallen.

  The Chairman felt that complaints reporting was an issue that the Board of Directors needed to remain focussed on.

- Hard Truths - Executive Leads had been allocated to each of the key areas and reviewed at the Trust Executive Group Development Session on the 8th January 2014. Plans were in place to discuss the proposals with Sheffield Healthwatch and Overview and Scrutiny.

  The Trust's final response would be presented to the Board of Directors in May 2014.

  (Action: David Throssell)

- Patient Transfers and Discharge Communication Report – The report provided assurance of compliance with Outcome 6 and the key points raised were:

- The Trust had policies in place which described the requirements and processes for internal transfer and discharge of patients.

- The transfer of care document introduced as part of the Right First Time Programme and implemented in November 2012 had been further modified and reduced in line with the concept that more patients would return home for their assessments for ongoing care.

- The STH Community Intermediate Care Service [CICS] and the Local Authority Short-term Intervention Team [STIT] have aligned to form Active Recovery to provide an assessment, rehabilitation and reablement model for patients returning home from hospital and the intermediate care beds as well as those already in the community requiring temporary support to avoid a hospital admission.

- The Home of Choice pathway had been closed down and replaced with an increased number of Intermediate Care beds and a pathway for a small number of patients to be assessed in hospital and moved directly to their preferred care home.

- The Electronic Discharge letter had been fully rolled out across the Trust ensuring that every patient left the hospital with printed details of their medication and planned care. That letter was available for their General Practitioner on the ICE system.

- There had been a review of the Bed Management Functions within the Trust and the appointment of Patient Flow Matrons to ensure a 24 hour Clinical overview of patient movement.

- The Front Door Response Team which was part of the Transfer of Care Team had also been reviewed and now focussed a dedicated resource into the Emergency Department, the Frailty Unit and was developing a roving team to support the other assessment and admission areas.

➢ Serious Untoward Incidents (SUI) - One new incident had been reported during January which related to a death following a fall.

Following admission to hospital a plan was made for the patient to receive appropriate treatment which included transfer onto a low bed as the patient was at risk of falling. In the early morning the patient climbed out of bed, although cot sides were in situ, and was found by nursing staff on the floor unresponsive. An urgent CT head scan was undertaken which showed a bleed and the patient began to deteriorate. Following discussions with the family a DNACPR order was put in place and unfortunately the patient died 2 days later.

There were currently 4 SUIs ongoing which were being investigated and final reports being compiled. Two incidents had been closed by Sheffield CCG in the last period

Further information had been requested following the Never Event Review in December 2013 and the report was in the process of being finalised.

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

STH/43/14

Provide patient centred services

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

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

- Disappointingly A&E had scored its lowest score (55) to date which in turn had resulted in the combined score (A&E and inpatients) falling from 70 in December to 66 in January 2014. Although those scores remained above the national average they were a cause for concern and the reason for the low score had been explored.

  Since the introduction of SMS Texting in A&E in mid-December 2013:

  - response rates had increased, however scores had fallen which may be due to the different methodology and context ie the SMS survey was completed post discharge rather than during the visit;

  - an analysis of comments received from those who gave a negative response was to be undertaken to identify any underlying themes;

  - the combined Trust wide score for January had also fallen and this was due to both the impact of the lower A&E score and the higher volume of responses from A&E.

- Whilst postnatal community scored 100 during December 2013 and January 2014, scores were less accurate due to the low response rate in that area (only 4 responses received in each month).

- To improve response rates in antenatal and postnatal community SMS texting was to be implemented by the end of February 2014.

- There were a relatively high number of negative responses in relation to postnatal wards during January 2014. An analysis of comments received from those who gave a negative response was being undertaken to see if there are any underlying themes.

STH/44/14

Deliver Best Clinical Outcomes

(a) Right First Time: Update

Mr. Stephen Haigh, Right First Time Programme Manager, was in attendance for this item. He updated the Board on the progress being made by the Right First Time Project and the challenges faced during the winter.

He reported that progress had been made in the following areas:

- 3500 care plans for high risk patients in the community commissioned and the whole population risk stratified
- Community support workers in place supporting GP Associations
- Active Recovery in place
- Expansion in the number of Intermediate Care Beds
- Ambulatory Care sensitive occupied bed nights are 10% lower than in previous years (mostly with reduce Length of Stay rather than admissions avoided)

- Community Support Workers do reduce the cost of health care and support needed for high risk patients
- Active Recovery has improved the productivity and effectiveness for home based rehabilitation and has been instrumental in the development of discharge to assess
- The Assessment process for long term care has been reduced to a 10 day pathway from 42 days

He highlighted the challenges for this winter:

- The whole system was still not flowing and Delayed Transfers of Care (DTOC)remained problematic:
- There was not enough capacity in Active Recovery (average wait 7.2 days)
- Despite increasing intermediate care bed stock to 202 beds there were still delays in discharges from both intermediate care and acute care; and discharge to assess was not mainstreamed

The Board discussion focussed on the challenges this winter and the high number of patients who remained in hospital due to DTOC. The following points were made:

- The Chief Executive felt that the model of flow was right in the main but it was apparent that the capacity was not set correctly.

- Some patients were being placed in intermediate care who were not going to benefit from that type of care and eventually were being readmitted to hospital.

- The key issue was the pace and speed of decision making in the light of the evidence available now.

- The key issue for the Trust was DTOC and rapid action was required to resolve the problem. The problem had affected the Trust in the following ways:

    - Patients were not getting the best experience
    - Sheffield was now an outlier in terms of DTOCs.
    - A&E had not met its 4 hour target for the last three weeks

- Partners need to be prepared to explore other models

- It was noted that the Better Care Fund had identified intermediate care as one of its priorities.

- The Board of Directors noted that a robust evaluation of the work already undertaken was to be carried out and completed by June 2014. However it was not feasible for the Trust to wait for the evaluation to be concluded and it was **AGREED** that action needed to be accelerated now. It was important that Partners were honest that the current model was not working at optimum levels and was causing huge problems for the Trust in terms of delayed discharges and the impact on bed availability which needed to be rectified without delay.

(b) Operating Theatres 3 and 4 at the Royal Hallamshire Hospital

The Medical Director referred to the report he had prepared with the Director of Strategy and Operations (Enclosure D) circulated with the agenda papers which described the recent increase in the incidence of wound infections following arthroplasty conducted in two theatres at the Royal Hallamshire Hospital (RHH) and the actions taken to deal with the matter. He highlighted the following key points:

- In November, 2011, part of the hip and knee arthroplasty service provided at the Northern General Hospital was relocated to the Royal Hallamshire Hospital to reduce the number of patients whose operation was cancelled as a consequence of the higher priority emergency activity at NGH, especially during winter.

- In November, 2013, an increase in the number of deep wound infections was identified in patients who had undergone hip or knee replacement surgery in Theatres 3 and 4 at RHH. Twenty-two confirmed and two possible deep tissue infections had been identified in the cohort of approximately 1400 patients who underwent primary hip or knee replacements during the period concerned. That equated to an incidence of around 1.7%, compared with expected rates of approximately 0.5%. Pending further information, the performance of arthroplasty surgery in those theatres was suspended with immediate effect.

- Two Groups were established to respond and deal with the problem e.g.

  - Incident Group – to manage and respond to the incident including communication with affected patients, GPs and other relevant organisations
  - Operational Delivery Group – to address operational capacity issues and continuity of services.

- An external review by the Health Protection Agency did not identify any specific problems with working practices. It was concluded that the design and use of a central ante-room might be contributing to the increased infection risk, and it was recommended that it should be modified before arthroplasty surgery resumed. In November, 2013, a decision was taken to follow that recommendation and improvement plans were developed.

- A significant number of actions had been taken to ensure appropriate communication with and care for patients who had been affected.

- New pathways of care have been put in place since arthoplasty was suspended in Theatres 3 and 4 to ensure that patients who need hip and knee arthroplasty receive appropriate high quality services.

- Plans have been developed to modify theatres at RHH and for part of the arthroplasty service to return to operating there in September 2014.

A further detailed update would be provided to the Board of Directors in July 2014.

The Chairman highlighted the way the Trust had managed this unfortunate incident and the Board agreed actions were appropriate and timely.

STH/45/14

Financial and Operational Performance

(a) Report from the Director of Finance

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

- The Month 9 results showed a minor 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.
- 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 and deliver contract targets; to deliver CQUIN schemes; and to maximise contingencies.

- The planning processes and contract negotiations for 2014/15 need to be finalised in the coming weeks, although it was proving very challenging given the NHS financial environment and the pressures being faced by acute providers.
- The Trust's second cut plans for 2014/15 had identified an improved level of efficiency savings. However, they were still significantly less than the minimum which would be required and the challenge from the national efficiency requirement would be impossible to manage if there were baseline income losses from the contract negotiations.
- The position on Commissioner reinvestment of potential contract penalties was now clear with NHS Sheffield reinvesting any penalties relating to C Diff and 50% of the 18 Week Referral to Treatment penalties.
- Payment by Results - An 'infrastructure payment' of £2.2m in 2013/14 was confirmed on 12th February 2014 by NHS England.

(b) Report from the Director of Strategy and Operations

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

- The targets for the 18 week admitted and incomplete pathways were met in December. However, the target for completed non admitted was not met.
- There were no patients waiting over 52 weeks.
- New outpatient activity was 2.8% above target in December, 2013, and 2.4% above for the year to date.
- Follow up activity was 2.0% below target in December, 2013, but was 1.3% above for the year to date.
- The level of elective inpatient activity was 6.4% above target in December, 2013, and was 4.0% above for the year to date.
- Non elective activity was 2.3% above expected levels in December and was 4.1% above for the year to date.
- The waiting list for inpatients increased by 410 and the outpatient queue increased by 960 in December 2013.
- Accident and Emergency performance was above target in December, 2013, with 95.7% of patients seen within 4 hours. The performance for the quarter was 95.5% and for the year to date was 95.5% (as at month 9). The performance for January 2014 had been confirmed as above 95%. However February 2014 was hugely challenging and much of the problem was driven by low bed availability due to delays in discharge and norovirus.
- Cancer Performance – All cancer targets were achieved in Quarter 3. However Quarter 4 was proving extremely challenging because of pressures in the system and patients exercising choice to delay treatment.

  The Board's attention was drawn to the table on Page 8 of the report which showed in detail the waiting times for patients on 62 day referral to treatment pathways by referring hospitals. The table showed the scale of the challenge and how much was delivered by the Trust's Clinical Directorates when expediting pathways in a timely way when referrals were received late. She reported that the information would be routinely included in the report in future and was also being made available to District General Hospitals, Clinical Commissioning Groups as well as the Cancer Strategy Steering Group on a monthly basis.

Board members felt that it would be helpful to understand the reason for breaches on the 62 day pathways for those who commence treatment both within and outside of Sheffield. The Director of Strategy and Operations **AGREED** to work with the Cancer Executive Team to devise an appropriate way to summarise and describe that information to the Board.

Action: Kirsten Major

(c) 18 Week Wait Performance

The Director of Strategy and Operations referred to the report on the Trust's 18 wait week performance (Enclosure G) circulated with the agenda papers and which provided Board members with a detailed analysis of performance against the 18 week targets and the proposed actions to secure delivery of the target in future months. The key points to note were:

- STH had a long standing record of success in achieving the waiting times targets for all 18 week pathways. Waiting was an important aspect of patient experience in delivering high quality care.

- Performance in November and December 2013 for the non-admitted target had been below the required levels. A detailed analysis had been carried out and further actions were proposed to drive improved performance in individual Directorates and across the organisation.

- A number of actions had already been commenced in response to the ongoing analysis of performance. The first meeting of the Task and Finish Group chaired by Annette Laban, Non-Executive Director, to oversee progression against the action plan and provide Board assurance had taken place.

The Board of Directors:

- **APPROVED** all of the actions proposed and underway to create and sustain more sustainable levels of 18 weeks performance in the following key areas:

  - A revised Access Policy
  - Validation of Incomplete Pathways
  - Predicting Future Performance
  - Analysis of Capacity and Demand
  - Retraining Staff
  - Comprehensive Monitoring of 18 Weeks

- **AGREED** that a more detailed analysis of 18 weeks would be presented each month until further notice.

Action: Kirsten Major

STH/46/14

Our Staff

(a) Report from the Director of Human Resources

The Director of Human Resources referred to his written report (Enclosure H) circulated with the agenda papers and highlighted the following key points:

- The Trust achieved a flu vaccination rate for front line staff of 76.5% compared to a target of 75%.

- In addition to the annual staff survey, all NHS Acute Trusts were required by NHS England to undertake friends and family testing (FFT) of all staff every quarter as a minimum from 1st April 2014. Staff must be asked whether they would recommend the Trust to family and friends.

  STH's view was that undertaking the FFT staff survey risked survey overload and would possibly distract from action planning in response to results. A letter expressing that view had been sent to NHS England (copy attached to Enclosure H). The letter had also been shared with the Shelford Group.

  The Board of Directors **NOTED** the Trust's plan for conducting Staff Friends and Family testing:

  - Quarter 1 & 2 **-** Postcards would be distributed to all staff to be posted back to Capita for analysis. There would be a telephone option for staff with special needs.

  - Quarter 3 & 4 **-** Postcards would be distributed to all ancillary and maintenance staff where there were particular difficulties with computer access and remaining staff would be sent a link to allow them to complete the survey on line or via smart phone.

STH/47/14

Deliver excellent research, education and innovation

(a) University Matters

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

- Tooke Report - The overall conclusions of the report were that there must be more integrated working between Departments and Faculties and that a small number of key areas should be selected for major development given the pressures on research funding, and show no compromise in supporting only areas of excellence or with the clear potential to achieve that.

  Professor Richard Jones FRS, PVC for Research and Innovation, was leading a working group to take actions forward.

- Insigneo - The INSIGNEO Institute for *in silico* (or computational) medicine at the UoS was established in 2012 as a major interdisciplinary, cross-institutional initiative that coordinates the research activities of over 100 academics at the University of Sheffield and clinical consultant staff at STHFT The primary function of INSIGNEO was computational modelling for the development of stratified (or precision) medicine. Stratified medicine was a rapidly developing and critically important area of research based on identifying subgroups of patients with distinct mechanisms of disease, or particular responses to treatments. It allows clinicians to identify and develop treatments that were effective for particular groups of patients. Ultimately stratified medicine would ensure that the right patient gets the right treatment at the right time.

  The Faculty of Medicine, Dentistry and Health has appointed 2 Senior Clinical Fellows and a Senior Clinical Lecturer to support the initiative

- Clinical Research Office – The appointment of an NIHR Research Development Officer was jointly funded between the University of Sheffield and Sheffield Teaching Hospitals NHS FT. Part of the duties of that post would be to increase the level of funding from the NIHR.

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- Sheffield Cancer Research Centre - Unfortunately the Sheffield Cancer Research Centre was one of the Cancer Research UK Centres that was not renewed as part of the Cancer Research UK's decision to cut back the number of Centres across the UK from 18 to 15.

  Feedback from CR-UK indicated that their decision was due primarily to a lack of focus and critical mass as well as insufficient CR-UK programme funding in the Sheffield Centre. In the next few months UoS would be developing plans to increase annual cancer research income from £6m to £10m.

  The Board discussed how to address this and the following points were made:

  - There was a need to focus resources to build up a few key areas such as Bone Oncology and Tumour Microenvironment.

  - Look at joining together with other organisations

- National Centre for Sports and Exercise Medicine - The UoS and SHU had agreed to fund a part-time NCSEM Research Director post for two years initially with a review after one year. The post was currently out for advert.

  During discussion it was felt there was not a coherent strategy across the 3 centres which form the national entity.

  The Chief Executive explained that there were 3 themes within Sheffield:

  - Elite Athletes
  - Population Health – concentrated on population who would benefit from exercise as part of their health needs as opposed to being prescribed drugs. This had attracted the most interest nationally.
  - Employer Health

  The Board of Directors felt that it would be helpful to receive a more detailed briefing on the National Centre for Sports and Exercise Medicine at a future meeting.

  Action: Sir Andrew Cash

(b) <u>Research: Presentation</u>

Professor Simon Heller was in attendance for this item.

The Medical Director referred to his paper (Enclosure J) circulated with the agenda papers and also gave a presentation on Research within the Trust (copy appended to the minutes). The presentation covered the following areas:

- Role of clinicians in research
- Current state of STHFT clinical research
- External Reviews
- Local Research Environment
- Current Research Metrics and how to improve these
- Proposed new research structures

He highlighted the following points:

- Clinical research at STHFT was not currently attracting the amount of research funding, or delivering the research output which it was capable of. Therefore much work was needed to realise the Trust's aspiration to become the best provider of clinical research in the UK.

- Current research performance was variable and successful applications for Biomedical Research Units in Metabolic Bone and Cardiology and a Cancer Research UK Centre were followed by a failure to obtain continued funding at the time of renewal.

- The Trust was highly ranked nationally in respect of the numbers of studies offered to patients, but was failing to meet stiff metrics imposed by the NIHR to commence recruitment into trials within 70 days of a valid application or recruit all of those predicted within the time allowed.

- In 2013 an external review was commissioned to review the current status of research at STHFT and canvas advice about how research output could be improved. That review, conducted by Professor David Newby, Director of the Wellcome Trust Clinical Research Facility in Edinburgh, concluded that
  - STH and UoS had world leading academics and clear excellence in clinical research.
  - Clinical research at STH needed strong and clear strategic leadership.
  - Selective and targeted modest investments combined with better collegiate and efficient working practices had the potential to transform its clinical research output.
  - Trust employees should be incentivised to participate in clinical research
  - Re-engagement of clinical academics with strong NHS support would be critical to achieving the Trust's goals.

- Following consideration of the external review report and a similar review into Clinical Research at the University of Sheffield, carried out by Professor Sir John Tooke later in 2013, the infrastructure supporting clinical research in both institutions was reviewed and new structures proposed.

- At STHFT, it has been agreed that a Research Committee would be established to drive improvements in the quality and quantity of clinical research. The Research Committee would be the key vehicle for promoting and overseeing research performance and would report through the Trust Executive Group and, via TEG, to the Board of Directors. It would not consider education or innovation.

  At the University of Sheffield a Clinical Working Group, supported by Joint Clinical Staff and Estates Committees, would be established.

  The structures outlined above had been designed to increase the profile of clinical research across STHFT and the UoS, and to address the recommendations made in the Newby and Tooke Reviews.

There was a lengthy debate about the Trust's aspirations in terms of research as set out in the Trust's Corporate Strategy. The Chairman emphasised that there was a need for a shared ambition to be top performing in terms of timetable and ambition.

The Chief Executive explained that the UoS's strategy was to concentrate on 3 or 4 themes but the Trust's strategy was broader based on its Academic Directorates. The key was the cross over between the two and he felt that the Trust would also need to focus on doing a smaller number of things well.

The Board of Directors:

- **APPROVED** the proposed infrastructure to support the clinical research across the Trust.
- **AGREED** that Research should be discussed at a Board Strategic Session.
- **NOTED** that the Board of Directors would receive an update on Research on a quarterly basis

STH/48/14

Chief Executive's matters

The Chief Executive reported that:

- Sir Stuart Rose, the former Chief Executive of Marks & Spencer, was carrying out a review of management in 14 failing Trusts on behalf of the Government and Sir David Dalton, Chief Executive of Salford Royal NHSFT was looking at provider chains

- Dr. Caroline Pickstone had been appointed as Chief Operating Officer of the National Institute for Health Research (NIHR) Clinical Research Network for the Yorkshire and Humber which the Trust was due to host from 1st April, 2014.

- Professor Will Pope had been appointed as Chairman of the New Yorkshire and Humber Academic Health Science Network. Professor Pope has previously been the Chair of the East of England Development Agency and Chairman of NHS Northamptonshire and Milton Keynes.

- Professor Sue Mawson had been appointed as Director of the new Yorkshire and Humber CLARHC (Collaborations for Leadership in Applied Health Research and Care).

STH/49/14

Chairman and Non-Executive Directors' matters

Professor Weetman reported that there was to be a reduction nationally in dental student numbers by 10% (50 students) and that would have a significant impact on Dental SIFT.

Annette Laban reported that the second meeting of the Organ Donation Committee had been held and had gone well. She particularly highlighted the welcome attendance of the A& E staff given the operational pressure they were under.

STH/50/14

For Approval/Ratification

(a) Prosthetics and Orthotics Contract

The Director of Finance referred to paper (Enclosure K) circulated with the agenda papers which outlined the process and outcome of the procurement exercise to obtain a contract for the provision of a Prosthetic and Orthotic Service.

The key points to note were:

- A full OJEU tender exercise had been undertaken for the award of the contract given the total contract value over the 7 years of £18.5million
- All procurement rules and regulations had been followed
- A project team with a broad range of stakeholders had delivered the project with support from a senior project board with a broad skill set

- The contract should be awarded to the best value for money supplier and that would also result in a continuation of supplier
- When compared with this year's forecast outturn the contract was affordable
- There were TUPE implication and there were currently 5 members of staff that would TUPE across to Blatchford's
- Savings would come from staff reductions and on prostheses.
- The Trust would seek to maximise VAT recovery going forwards.

The Board of Directors **APPROVED** the awarding of the contract to Blatchfords and **AGREED** that the paper should be removed from the intranet as it contained commercially sensitive information.

Action: Neil Riley

(b) Common Seal

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

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and T & C Williams (Building) Ltd for works at Weston Park Hospital to form a Complex Therapy Facility
  (Contract Value - £561,997.00 and forms part of the 2011/12 Capital Programme)

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

- Sub-Underlease between Colston Trustees Limited as trustees of the Hoban Family Group SIPP and Sheffield Teaching Hospitals NHS Foundation Trust for the lease of Unit 12, Navigation Court , Calder Park, Wakefield WF2 7BJ for the purposes of locating the Academic Health Science Network central office.

- Licence to carry out works between Colston Trustees Limited as trustees of the Hoban Family Group SIPP and Sheffield Teaching Hospitals NHS Foundation Trust at Unit 12, Navigation Court , Calder Park, Wakefield WF2 7BJ.

(c) Access Policy – Managing the 18 Weeks Referral to Treatment Waiting Times: For ratification

The Director of Strategy and Operations referred to the Access Policy - Managing the 18 Weeks Referral to Treatment Waiting Times (Enclosure M) circulated with the agenda papers. She explained that the policy had been reviewed and refreshed capturing significant changes both in content and requirement for compliance. The policy had been shared with the Clinical Commissioning Group as patients who DNA will be returned to their GP and in future all referrals will be through Choose and Book and there would be no paper referrals.

The Trust would also be putting more emphasis placed on compliance with the policy.

The Board of Directors **RATIFIED** the Access Policy - Managing the 18 Weeks Referral to Treatment Waiting Times subject to ongoing oversight by the Task and Finish Group set up to look at the Trust's 18 week wait performance.

(d) Policy for the Repatriation of Patients from Sheffield Teaching Hospitals NHS Trust: For ratification

The Board of Directors **RATIFIED** the Policy for the Repatriation of Patients from Sheffield Teaching Hospitals NHS Trust (Enclosure N) circulated with the agenda papers.

STH/51/14

To Receive and Note

(a) Declaration of Interest

The Board of Directors **NOTED** that the Assistant Chief Executive had declared that he had become a member of the Finance and General Purposes Committee of the Ampleforth Abbey Trust and that the declaration has been added to the Trust's Declaration of Interest Register.

STH/52/14

Date and Time of Next Meeting:

The next meeting of the Board of Directors would be held at 9.15 am on 19th March, 2014, in the Undergraduate Common Room, Medical Education Centre, Northern General Hospital