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Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Minutes of the BOARD OF DIRECTORS held on Wednesday, 21st December 2016, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT: Mr. T. Pedder (Chair)

Mr. T. Buckham	Ms. K. Major
Sir Andrew Cash	Mr. J. O'Kane
Professor H. A. Chapman	Mr. N. Priestley
Mr. M. Gwilliam	Professor Dame Pam Shaw
Mrs. C. Imison	Mr. M. Temple
Mrs. A. Laban	Dr. D. Throssell
Ms. D. Moore	

IN ATTENDANCE: Mrs. S. Carman, Mrs. J. Phelan
Miss S. Coulson (Minutes)

Dr. A. Brodrick - STH/228/16

Mr. A. Vernon - STH/230/16
Ms. B. Bhogal - STH/230/16

Dr. P. Sneddon - STH/231/16(b))

OBSERVERS: Five Governors
Ms. S. Bhargava (Insight Programme)

STH/225/16

Declarations of Interests

John O'Kane declared that he was a Trustee of the Sheffield Hospital Charity.

For information purposes, the Chairman reported that Neil Riley, former Assistant Chief Executive, had become a Trustee of the Weston Park Hospital Charity.

STH/226 /16

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 16th November, 2016, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record subject to the amendment of a typographical error on page 3:

"As an employer the Trust had a responsibility to support the health of its 16,000 (not 1600) workforce."

STH/227/16

Matters Arising:

(a) Short Term Intervention Team (STIT)

(STH/207/16(a)) The Chief Executive reported that the Trust had instigated its Silver Command position. The Trust had also escalated the position by calling a

series of escalation meetings with the Local Authority and Clinical Commissioning Group. Two such meetings had already taken place and a third was being held on Friday 23rd December 2016. The third escalation meeting would be looking at the position for the next ten days with the aim of getting the Trust into as good a position as possible prior to the Christmas break period. The position should ease slightly over the Christmas period as it was normal practice for the Trust to discharge patients home for Christmas where possible. However it was noted that some of them would return to hospital afterwards for ongoing treatment.

There had been a good outcome as a result of the escalation meetings and the Clinical Commissioning Group had identified 17 additional residential packages/beds. Both the non-reablement and re-ablement pathways had been reviewed and a Multi-agency Task Force was working through the patients who were at the different stages of those pathways in order to keep the flow going through the organisation. Additional STIT capacity had been found in terms of an additional eight placements.

The Chief Executive stated that the first two escalation meetings had been about the Trust getting its internal processes aligned and the third meeting would be about getting through the next ten days and after that it would be about how the Trust used the STIT capacity.

The Director of Strategy and Operations reported that last week and over the weekend had been extremely difficult and managing flow had been very challenging. The Trust had seen a surge in people suffering from norovirus, flu, diabetes and respiratory problems.

She reported that as of that morning there were no patients waiting for beds. The Trust had cancelled some operating lists but there had only been three cases which had been cancelled the day before. Those patients had had their operations rescheduled for January 2017.

The Chief Executive stated that there needed to be some clarity regarding the 2018/19 Better Care Fund utilisation. It was agreed that the Clinical Commissioning Group should be requested to provide the Trust with a breakdown of the allocations. The matter had been discussed at the Healthcare Governance Committee.

During discussion the following points were made:

- Escalating the problem appeared to have worked and had resulted in an improved position so were there lessons to be learned about when to escalate?

  The point was noted and would be considered. However the point was made that working under considerable pressure was the norm for the Trust and if the escalation process was triggered every time the position got particularly challenging it may not be taken seriously. However on this particular occasion the escalation process was triggered as a result of potential risks to patient safety relating to the number of patients waiting for beds in the Emergency Department. It was also pointed out that the Clinical Commissioning Group and the Local Authority were well sighted on the current pressures and position.

- The escalation process had identified that there were a number of internal issues which the Trust needed to address to improve discharge arrangements and it was currently working through those.

The Chief Executive would keep the Board briefed on the position and it was important for all partners to build on this for the future. A further update would be provided at the next meeting.

(b) Public Health: A Core Business for Acute Trusts

(STH/208/16) The Chief Executive reported that he had not received any feedback to date and therefore the matter was deferred until the January 2017 meeting.

STH/228/16

Providing Patient Centred Services:

(a) Clinical Update: Influencing Intervention Rates - Getting the Balance Right in Maternity

Ali Brodrick, Consultant Midwife, was in attendance for this item but unfortunately was taken ill so therefore the presentation did not take place and arrangements would be made for her to attend a future Board meeting.

STH/229/16

Chief Executive's Matters

The Chief Executive referred to his report (Enclosure B) circulated with the agenda papers which included the following matters:

- Integrated Performance Report (IPR)

  The Chief Executive invited each Executive Director to give a report on their respective areas:

  - Deliver the Best Clinical Outcomes

    The Medical Director highlighted the following matters which had been discussed at the Healthcare Governance Committee:

    - The Trust has received one CQC 'Information of Concern Notification' and the Patient Partnership Team had met with the patient's family to discuss the concerns.

    - The Committee discussed the updated CQC action plan which reflected the monitoring arrangements set by the Trust against the 'must do' and 'should do' compliance requirements. A further update on progress would be presented in January 2017.

    - The revised Healthcare Governance Arrangements Policy and Framework for Delivery was approved by the Committee.

    - Three new serious incidents had been reported and were under investigation. Six incidents remained on-going and three incidents had been closed.

    - The Committee received a presentation on the '*Trust's approach to delivering against the 'Sign up to Safety' campaign*'. A number of initiatives had been put in place aimed at addressing patient safety and the management of the deteriorating patient including the introduction of 'safety huddles', sepsis management, acute kidney management (AKI), falls reduction and the patient safety zone work.

In response to a question, the Medical Director explained that a 'safety huddle' was a brief meeting held at the start of the day/shift involving key members of the clinical team at which they discussed and shared information about patients who were at particularly risk. The evidence was that such meetings improved patients' outcomes.

It was agreed that the presentation should be presented to the Board at the January 2017 meeting.

(Action: David Throssell)

- The Integrated Risk and Assurance Report remained consistent in its reporting of risk; nurse staffing remained at 20 (extreme) with two other risks presenting as an increase in their rating, the electronic patient record and care of patients in an inappropriate setting, as rating 20 (extreme). Six risks were rated as 16 (extreme) and those were care of older people, under delivery of planned maintenance and refurbishment of wards, healthcare associated infection, midwifery staffing and IT stabilisation. Asbestos management and failure to meet appraisal targets had reduced from 12 (high) to 8 (high).

The Chief Nurse highlighted the following points:

- There had been zero cases of Trust assigned MRSA bacteraemia recorded for the month of October 2016 and therefore the year to date total was two cases.

- There were six Trust attributable cases of MSSA bacteraemia recorded in October 2016 which was worse than the monthly trajectory set by the Trust. The full year performance was 41 cases of MSSA against an internal threshold of 25 cases.

  Staff from the Trust had visited Leicester to look at how they decolonised patients. Although there was a cost (25p per patient) associated with decolonising patients, Leicester's performance was particularly good. The plan was to run some small pilots within STH and to evaluate the outcome. The Chief Nurse reported that there had been a lot of interest in this approach within the Trust even before the pilots had started. She pointed out that there was a consent issue around decolonisation as patients could refuse. The key to its success would be in the explanation given to patients of why it was important.

- The Trust recorded seven cases of C. diff for October 2016 which was better than the monthly target of 7.25 cases. The full year performance stood at 59 cases of C. diff against an internal threshold of 45.5 and a Monitor threshold of 51.

- E.coli - Concentration on associated Gram-negative bloodstream infections, of which E.coli was one, would start in 2017 and a target would be set around that.

o Patient Centred Services

The Director of Strategy and Planning highlighted the following points:

- The Trust's activity performance:
  - New outpatient activity was 6.28% below target in October 2016 and 6.26% below target for the year to date
  - Follow up activity was 6.03% below target in October 2016 and 4.86% below target for the year to date.

- The level of elective inpatient activity was 2.90% above target October 2016. For the year to date the position was 1.95% below target.
- Non-elective activity was 4.54% below target in October 2016 and 1.86% below for the year to date.
- Accident and Emergency activity was 4.00% above target in October 2016 and 0.02% above target for the year to date.

- In October 2016 there was an average of 131 patients whose discharge was delayed compared to 101 in September 2016.

- The number of operations cancelled on the day for non-clinical reasons in October 2016 was 154, compared to 88 in September 2016 and 88 in October 2015.

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- The number of patients on incomplete pathways at the end of October 2016 was 46,677 compared to 47,759 at the end of September 2016 and 48,330 at the end of August 2016. As at the end of October 2016, 43,547 (93.46%) of those had a waiting time of less than 18 weeks (target 92%).

- In October 2016, the local waiting time standard for non-admitted patients was not achieved with 92.34% of patients being seen within 18 weeks (target 95%).

- The local target for admitted patients was not achieved in October 2016 where 83.50% of patients were seen within 18 weeks (target of 90%) compared to 82.40% in September 2016.

- In October 2016 one patient was waiting more than 52 weeks for treatment in Oral Surgery as a result of the referral between services not being made. The Director of Strategy and Operations confirmed that the patient had not come to any harm due to the delay and had been treated in October 2016.

- In October 2016, 99.69% of patients referred for diagnostic tests were seen within 6 weeks which was above the target of 99%. The Director of Strategy and Operations emphasised that the Trust always achieved this target which was a significant achievement and testament to the staff in those departments. The Board expressed its congratulations to the staff involved in meeting the target.

- In October 2016, 85.60% of patients attending A&E were seen within 4 hours compared to the standard of 95%. However, that was below the improvement trajectory of 93.50% agreed with NHSI and NHS Sheffield CCG. An appeal had been submitted to NHSE against the resultant withholding of Sustainable and Transformation Fund monies . Board members emphasised that waiting time was a quality measure from a patient's point of view.

- The percentage of patients whose clinical handover from the ambulance service to A&E took less than 15 minutes had reduced to 66.11% in October 2016 compared to 70.64% in September 2016 and 68.91% in August 2016. The number where the handover had taken longer than 30 minutes had increased in October 2016 rising to 1.18% from 0.46% in September 2016 and 0.25% in August.

  A pilot exercise was due to commence in A&E where a paramedic would be working in the department and the Trust was excited to see the outcome of that initiative. The physical changes to the front door area of the Emergency Department had now been completed and had transformed the area. It was

hoped that those two things would result see an improvement in the flow of patients.

The Chief Executive reported that NHSI had issued some information about looking at the A&E four hour wait target differently and having a different standard for blue light cases. Although the Director of Strategy and Operations stated that the new targets would be helpful she was anxious about the complexity of data collection.

- The final position for cancer waiting times for quarter 2 showed all the standards had been met apart from the 62 day GP referral to treatment target where the performance was 81.7% against the target of 85%. However it was noted that the performance for STH originated pathways was 90.3%.

- The performance for Cancer Waiting Times for quarter 3 for all pathways at 25th November 2016 stood at 77.8% against a target of 85%. However, the performance for STH originated pathways stood at 87.1%.

  Candace Imison expressed concern about the cancer wait performance in the Head and Neck Directorate as detailed in the Exception Report. The Director of Strategy and Operations explained that Head and Neck was a difficult pathway and performance had been affected by staff sickness. The Clinical Director for Head and Neck was confident that no patients' pathways had been compromised.

  The Director of Strategy and Operations agreed to highlight this area in next month's report.

  Action: Kirsten Major

The Chief Nurse highlighted the following points:

- Complaints - 91% of complaints were responded to within 25 working days.

- Friends and Family Test (FFT) inpatient response rate in September 2016 was 30.8% which was better than the internal target of 30%.

- FFT A&E response rate in September 2016 was 21.8% which was above the internal target of 20%.

- FFT inpatient score for September 2016 was 96% which was above the internal target of 95%.

The value of the FFT was the good data gathered from which the Trust could learn in order to improve its services.

o Employ Caring and Caring for Staff

The Director of Human Resources highlighted the following points:

- Sickness absence in October 2016 was 4.89% (target of 4%) which was an increase from 4.47% in September 2016. The increase had been caused by a 0.02% increase in short term absence mainly due to colds, flu and winter vomiting and a 0.06% increase in long term sickness absence.

- The year to date figure was 4.26 %, the figures can be split as follows:
  - Long term 2.62% (YTD)
  - Short term 1.64% (YTD).

- Discussions regarding the Trust's revised Managing Attendance Policy with Trade Union colleagues had concluded without agreement. A further meeting was due to take place with Staff Side colleagues on 5th January 2017 and the Director of Human Resources was hopeful that agreement would be reached.

- The Trust saw a slight decrease in the number of appraisals carried out in the preceding 12 month period with the rate standing at 83.1%, although some Directorates had improved their appraisal figures. Directorate level action plans were being established to address the areas of concern. Human Resources Business Partners had been asked to re-evaluate their Directorate plans and to plan to carry out appraisals through the summer months in order to avoid peak operational pressure periods.

- There continued to be an improvement in compliance levels for mandatory training and the rate had increased to 89.3% at the end of October 2016. Whilst still short of the 90% target that figure continued to reflect the upward trend in compliance.

- The Trust had achieved the CQUIN target of 75% for flu vaccination as of Tuesday 20th December, 2016 with a performance of 75.19%.

  The Director of Human Resources extended his thanks to Helen Hough, Occupational Health Manager, Christina MacIntosh, Matron, Occupational Health, and the team of flu vaccinators without whom the target would not have been achieved.

  The Communications Director explained that she was waiting for the final report on the numbers and percentage before sending out a personal letter to the vaccinators together with a small 'thank you' gift as well as a communication to all staff.

The Chief Nurse highlighted the following point:

- Safer staffing - overall the actual fill rate for day shifts for registered nurses was 89.2% and for other care staff against the planned levels was 103%. At night those fill rates were 90.6% for registered nurses and 107.1% for other care staff. On a number of individual wards the fill rate fell below 85% and the reasons for that were discussed at the Healthcare Governance Committee.

- Spend Public Money Wisely

  The Director of Finance highlighted the following points:

  - The month 7 position showed a £2,747.4k (0.5%) deficit against plan which was an improvement of £0.7m on the September 2016 position.

  - There was an activity under-performance of £10.8m after 7 months with a deterioration of £0.76m in October 2016 but that was a significant improvement on previous months. Each specialty had produced recovery plans aiming to deliver significant improvement by the end of the year. The "Seamless Surgery" initiative commenced on 1st October 2016 and the Lorenzo Improvement Group was focussing on addressing barriers to productive outpatient services. It was hoped that the October 2016 position was a result of the above actions and that a sustainable improvement would be seen for the remainder of the year.

- There was a £1.2m under delivery (10.9%) against efficiency plans for the year-to-date.

- Overall, clinical directorates reported positions £9.1m worse than their plans at month 7, largely driven by the activity and efficiency positions. Whilst that was a major concern, the deterioration in October 2016 was much lower than in previous months.

- The Q1 Sustainability and Transformation (STP) Funding had been confirmed and it was expected that Q2 funding would be received except for around £400k relating to the A&E trajectory. However, the Trust intended to appeal against that loss given the impact of the social care (STIT) issues which were outside of its control.

- The financial position remained of concern although there was some encouragement from the October and November performance. Work continued to improve activity delivery, control expenditure, mitigate contract income losses, improve efficiency and maximise contingencies. The success of actions to maximise CQUIN income achievement, secure System Resilience funding and address social care (STIT) issues would be critical. Any failure to deliver the Control Total (£5 million surplus) would be compounded by the consequent loss of STP Funding.

Overall 2016/17 was looking positive in delivering the Control Total. The obvious message was that the pressure needed to be kept on as the directorates final position at the year-end was where they would start from in 2017/18.

o Deliver Excellent Research, Education and Innovation

It was noted that Dr. Peter Sneddon, Clinical Research Office Director, and Professor Dame Pamela Shaw, Non Executive Director (University Representative) would be giving presentations later on the agenda.

o Deep Dive

The Director of Strategy and Operations referred to the Deep Dive which was a review of all the Deep Dives to date together with an update on progress against actions.

- South Yorkshire and Bassetlaw Sustainability and Transformation Plan (SY&BSTP)

The Chief Executive reported that no national announcement about STPs would be made until early in the New Year. However the indication was that the SY&BST would be supported.

In recent weeks the concentration has been spent on agreeing contracts by 23rd December 2016 which was three months earlier than normal. There were two sets of contracts, local and national (for specialised services with NHS England). The SY&BSTP had begun to influence behaviours around contracts given that the Trust was not in any dispute with the local CCG.

Nationally Jim Mackey, Chief Executive of NHSI, and Simon Stevens, Chief Executive, NHS England had circulated a letter about STP's which set out what was to come, the direction of travel and funding. Trusts were asked to concentrate on the forthcoming winter period and contracts rather and the new agenda would be taken forward in the New Year.

The Board of Directors **AGREED** that work on the SY&BSTP should continue to be taken forward.

- Working Together: Governance Arrangements – Committees in Common

The Chief Executive referred to Appendix 2 of his report which set out the proposed governance arrangements for Working Together and the move to a Committees in Common model. An earlier meeting had also taken place with Board members to discuss the matter in detail.

The Committees in Common structure would support the governance journey to its next stage and would enable a faster paced decision process to support the development and implementation of the system wide Sustainability and Transformation Plans. NHS Foundation Trusts and NHS Trusts were both able to delegate to committees in common and no changes were required to the current regulatory framework:

- An NHS Foundation Trust constitution allows it to delegate any of its powers to a committee of directors or an executive director
- An NHS Trust may delegate any of its functions to a committee consisting wholly or partly of its directors or wholly of people who are not directors of the trust.

NHS Foundation Trusts and NHS Trusts could therefore establish their own committees which should meet at the same time and with the same remit and common agenda. Wherever possible membership should be identical (e.g. Trust Chair and Chief Executive). Each committee could only make a decision in relation to its own provider but the decisions could be co-ordinated which would provide joint leadership without developing another legal entity.

The Chief Executive assured the Board that it would remain sighted on all issues.

The proposal set out in the Appendix 2 was being submitted to each of the seven Provider Boards in public in December 2016.

The Chief Executive reported that the Clinical Commissioning Group had a similar process involving a Memorandum of Understanding which delegated powers to a Group which could take decisions on the Work Programme.

The next steps and timetable for implementation were:

Step 1	Each Board of Directors to consider and confirm proposal	December 2016
Step 2	Draft Memorandum of Understanding drawn up with Trust Corporate Secretaries and joint working arrangements	December 2016
Step 3	Review of constitutions, Standing Orders and Standing Financial Instructions of each Trust to ensure: - Consistency with set up - Delegation limits	January 2017
Step 4	Liaison with NHSI	January 2017

Step 5	Assurance process in respect of: - Competition - Directors duties and any conflicts	January 2017
Step 6	Finalise documents	February 2017
Step 7	Sign off by Board of Directors	March 2017
Step 8	Committees in Common implemented with first meeting	3rd April 2017

During discussion the following points were made:

- Concern was expressed about the proposed approach. The concern was that neither Working Together nor the STP were legal bodies. There was a risk that STH could move from an organisation that had legal status to one that had no legal status and it would need to be very careful.

- The task of aligning Board meetings and Committees in Common of all the seven organisations would be hugely challenging.

- It was expected that the Committees in Common model could be implemented from April 2017.

- Concern was expressed whether Commissioners and Providers would be able to work together collaboratively given the current agenda.

- Clinicians would need to 'buy-in' to the new arrangements.

- Internal Communications would be really important and would need to be properly resourced. The Director of Communications and Marketing reported that a member of staff had been appointed and was dedicated to Working Together.

STH/230/16

Delivering the Trust's Corporate Strategy

(a) Draft Information and Technology Strategy 2020

The Medical Director introduced the item and referred to the Draft Information and Technology Strategy 2020 (Enclosure C) circulated with the agenda papers. Mr. Andy Vernon, Associate Director Technical Architecture Strategy, Informatics, and Ms. Balbir Bhogal Performance and Information Director, were in attendance and gave a short presentation. The key points to note were:

- In 2013, the Board of Directors approved the current Technology Strategy which set out the direction for a five year programme of technology change that led to the Transformation Through Technology (T3) Programme. That Strategy had served the Trust well and had delivered significant changes to the Trust's use of technology and had placed the Trust in a good position to become a digital hospital.

- In the last three years information technology had changed significantly. Both patients and staff expected the Trust to provide secure technology with easy to use systems. The new Information and Technology Strategy builds on the foundations laid down in the last three years and responds to the complex new environment. The Strategy had been produced with the support from across the Trust and its key suppliers.

- The Trust's aims were:
  - to achieve the Five Year Forward View's Paperless at the Point of Care by 2020 initiative.
  - to have technology to support the Trust's vision of being recognised as the best provider of health, clinical research and education in the UK and a strong contributor to the aspiration of Sheffield to be a vibrant and healthy city region.

- The following things would drive the strategy:
  - Making sure the basics were taken care of – excellent day to day service, robust, reliable and safe infrastructure
  - Continue to join up patient information at point of care for clinicians and patients alike across all care settings
  - Enhance the Trust's ability to communicate and collaborate both internally and externally
  - Make sure the Trust's systems were as easy to use as those in our daily lives
  - Help the Trust to standardise and manage its assets and resources significantly better
  - Unlock the intelligence the Trust needed to deliver outstanding patient care

- The Technology aspects of the strategy would be delivered by:
  - making sure that the Trust's core infrastructure was resilient and safe
  - embedding and optimising the T3 technologies – particularly Electronic Document Management System
  - implementing game changing programmes in 2017/2018 such as:
    - Digital Dictation refresh - a real opportunity for transformation
    - NHS Mail 2 - a new open, secure platform for e-mail across the NHS
    - IPPMA – E-prescribing - a major change for all clinicians
    - Significantly enhancing the Clinical Portal so that by 2020 it will provide staff with a powerful tool to support how the Trust interacts with a vast array of systems.
    - Provision of WiFi for patients and staff (to be available by February/March 2017)
    - Upgraded telephony platform
  - ensuring the design of solutions was led by clinical and non-clinical users.
  - delivering an exemplary day to day service.
  - delivering the strategy through our annual business plans

Implementation of the Strategy was obviously going to be expensive and the Strategy set out the priorities one of which was to get the infrastructure right. It was acknowledged that problems with the infrastructure would no doubt emerge as implementation was taken forward.

During discussion the following comments were made:

- The challenges faced by using new live systems were considerable as demonstrated by the implementation of Lorenzo.

- Information Technology was an area which needed a South Yorkshire and Bassetlaw approach so that all organisations were working together.

- The Strategy should be a service led strategy rather than an Information Technology Strategy.

- How did it fit in with the Sustainability and Transformation Plan (STP)? It was noted that this was the first iteration of the Strategy which was a living document and would develop as the STP developed.

- There was a need to look at whether apps could be used intelligently to inform people of where to go for treatment.

- A significant issue was the standardisation of administrative processes.

- Corporate Departments need to be included in the Strategy.

- It was important only to move forward when there was a stable platform.

The Board of Directors **APPROVED** the Strategy. A further update on how the Strategy was to be implemented would be provided in due course.

Action: Medical Director

STH/231/16

Deliver excellent research, education and innovation

(a) Research Activities

Dr. Peter Sneddon, Clinical Research Office Director, was in attendance and gave a presentation. The key points to note were:

- NIHR National Performance Metrics 2015/16:
  - NIHR recruited 605,596 patients to trials in 2015/16. However that was below the 650,000 national target for HLO 1 and lower than in 2014/15. Also the median study sample size had fallen from 160 in 2008/09 to 100 in 2015/16. The number of complex interventional studies with lower sample sizes had increased whilst the number of large observational studies had decreased which highlighted some of the challenges associated with meeting the national recruitment target of 650,000

- National Research Performance Metrics:
  - STH recruited 8578 patients to trials in 2015/16, an increase of 10% on 2014/15
  - STH increased the number of recruiting studies to 371 in 2015/16, an increase of 13% on 2014/15
  - STH ranked 8th of all Trusts in England for the total number of recruiting studies in 2015/16
  - STH ranked 4th of all Trusts in England for the biggest increase in number of studies in 2015/16
  - The number of patients recruited to trials was a key driver of STH research income
  - STH target for 2016/17 was to increase recruitment to 9000 patients
  - 14 Academic Directorates delivered most of STH's research output in terms of publications, grants and clinical trials, the most notable was neurosciences.
  - POF metrics would be used for annual Directorate performance review and funding allocations for 2017/18

The Chief Executive asked what needed to happen for STH to get to the top? Dr. Sneddon stated that it would need to increase its performance by 5% each year over the next five years and get up to 514 trials which would be a huge challenge. However it should be noted that at the same time the top performers

would also be looking to improve their performance in the future years. He emphasised that the Trust's aim was to improve its performance.

- STH had been awarded major NIHR research grants in the following three areas:

  - Diabetes Research
    - Professor Solomon Tesfaye had been awarded a £2.9 million NIHR Grant to study the optimal pathway for treating neuropathic pain in diabetes
    - Professor Simon Heller had been awarded a £2.7million NIHR grant for national Dose Adjustment for Normal Eating (DAFNE) programme
  - Cystic fibrosis research – Researchers, led by Dr Martin Wildman, had been awarded a £2 million NIHR Programme Grant
  - Stem cell treatment for multiple sclerosis

- The following major awards of NIHR research funds had been made:
  - NIHR Biomedical Research Centre in Translational Neurosciences - Awarded £4,049,681 over 5 years from April 2017. This was a most prestigious award.
  - NIHR Clinical Research Facility for Early Translational (Experimental Medicine) Research - Awarded £3,111,845 over 5 years from April 2017
  - Experimental Cancer Medicine Centre (ECMC) - Jointly funded by NIHR and Cancer Research UK - Awarded £1,020,361 over 5 years from April 2017

- The following Sheffield Researchers had received national recognition for their work in their respective fields:
  - Professor Wendy Tindale (Scientific Director of Medical Imaging and Medical Physics at STHFT) had been named Healthcare Scientist of the Year
  - Two Sheffield Researchers, Professor Steven Goodacre and Professor Simon Heller, had been awarded NIHR Senior Investigator status. Senior Investigators were the NIHR's pre-eminent researchers and represented the country's most outstanding leaders of clinical and applied health and social care research.
  - Professor Basil Sharrack was one of the 70 leading NIHR commercial principal investigators who were recognised for their significant contribution to commercial research in the NHS. He received the award for consistently delivering his commercial clinical trials on time and to recruitment target.
  - STHFT staff had received the Medipex Innovation Award for a new mobile phone app designed to collect continuous feedback from doctors-in-training

- STH research finance:
  - Current level of STH expenditure and commitments provided a balanced research budget for 2016/17. In 2016/17, STH research income from grants and commercial sponsors had increased to £5.8 million.
  - NIHR Research Capability Funding increased to £1.5 million in 2016/17
  - NIHR core funding for Yorkshire and Humber CLAHRC had remained stable at £2.1 million
  - NIHR funding for Yorkshire and Humber CRN had decreased by £1.1m in 2016/17 to £26.9 million and a further reduction of £1.3 million was projected for YH CRN funding in 2017/18.

The Board expressed its concern about the regional performance and the reduction in funding. Dr. Sneddon stated that national funding had been fixed at £284 million for the past two years and the Yorkshire and Humber CRN share of that funding was determined by its performance. He reported that the

performance of some of the Trust's partners had declined and that was the reason for the further reduction of £1.3 million

- Update on delivery of the STH Research Strategy – Directorate Review
  - Biomedical Research Centre in Neurosciences
  - Clinical Research Facility (Experimental Medicine)
  - Experimental Cancer Medicine Centre (ECMC)

During discussion Board members enquired what impact Brexit would have on research. Dr. Sneddon explained that NHIR Funding would not be affected as it did not rely on EU grants but what would be affected was the Trust's collaborations with academic courses, countries and universities. Professor Dame Pamela Shaw reported that Brexit was affecting the University's ability to recruit from overseas.

(b) University Matters

Professor Dame Pam Shaw, Non-Executive Director, referred to the joint report from the Sheffield and Hallam Universities (Enclosure D) circulated with the agenda papers. She supported the paper by way of a presentation and highlighted the following points:

- Sheffield University

  - Major Awards
    - NIHR-Biomedical Research Centre (BRC) - Translational Neuroscience for Chronic Neurological Disorders. In partnership with STHNFT, a BRC would be newly established from April 2017 with a seeding award of £4,049,681 over 5 years to initiate experimental medicine pilot studies and early phase clinical trials in the areas of Neurodegeneration, Neuroinflammation and Cerebrovascular disease.
    - Renewal of the Sheffield NIHR-Clinical Research Facility (CRF) - £3.1 million was awarded to the Sheffield CRF to continue for a further 5 years (2017 – 2022) as 1 of 23 Clinical Research Facilities.
    - Renewal of the Sheffield Experimental Cancer Medicine Centre. Professors Ingunn Holen and Sarah Danson had been advised that their bid for renewal of the Sheffield ECMC (2017 – 2022) for approximately £1m has been successful.
    - The Centre for Integrated Research into Musculoskeletal Ageing (CIMA) - A bid to renew the centre with the MRC and ARUK for a further 5 years was submitted this year. The announcement on the outcome was expected in March 2017 but the interviewing board were recommending renewal funding of £2m.
    - Yorkshire Cancer Research (YCR) - Fellowship programme application - The programme application, led by Professor Robert Coleman, had been awarded £4.5 million over 5 years to fund 10 new clinical and non-clinical fellowship posts.
    - Wellcome Trust PhD Programme for Clinicians - the 4Ward North Clinical PhD Academy - A consortium of the Universities of Manchester, Newcastle, Sheffield and Leeds had been awarded £5.1m to fund clinical PhD studentships across the 4 institutions over the recruiting period 2017-2021. Wellcome PhD studentships were arguably the most prestigious personal awards at doctoral level and the funding would provide the brightest aspiring clinical academics in the North of England with the best possible start to their academic careers
    - Connected Health Cities - £20 million government funding awarded to optimise use of major datasets to improve clinical care.

- New Appointments
  - Scott Weich, former Professor of Psychiatry from the University of Warwick, had taken up the post of Chair of Mental Health at ScHARR.
  - Professor John Brazier had been appointed the new Dean of ScHARR and would take up the post on 1st April 2017.
  - Professor Luc de Witte joined the University in October 2016 as Professor of Health Services Research within the Centre for Assistive Technology and Connected Healthcare (CATCH).
  - Professor Christopher Burton has been appointed the new Chair of Primary Care and was due to join the Academic Unit of Primary Care in January 2017.

- Improving Finance and the Delivery of Healthcare Training
  - A staff release scheme had been offered (now closed) whereby staff, with the endorsement of their heads of departments and based on a strong business case could be released with between 4 and 9 months salary dependent on length of service.
  - A recruitment pause had been implemented from 18th July 2016 and had been extended to 31st January 2017

- Medical student places were set to increase by 25% nationwide in 2018. It was anticipated that the Medical School may be able to increase undergraduate intake numbers by 15% in line with the recommendation from Jeremy Hunt, Health Secretary.

  The Medical Director reported that, based on feedback from medical students, improvements had been made to the infrastructure for medical undergraduates at STH, and as a result the current feedback was much better. On that basis he felt that more students could be accommodated if the University of Sheffield increased its intake in 2018.

- New programmes and courses had been introduced to meet the growing need to train nurses to work in primary care from the point of qualification.

- Major Research Publications - Clinical academic researchers have had two major studies published in the New England Journal of Medicine this year.

- PET-MRI progress - A site had been identified at the former A&E entrance at the Royal Hallamshire Hospital for a new two storey building to house a dedicated PET-MRI suite with room for radiochemistry, patient waiting, treatment and recovery areas, and with a direct connection passage from the Academic Unit of Radiology.

- Sheffield Hallam University

  - Health Professional Education
    - Nursing and Midwifery – A very successful graduation had been completed during November 2016 with over 600 nurses and midwives celebrating their success at the city hall. The vast majority of those practitioners were working within the South Yorkshire region.

    - Allied Health Professions – Sheffield Hallam University, in partnership with the College and Society of Radiography, hosted a very successful international conference on advanced practice in Radiography.

For the second year running one of the University's radiotherapy students has been nominated as Student of the Year by the College and Society of Radiography.

Professor Shaw reported that she was meeting with Karen Bryan, Pro Vice-Chancellor and Dean of the Faculty of Health and Wellbeing at Sheffield Hallam together with the Head of Nursing and Head of Relationship to discuss ways of developing further collaborative working.

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Chairman and Non-Executive Director Matters

No matters were raised.

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For Approval

(a) Review of the Trust Constitution

The Assistant Chief Executive referred to Version 4 of the Trust's Constitution (Enclosure E) circulated with the agenda papers. She reported that an annual review of the Constitution had been undertaken which had resulted in a number of material and non-material changes as detailed in the Executive Summary.

The Board of Directors **APPROVED** the amendments.

(b) Common Seal

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

- Contract with Henry Boot Construction for Refurbishment of Ward 2 at Weston Park Hospital (The contract value is £1,802,262.00 and formed part of the 2014/15 Capital Programme).

- Lease and Licence for alterations with Sheffield Hospitals Charity for the Fund Raising Hub in the Huntsman Building at the Northern General Hospital.

- Lease Deed of Variation, Licence to Occupy with Alliance Medical Limited for the Pet Scanner Building at the Northern General Hospital.

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Any Other Business

There were no additional items of business.

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Date and Time of Next Meeting

The next Board of Directors meeting would be held on Wednesday 18th January, 2017, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital at a time to be confirmed.