



**Minutes of the BOARD OF DIRECTORS**  
**held on Wednesday, 17<sup>th</sup> May 2017,**  
**in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital**

<b>PRESENT:</b>	Mr. T. Pedder (Chair)	Chairman	
	Mr. T. Buckham	Non-Executive Director	
	Sir Andrew Cash	Chief Executive	
	Prof. H. A. Chapman	Chief Nurse	
	Mrs. C. Imison	Non-Executive Director	
	Mrs. A. Laban	Non-Executive Director	
	Ms. K. Major	Deputy Chief Executive	
	Ms. D. Moore	Non-Executive Director	
	Mr. J. O'Kane	Non-Executive Director	
	Mr. N. Priestley	Director of Finance	
	Prof. Dame Pam Shaw	Non-Executive Director	
	Mr. M. Temple	Non-Executive Director	
	Dr. D. Throssell	Medical Director	
<b>APOLOGY:</b>	Mr. M. Gwilliam	Director of Human Resources	
<b>IN ATTENDANCE:</b>	Mrs. S. Carman	Assistant Chief Executive	
	Miss S. Coulson (Minutes)	Business Manager, Board of Directors	
	Ms. N. Hartley	Human Resources Operations Director	
	Mrs. J. Phelan	Director of Communications and Marketing	
	Ms. A. Morgan-Boon	Neuro Psychotherapist	} STH/97/17(a)
	Ms. S. Nicholson	Specialist Psychotherapist	
	Ms. K. Vickerman	Specialist Neuro Psychotherapist	
	Mrs. P. Eyre	Head of Medical Personnel	} STH/100/17(a)
	Dr. G. Veall	Guardian of Safe Working	
<b>OBSERVERS:</b>	Five Governors		
	One member of staff		
	Two members of the public		

Prior to commencement of the main agenda the Deputy Chief Executive gave a report on the recent Cyber Attack which had affected a number of organisations including some NHS organisations.

She reported that it was around 4.30 pm on Friday 12th May 2017 when the Trust became aware of the attack. The Trust was not affected at that time so a decision was taken to isolate the Trust's systems from external sources in order to prevent any possible attack entering the Trust's systems. All internal systems were maintained as normal and a plan was developed to strengthen the Trust's systems over the following weekend period. From Monday 15th May 2017 the Trust implemented a phased opening of its systems which had gone extremely well.

She reported that there had been an extraordinary response by both operational staff and IT staff over the weekend period many of whom had worked extremely long hours. The successful outcome was testament to the hard work of all staff who quickly rose to the challenge.

She felt that the organisation had responded proportionately and sensibly to the threat.

The Medical Director reported that the Trust had not had to cancel any activity as a result of the above measures and reiterated that at no stage had any evidence of infection by the WannaCry 'worm' been identified. He pointed out that the switch over to the Corporate Desk Top from Windows XP in the last few years had paid dividends in this instance.

The Board extended its sincere appreciation and thanks to the all the staff involved and agreed that a Board visit should be arranged to the IT Department in due course.

### **STH/94/17**

#### **Declarations of Interests**

The Chairman declared that he had retired from his Chair position at Sheffield Forgemasters and that the Register of Interests would be amended accordingly.

The Chief Executive reported that some declarations previously declared had not been transposed onto the Trust's most recent version of the Register of Interests and therefore action was being taken to rectify.

### **STH/95/17**

#### **Minutes of the Previous Meeting**

The Minutes of the Previous Meeting held on Wednesday 19<sup>th</sup> April 2017, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

### **STH/96/17**

#### **Matters Arising**

(a) **Short Term Intervention Team (STIT)**

(STH/70/17(a)) The Deputy Chief Executive reported that the Trust was seeing an ongoing reduction in the number of STIT delays within the organisation which in turn had continued to help with flow and operational performance.

The number of STIT delays was considerably less than in the past and Sheffield City Council's view was that the current position was sustainable going forwards.

The Sheffield City Council was hosting a Workshop on Tuesday 23rd May 2017. There would be a discussion on the longer term challenge of how to minimise delayed transfers of care; to develop a longer term plan and how the additional funding should be used.

The outcome of the Workshop would be reported to the Trust and the CCG Chief Executives by John Mothersole, as Senior Responsible Officer of the programme.

The Chief Executive stated that the proposed expenditure plan all needed to be in place by the end of June 2017.

Martin Temple expressed support for the Chief Executive and Deputy Chief Executive to seek absolute clarity on plans resulting from the workshop on this matter.

The Board gave its full support and backing to the Chief Executive and Deputy Chief Executive in this matter.

(b) Staff Survey

(STH/70/17(c)) The Deputy Director of Human Resources reported that the Action Plan would be presented to the Board on 21st June 2017.

**Action Mark Gwilliam**

**STH/97/17**

**Providing Patient Centred Services**

(a) Clinical Update: The Neurology Psychotherapy Service: The Impact of Innovation on the Patient Journey

The Chief Nurse introduced the item and Dr. Aimee Morgan-Boon, Neuro Psychotherapist, was in attendance and gave a presentation on the Neurology Psychotherapy Service which included two patient case studies which demonstrated the benefits of the service and had resulted in good outcomes for the patients.

Some of the key points were:

- The Neurology Psychotherapy Service was a specialist psychotherapy team treating patients with non-organic illness or "medically unexplained symptoms (MUS)" and such symptoms could develop for a number of reasons.
- The service had grown from an observed need by specialist nurses and consultants and began in 2005 with one therapist. To date there were seven clinicians working from a range of psycho-therapeutic approaches.
- Patients were referred into the service by Consultant Neurologists and 345 referrals were received in 2016. The service could only receive referrals for its own catchment population.
- Around 20% of patients in general neurology clinics had MUS and around 30% of patients attending epilepsy clinics suffered non-epileptic seizures. The Neurology Psychotherapy Service looked at innovative ways to support those patients.
- The service was located within Neurology and was an innovative approach to treating patients with MUS.
- There were only two similar services in the north of the country (Manchester and Liverpool).
- The Service hosts conferences and training events, takes part in research trials and provides training and supervision to staff working within the Trust and also those working in services modelled on the STH model.
- The vision for the service was:
  - To provide a comprehensive service for MUS across the Trust built along the latest guidelines from the Joint Commissioning panel for Mental Health (2017).
  - To take an educative and advisory role more widely contributing towards

effective services being established and developed outside the region and nationally to meet an urgent patient need.

- To continue to be involved in research, both internally and collaboratively, to increase the understanding of the nature and effective treatment of these conditions
- To develop a strong partnership with other services and professionals in the field to extend Multidisciplinary Team working across providers in order to establish comprehensive patient pathways.
- To grow a supportive and structured relationship with GP's in order to improve grass roots management of the conditions and help inform effective resource utilisation and management.

Following the presentation there was a general discussion and questions about the service and the benefits to patients including how feasible it would be to roll it out to other suitable Directorates. It was agreed that in the first instance a cost evaluation exercise would need to be undertaken and a proper business plan produced.

The Chairman thanked Dr. Morgan-Boon for an extremely interesting presentation and wished her well in taking the service forward.

## **STH/98/17**

### **Chief Executive's Matters**

The Chief Executive referred to his report (Enclosure B) circulated with the agenda papers and reported on the following matters:

- Communications

The Panorama Programme "Can You Stop My MS" had won the Media of the Year Award at the MS Awards.

- Sustainability and Transformation Plan

Following the publication of the Five Year Forward View Delivery Plan last month South Yorkshire, Doncaster and Bassetlaw was named as one of nine areas most likely to become a first wave Accountable Care System in which STH would have a major role to play. The following were the priority areas:

- To reduce health inequality.
- To provide quality services for the 2 million population of the catchment area.
- The 19 organisations working together to gain maximum value from resources available.

South Yorkshire, Doncaster and Bassetlaw was one of the largest Accountable Care Systems.

- Integrated Performance Report (IPR)

- Deep Dive

The Deputy Chief Executive explained that for 2017-19 under the terms of the NHS Standard Contract the Trust was required to implement a national CQUIN scheme Offering Advice and Guidance (A&G) as a mechanism whereby General Practitioners could seek the advice of Consultants within the Trust on the

management of their patient prior to a formal referral to secondary care. The rationale for the introduction of the CQUIN Scheme was that where A&G Services had been trialled they had been found to offer opportunities to reduce the number of patients seen in outpatient clinics.

The CQUIN scheme specifically stated that A&G refers to structured, non-urgent, electronic A&G provided via telephone, email or an online system. The types of advice and guidance response may include:

- Virtual review of test results (e.g. ECG, bloods) and advice on next steps required
- Supply of a suggested treatment or management plan to the GP (which may include carrying out further investigations in primary care)
- Direct booking of diagnostic test (e.g. endoscopy)
- Direct booking of intervention, where indicated
- Advice on the appropriate clinic referral (reducing redirected appointments).

The Trust had undertaken a stocktake to determine if any specialities currently offered A&G services that would meet the definition of the CQUIN scheme. The outcome was that there was no structured A&G in the majority of areas.

The Contracts Team were leading on the implementing an A&G service and the actions required.

The following points were made during discussion:

- Was this something that the Test Bed could help with?
  - If it was done properly it would be cost effective
  - Clearly it was the right thing to do but the Trust needed a financial framework that recognised it and job planning would be crucial.
- Deliver the best clinical outcomes

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

- Six new serious incidents, including two Never Events, had been reported and were currently under investigation. The Chief Nurse and Medical Director were meeting staff in each of the relevant directorates and the "Safer Surgery Checklist" would be further reinforced.

Annette Laban reiterated that the HCGC scrutinised each Serious Incident and if it felt that a theme was emerging the Committee would request the matter to be investigated and a paper to be presented to the Committee.

- The HCGC received a nutrition update which highlighted that the Trust's Nutrition Steering Group had prioritised the further development and implementation of the Hydration and Nutrition Assurance Toolkit (HaNAT). The Toolkit had demonstrated further improvements in nutritional care across the organisation. A Trust Nutrition Policy and a Food and Drink Strategy would be agreed during 2017/18.
- The HCGC received an update on the Dementia CQUIN and it was noted that the Trust remained fully compliant with all three components of the former national dementia CQUIN. Compliance had been achieved by embedding cognitive testing within the clerking process, a suite of training initiatives and

monthly, nurse-led surveys. In January 2017, the national diagnosis rate of dementia in England was 67.4% and Sheffield's diagnosis rate was 80.4%.

- The Hospital Mortality Report for quarter three was presented.
- The 12-month rolling SHMI was in the 'as expected' range and rebased. The 12-month rolling Crude Mortality rate was 3.21 for this Trust, which was the same as the national rate for all non-specialist acute providers. The Trust's 12-month rolling HSMR was 'higher than expected' when compared with hospital trusts nationally. It was highlighted that the 'rolling' HSMR values were still influenced by high values in February and March 2016 which were thought to be related, at least in part, to misclassification of some non-elective patients as elective. The on-going work would focus on this and other potential contributory factors and updates would be provided to the Committee as soon as further information became available.
- The HCGC received a presentation on Fractured Neck of Femur (#NoF) Mortality and the key points were:
  - ❖ Overall care of patients on the #NoF pathway was good to excellent in 93% of cases reviewed.
  - ❖ The #NoF Flow Group continued to comprehensively review the available data and improve the pathway.
  - ❖ Standardised mortality ratios could not and did not reflect quality of care.
  - ❖ Data from the Medical Examiner, key factors identified from Structured Judgement Reviews and analytics looking at the impact of length of stay on the pathway were being triangulated. In addition, the #NOF Flow Group would further review length of stay and the transfer and flow of this group of patients.

The Chief Nurse highlighted the following points:

- There had been no cases of Trust assigned MRSA bacteraemia recorded for March 2017. The 2016/17 total was two cases.
  - There were five Trust attributable case of MSSA bacteraemia recorded in March 2017 and the full year performance was 57 cases against an internal threshold of 42 cases.
  - The Trust recorded seven cases of C.diff for March 2017 and the full year performance was 110 cases against an internal threshold of 78 and an NHS Improvement threshold of 87.
- Provide patient-centred services

The Chief Nurse highlighted the following points:

- 94% of complaints were responded to within 25 working days.
- The inpatient Friends and Family Test (FFT) score for March 2017 was 95% which was the same as the internal target of 95%.
- The A&E FFT score for March 2017 was 88% which was better than the internal target of 86%.
- The Maternity FFT score for March 2017 was 97% which was better than the internal target of 96%.

- The Trust had reported one mixed sex accommodation breach in March 2017 which was an extremely unusual occurrence and following review it was found to be as a result of exceptional operational demand at the time.

The Deputy Chief Executive highlighted the following points:

- In March 2017, 94.79% of non-admitted patients who were seen had waited less than 18 weeks (local target 95%) compared to 93.47% in February and 92.94% in January 2017.
- In March 2017, 88.07% of patients admitted for treatment had waited less than 18 weeks.
- The number of operations cancelled on the day for non-clinical reasons in March 2017 was 94 compared to 111 in February 2017 and 154 in January 2017.
- The number of patients on incomplete pathways at the end of March 2017 was 41,205 compared to 41,031 in February 2017 and 41,428 in January 2017. As at the end of March 2017, 39,309 (95.40%) of the patients on the waiting list had waited less than 18 weeks (target 92%) (local target 90%) compared to 85.5% in February 2017 and 86.8% in January 2017.
- A&E activity was 0.08% above target in March 2017; for 2016/17 the Trust was 1.15% below the contract target.
- The average number of patients who had a delayed transfer of care in March 2017 was 156 compared to 156 in February 2017 and 140 in January 2017. Although it was noted that there was an improved performance in April 2017 which would be reported in next month's IPR.
- There were on-going improvements across all of the Trust's activity and against contract targets.
- 99.94% of patients waited less than 6 weeks for diagnostic tests during March 2017 compared to the target of 99%.
- In March 2017, 87.86% (against the target of 95%) of patients attending A&E were either discharged or admitted within four hours which was an improved performance on the February 2017 position. It was noted that there were four days when the 95% target was achieved or exceeded. The Trust continued to work to the improvement trajectory agreed with NHS Improvement and NHS Sheffield CCG.
- The percentage of patients whose clinical handover from the ambulance service to A&E took less than 15 minutes had increased again in March 2017 to 48.41% from 43.34% in February 2017 and 42.15% in January 2017. The percentage where the handover had taken more than 30 minutes had fallen in March to 1.58% from 4.06% in February 2017 and 5.66% in January 2017. That performance represented a considerable improvement compared to 1.81% in 2016/17 and 3.09% in 2015/16.
- The Trust had met all the cancer targets with the exception of GP 62 Day target (85%). The performance stood at 78.7% for all pathways and 85.0% for STH only pathways without applying the new breach allocations rules.

It was noted that in Quarter 1 the Trust was achieving all cancer targets but again with the exception of the GP 62 Day target. However the performance for STH only pathways was 89.3% which was above target.

A meeting of the Cancer Alliance had recently been held at which it was agreed to implement the new provider transfer documents and data set previously agreed and the new rules would be applied in this quarter.

- Employing caring and cared for staff

The Chief Nurse highlighted the following point:

- Safer staffing - overall, the actual fill rate for day shifts for registered nurses was 88.8% and for other care staff against the planned levels was 110.9%. At night those fill rates were 91.7% for registered nurses and 118.7% for other care staff.

The Deputy Director of Human Resources highlighted the following points:

- The sickness absence rate for March 2017 was 4.44% compared to a target of 4%. That figure had decreased from 5.04 % in February 2017. The decrease was a result of a 0.11% decrease in short term absence (from 2.49 % to 2.38%) and a 0.48% decrease in long term absence (from 2.54% to 2.06%). The 2016/17 sickness absence rate was 4.56%, which could be split into the long term sickness absence rate of 2.75% and the short term sickness absence rate of 1.82%. There had been an increase in the clinical and corporate directorates achieving the 4% or less absence target.
  - The Trust had seen an increase over the past four weeks in the number of appraisals carried out with the rate moving from 85.2% to 86.72%.
  - Compliance levels for mandatory training increased to 90%.
  - Occupational Health Services had co-ordinated and completed over 500 health checks against an internal target of 500. Health Assessments would continue across the Trust in 2017.
- Spending public money wisely

The Director of Finance highlighted the following points:

- The Audit of the 2016/17 Accounts had now been completed and showed a very positive surplus of £5,766.3k (0.6%). The positive position reflected the receipt of further unplanned Sustainability and Transformation Funding and the release of further contingencies. The Trust's turnover for 2016/17 was £1,058.9m.
- The final activity under-performance for the year was £10.9m with an improvement of £0.4m in March 2017. It was worth noting that the position at Month 6 was a £10.0m underperformance with only a small under-performance in the second half of the year. It would, therefore, appear that the improvements arising from Specialty recovery plans, the "Seamless Surgery" initiative and the Lorenzo Improvement Group's work have been significant and on-going with the improved income position being the key factor in the improved overall financial performance.
- There was a very small overall overspend on pay (£141k on a budget of nearly £606m). Medical staffing was the main pressure area largely due to agency costs to fill critical vacancies; with the major underspend in nursing due to



vacancies. Bank and Agency staffing costs were £8.1m lower than for 2015/16 from a combination of payment caps, conversion to fixed term or permanent appointments, additional recruitment, enhanced controls and lower levels of IT Programme expenditure.

- Overall, Clinical Directorates had not delivered their financial plans but with the combination of the release of contingencies and other one off gains amounting to £18m the Trust achieved a surplus position at the end of the year.
  - The Financial Plan assumed receipt of all of the £19.3m of national Sustainability and Transformation funding available to the Trust. To receive that, the Trust had to deliver a financial “Control Total” (70%) and service target trajectories (30%). The Trust earned all of the £19.3m but was also awarded a further £4.6m at the year-end as a reward for over delivery against the Control Total and that funding would be reinvested in the Trust’s Capital Programme.
  - The year end position reflected a lot of hard work to recover the position in the second half of the year but also included non-recurrent gains and therefore the Director of Finance emphasised that 2017/18 would be even more challenging
- Delivering excellent research, education and innovation

The Medical Director reported the Trust research performance remained very good and the recruitment to trials was on target.

Pam Shaw reported that Professor Arshad Majeed, Professor of Cerebrovascular Neurology had been awarded a £800,000 grant jointly funded by the Medical Research Council and Astra Zeneca to evaluate a promising new stroke therapy in pre-clinical models.

- 2017/18 Deep Dive Schedule

John O’Kane enquired how the topics for the Deep Dive Reports for 2017/18 were decided upon. The Deputy Chief Executive explained that suggested topics were put forward by Executive Directors and also Directorates but she would also be more than happy to receive any suggestions from Non-Executive Directors.

**Action: Non-Executive Directors**

Annette Laban queried whether the timing of the Deep Dive into Cancer Waiting Times in November 2017 needed to be brought forward. The Deputy Chief Executive agreed to look at that.

**Action: Kirsten Major**

The Board of Directors **APPROVED** the proposed schedule of Deep Dive Reports for 2017/18 subject to consideration of the timing of the Deep Dive on Cancer Waiting Times.

In terms of the proposed changes to the format and presentation of the IPR the Board of Directors:

- **AGREED** that the current indicators should continue to be used in 2017/18
- **APPROVED** in principle a change in how the data quality domains were represented on the current Trust Overview thereby reducing the space on the Trust Performance Overview that was given over to that aspect of the report.
- **APPROVED** the inclusion of a single composite indicator to report performance against the CQUIN targets.

- Supporting staff, visitors and patients – Accessibility Guide

The Trust had launched a comprehensive online accessibility guide for disabled patients, visitors and staff. The guide was created by DisabledGo and was a remarkable piece of work which provided a detailed overview of accessibility across the Trust (Royal Hallamshire Hospital, Northern General Hospital, Weston Park Hospital, Jessop Wing and Charles Clifford Dental Hospital).

Patients, visitors and staff can use the guide to find a whole range of accessibility information.

## STH/99/17

### Delivering the Trust's Corporate Strategy

#### (a) Corporate Strategy/Objectives

The Deputy Chief Executive referred to Enclosure C circulated with the agenda papers which comprised two documents the final Corporate Strategy 2017-2020 and the Corporate Objectives for 2017/18.

She explained that the content should be largely familiar in terms of setting the scene of why the Trust needed to refresh its Strategy and the need to ensure that the new Strategy embodied the changes taking place such as Next Steps on the Five Year Forward View, NHS Mandate and Sheffield Place Based Plan.

The Strategy would be supported by a range of supporting Strategies such as IT and Organisational Development and Workforce.

She pointed out that the Trust had maintained the aims and objectives with a few minor word changes. The PROUD values had also been maintained as there was strong support from both Governors and Staff for their retention.

Completing the Corporate Strategy refresh presented a renewed opportunity to develop a set of corporate objectives (as circulated with the Board papers) that effectively track the annual delivery of the Trust's strategic priorities set out in the Corporate Strategy. The objectives were directly linked to the Trust's Operational Plan 2017-19 and other supporting documents

A six-month progress report against the delivery of the corporate objectives would be presented to the Trust Executive Group and the Board in October 2017 and again in April 2018.

During discussion the following points were raised:

- Taking into account that the NHS was entering into a real period of change how would the Strategy be refreshed to reflect changes in the future? The Deputy Chief Executive explained that if there were any radical changes as a result of the General Election the Trust would revisit the Strategy.
- What sight would the Board have on the supporting strategies? The Deputy Chief Executive agreed to bring back a programme/timetable for the development of the supporting strategies including identifying which Board Committee(s) would monitor the development.

**Action: Kirsten Major**

- Board members felt it was a good document which was extremely readable.
- The wording of first objective “To ensure Care Quality Commission (CQC) compliance” was felt to lack ambition and the Deputy Chief Executive agreed to review the wording.

**Action: Kirsten Major**

The Board of Directors **APPROVED** the Corporate Strategy 2017-2020 and Corporate Objectives for 2017/18 subject to the above comment on the Corporate Objectives.

## **STH/100/17**

### **Employ caring and cared for staff**

(a) **Junior Doctors Contract and Introduction to the Guardian of Safe Working Hours: presentation**

The Medical Director introduced the item and Mrs. Paula Eyre and Dr. Guy Veall were in attendance and gave a joint presentation (copy attached) on the main features of the new Junior Doctors Contract implemented last year and on the new role of Guardian of Safe Working Hours to which Dr. Veall had been appointed.

Mrs. Eyre provided an overview regarding the implementation of the Junior Doctor contract.

Dr. Veall briefed the Board on the role of the Guardian of Safe Working Hours to which he had been appointed following a formal competitive process in September 2016. He explained that the post was designed to oversee the safeguards outlined in the new contract and provide assurance that working hours and practices were safe. The main responsibilities of the role were:

- To act as the 'champion' of doctors safe working hours and to provide assurance that doctors were both rostered safely and actually working safely. Where problems were not resolved doctors could escalate their concerns to the Guardian who was empowered to require departments to take the necessary action.
- To have sight of all exception reports and undertake regular reviews of exception reports and work schedule reviews to ensure that hours remain safe.
- To ensure a web-based system of reporting was introduced.
- To submit regular reports to the Board of Directors
- To set up a Junior Doctors' Forum

The Chairman enquired about the current morale of the Junior Doctors. Dr. Veal stated that within the Junior Doctors' Forum staff were fairly constructive and positive. The Guardian of Safe Working was a positive role and was being communicated as such throughout the Trust.

The following points were raised during discussion:

- Were junior doctors required to report any hours they worked outside the NHS? Mrs. Eyre explained that they have a responsibility to do so but there was no

formal documentation process. However junior doctors had a contractual responsibility to work within the contract.

- This could provide a deeper understanding of the Trust's junior doctors in real time. Dr. Veall reported that the themes coming out of the exception reporting were aligned to the themes in the GMC Survey.

The Board of Directors agreed that this matter should be on the agenda of the Human Resource and Organisational Development Committee and that it should receive regular reports with periodic updates to the Board as agreed.

**Action: Mark Gwilliam/David Throssell**

The Chairman thanked both Mrs. Eyre and Dr. Veall for an interesting presentation.

### **STH/101/17**

#### **Chairman and Non-Executive Director Matters**

There were no items raised.

### **STH/102/17**

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

##### (a) Corporate Seal

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

- Framework Agreements:
  - Mechanical Works Framework
    - Contract between STHNHS Foundation Trust and W. Wright Electrical Ltd.
    - Contract between STH NHS Foundation Trust and Samtech Mechanical Services Ltd Electrical
  - Construction Works Framework
    - Contract between STH NHS Foundation Trust and O & P Construction Services Ltd
    - Contract between STH NHS Foundation Trust and Henry Boot Construction Ltd
    - Contract between STH NHS Foundation Trust and Britcon (UK) Ltd
    - Contract between STH NHS Foundation Trust TH Michaels (Construction) Ltd
  - Electrical Works Framework
    - Contract between STH NHS Foundation Trust and W. Wright Electrical Ltd
    - Contract between STH NHS Foundation Trust and Sheffield Electric (Contractors) Ltd
    - Contract between STH NHS Foundation Trust and Porter Electrical Co. Ltd
- Contract between STH NHS Foundation Trust and T&C Williams (Builders) Ltd for works at the Northern General Hospital to form a new Main Entrance at the Huntsman Building (The contract has a value of £1,043,356.00 and forms part of the 2015/16 Capital Programme)

- Licence for Alterations for the Boots Pharmacy Unit at the Royal Hallamshire Hospital

(b) Responding to Tenders for New and Existing Clinical and Non-Clinical Services

The Deputy Chief Executive referred to a new policy which had been developed for Responding to Tenders for New and Existing Clinical and Non-Clinical Services. The policy was presented to the Board for ratification having been approved by the Trust Executive Group.

Following discussion the Board of Directors asked the Deputy Chief Executive to re-look at the policy in terms of delegated authority.

**Action: Kirsten Major**

**STH/103/17**

**To Receive and Note**

(a) Healthcare Governance Committee Annual Report 2016/17 and 2017/18 Workplan

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Committee Annual Report 2016/17 and 2017/18 Workplan and ratified their Terms of Reference.

(b) Audit Committee Annual Report 2016/17 and 2017/18 Workplan

The Board of Directors **RECEIVED** and **NOTED** the Audit Committee Annual Report 2016/17 and 2017/18 Workplan and ratified their Terms of Reference.

(c) Finance, Performance and Workforce Committee Annual Report 2016/17 and 2017/18 Workplan

The Board of Directors **RECEIVED** and **NOTED** the Finance, Performance and Workforce Committee Annual Report 2016/17 and 2017/18 Workplan and ratified the separate Terms of Reference for the Finance and Performance Committee and the Human Resources and Organisational Development Committee

**STH/104/17**

**Any Other Business**

There were no additional matters of business.

**STH/105/17**

**Date and Time of Next Meeting**

The next meeting of the Board of Directors will be held on Wednesday 21<sup>st</sup> June, 2017, in the Board Room, Northern General Hospital at a time to be confirmed