



**Minutes of the Meeting of the BOARD OF DIRECTORS
 held on Wednesday 21st March 2018,
 in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital**

PRESENT:

Mr. T. Pedder (Chair)	Chairman
Mr. T. Buckham	Non-Executive Director
Sir Andrew Cash	Chief Executive
Prof. Dame Hilary Chapman	Chief Nurse
Mrs. A. Gibbs	Director of Strategy and Planning
Mr. M. Gwilliam	Director of Human Resources and Staff Development
Mrs. C. Imison	Non-Executive Director
Mrs. A. Laban	Non-Executive Director
Ms. K. Major	Deputy Chief Executive
Mrs. D. Moore	Non-Executive Director
Prof. C. Newman	Non-Executive Director
Mr. J. O'Kane	Non-Executive Director
Mr. N. Priestley	Director of Finance
Mr. M. Temple	Non-Executive Director
Dr. D. Throssell	Medical Director

IN ATTENDANCE:

Mrs. S. Carman	Assistant Chief Executive	
Miss S. Coulson (Minutes)	Business Manager, Board of Directors	
Mrs. J. Phelan	Communications and Marketing Director	
Ms. J. Campbell	Lead Nurse Sepsis	} Item STH/54/18
Ms. H. Parsons	Consultant Microbiologist	
Mr. P. Whiting	Consultant Anaesthetist	
Dr. G. Veall	Guardian of Safe Working	Item STH/56/18(a)
Dr. P. Sneddon	Clinical Research Office Director	Item STH/57/18(a)

OBSERVERS:

Ms. I. Booth	Graduate Management Trainee
Ms. P. Ward	Organisational Development Director
Three Governors	
Two members of the Public	
One member of staff	

The Chairman opened the meeting by welcoming Board members, those in attendance and those observing. On behalf of the Board he also extended his thanks to the Estates staff for keeping the Hospital roads and footpaths clear in the recent bad weather.

STH/51/18

Declarations of Interest

No Declarations were made.

STH/52/18

Minutes of the Previous Meeting held on Wednesday, 21st February 2018

The Minutes of the Previous Meeting held on Wednesday, 21st February 2018, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record of the meeting.

STH/53/18

Matters Arising

(a) Voluntary Services

(STH/28/18) The Chief Nurse reported that enquiries were being made to see if it was possible to apply for the Queen's Award for the Trust's Voluntary Service. However she understood that the Queen's Award was awarded to smaller voluntary organisations but she would keep abreast of the matter.

(b) Sheffield Clinical Commissioning Group (CCG) Consultation: Update

(STH/29/18) The Deputy Chief Executive stated that the responses to the consultation were to be considered at a meeting of the Primary Care Commissioning Committee, a sub-committee of the CCG's Governing Body, in public on Thursday 22nd March 2018. The Trust would be sending a representative. Following that, and before May 2018, the CCG would undertake some more work with clinicians and stakeholders to shape further proposals. The preferred service model would be presented to the Primary Care Commissioning Committee for approval in September 2018.

The Deputy Chief Executive would keep the Board updated on progress.

Action: Kirsten Major

(c) Diagnostic Test Demand

(STH/27/18(a)) The Deputy Chief Executive reported that the Waiting Times Performance Overview Group (WTPOG) had undertaken a detailed review of the matter. There was a clear trajectory around DEXA scans but the echocardiography position remained challenging. The Trust Executive Group had discussed the matter on many occasions and a meeting between the Deputy Chief Executive and echocardiography staff was being arranged.

Annette Laban, Chair of the WTPOG, reported that there had been a frank discussion about the delivery plan at the last WTPOG meeting.

The Deputy Chief Executive stated that it should be noted that the Trust performed extremely well in terms of many diagnostic tests. She stated that there was more confidence around recovering the DEXA position but the echocardiography position was much more challenging. In terms of performance managing the echocardiography delivery plan, the Deputy Chief Executive, reported that Michael Harper, Chief Operating Officer would be working with the Directorate leadership team to review delivery against actions on a weekly basis.

Providing Patient Centred Services

(a) Clinical Update: Sepsis

The Chief Nurse introduced the item and Paul Whiting, Consultant Anaesthetist, Helena Parsons, Consultant Microbiologist and Joanne Campbell, Lead Nurse Sepsis were in attendance and gave a joint presentation on Sepsis which included a number of patient stories. The key points to note were:

- If the incidence of sepsis continued to rise at a rate of 11.5% which was the historical trend based on data to 2014/15 that would suggest that in 2016/17 the NHS would have treated 187,500 cases of sepsis.
- There were 44,000 deaths a year from sepsis which was more than from breast cancer, bowel and lung cancer.
- Sepsis could affect anyone and education was key to identifying it early.
- Although early detection was key to a patient's recovery, it was difficult to differentiate it in the early stages as the symptoms of sepsis were similar to those of flu and people were reluctant to seek treatment at an early stage.
- In November 2016, an STH Sepsis Team was recruited from Sign up to Safety Bid monies. Since then the team had made huge progress in raising the awareness of sepsis both inside and outside the Trust by working with staff and GP surgeries.
- Sepsis was now included on the Induction Programme for newly qualified nursing staff and junior doctors.
- The team had developed a consistent approach within STH by implementing a screening tool into all acute clinical areas to identify patients at risk and also had developed a sepsis pathway. The key message to nursing and medical staff was that they should ask themselves the question "Could this be sepsis?".
- The next steps were:
 - Implementation of an electronic 'Track and Trigger' system to identify patients at risk.
 - Implementation of a new Early Warning Score – NEWS2
 - Ensure that the 'Trigger' initiates a timely review
 - Development of a Trust wide reporting system for sepsis

Following the presentation there was a good debate and the Board members were astonished at the number of deaths from sepsis per annum. It was a big public health issue and it was acknowledged that running a national public awareness campaign similar to that for strokes may have a significant impact on Emergency Departments.

In answer to a query, the Medical Director stated that data on deaths from sepsis could be extracted from the Learning from Deaths Report once the process was fully established.

The Chairman thanked the team for an interesting and informative presentation.

STH/55/18

Chief Executive's Matters

The Chief Executive presented his written report (Enclosure B) circulated with the agenda papers and highlighted the following topics:

- Deep Dive – Patients Waiting for Tests or Treatment

The Deputy Chief Executive presented the report which reviewed the Trust's performance against the following standards:

- Referral to Treatment (RTT) - Incomplete standard (National Target)
- RTT completed pathways - admitted patients (Local target)
- RTT completed pathways - non admitted patients (Local target)
- Diagnostic wait standard - National target

The report also set out the typical patient journey from GP referral to treatment. The diagnostic phase was a sub wait within that journey.

The key points to note from the report were:

- The overall diagnostic waiting times performance was made up of a total of fifteen different diagnostic tests and the target was that 99% of patients waiting for tests should have waited less than six weeks from referral. The performance against the standards was monitored by the WTPOG which met on a monthly basis and was chaired by Annette Laban, Non Executive Director.
- The Trust's performance against the Incomplete Standard had remained strong all year and compared well nationally and with the Shelford Group of Trusts.

The number of patients on an incomplete pathway had gradually decreased throughout the year. The number of patients on incomplete pathways waiting over 18 weeks as of the end of January 2018 had also declined.

The average waiting time for all patients receiving treatment at the Trust was 54 days.

Although the overall target was achieved, a small number of specialities had not achieved the required level of performance and work was underway in those specialities to address that. Many of those specialities faced considerable challenges associated with workforce issues.

- The delivery of the complete admitted pathways local standard (90%) in 2017/18 had been an ongoing challenge and performance had been close to the target most months.
- In January 2018 the number of non admitted patients treated within eighteen weeks met the required local waiting times standard of 95%.
- In terms of diagnostic waits, in January 2018, 87.24% of patients waiting had been waiting less than six weeks compared to the target of 99%. The underperformance was in Echocardiography, Neurophysiology and DEXA scanning services.
- In terms of the Referral to Treatment Standard recovery plans were in place in Cardiology, Vascular Surgery, Vascular Radiology and Pain Management Services.

Those plans were reviewed each month by the Elective Care Working Group and the WTPOG.

- In terms of diagnostic waits and as discussed at previous Board meetings and earlier in today's meeting action plans were in place to address the position in Echocardiography, DEXA scans and Sleep Studies. However, the position in Echocardiography remained of most concern and particularly related to recruitment of trained staff which was a national problem. The Deputy Chief Executive and Medical Director assured the Board that clinical prioritisation was ongoing to ensure that patients were not put at risk as a consequence of the delays.

During discuss the following points were made:

- It was important that the Trust looked at workforce planning and assessed all the areas within the Trust which had vulnerable workforces in order to avoid similar problems to that which had occurred in Echocardiography. It was agreed that this matter should be picked up by the Human Resources and Organisational Development Committee.

Action: Mark Gwilliam/Kirsten Major

- Clinical guidelines may need to be updated as a result of the changes in request criteria for echocardiographs.
- Chris Newman pointed out that the expertise to carry out an echocardiograph was high but the test was requested as a routine test, this was particularly true in pre-operative assessment of patients in specialties other than cardiology. He also emphasised that, in respect of echocardiograms carried out as part of the anaesthetic pre-assessment process, it was rare that the outcome of the echocardiograph had a significant bearing on the anaesthetic.

- Integrated Performance Report

The Deputy Chief Executive apologised that there was a typographical error on page three of the report which stated that the report pertained to activity in December 2017 and it should have stated January 2018.

The IPR was taken as read but each Executive Director gave a brief report by exception on their areas of responsibility:

- Deliver the best clinical outcomes

The Medical Director highlighted the following points including matters discussed at the Healthcare Governance Committee:

- Hospital standardised mortality ratio was within the 'as expected' range.
- Following publication of NICE Quality Standards relating to blood transfusion, the working group of the Hospital Transfusion Committee, the Hospital Transfusion Team, had been working to educate and audit compliance with the four areas of transfusion included in those standards. There had also been extensive work to promote the National Blood Transfusion Committee's Patient Blood Management initiative. It was noted that the Trust benchmarked well against other Trusts for blood tracking
- One new serious incident was reported, three incidents were closed and there were three on-going incidents.

- The HCGC received the Annual Thrombosis Committee Report. It was noted that local CQUIN targets during 2016-17 for venous thromboembolism (VTE) risk assessment and use of appropriate thromboprophylaxis in designated high risk specialities had been exceeded during Quarters 3 and 4. It was also noted that patients with lower limb fractures now had a risk assessment for VTE performed in the Emergency Department, as well as in fracture clinic.
- The HCGC received the resuscitation audit report and overall compliance had improved across the Central Campus and Community Services.

The Chief Nurse highlighted the following point:

- January 2018 had been a challenging month in terms of C.diff and the Trust had recorded 14 cases against a target of eight cases in the month. The full year to date performance was 69 cases of C.diff against an external threshold of 73. However she reported that the position had improved in February 2018.

➤ Provide patient-centred services

The Deputy Chief Executive highlighted the following points:

- New outpatient activity for January 2018 was 3.7% below the contract target and the year to date performance was 1.6% below target.
- Follow up outpatient activity for January 2018 was 4.5% above the contract target and year to date performance was 2.8% above target.
- Accident and Emergency activity was below target (-0.9%) in January 2018 and was 0.6% below target for the year to date.
- Elective activity for January 2018 was 3.0% below the contract target and was 0.76% below for the year to date.
- Non-elective activity for January 2018 was 0.1% below the contract target and was 0.4% over for the year to date.
- 85.6% of patients attending A&E were seen within four hours in January 2018 compared to the Sustainability & Transformation Fund agreed trajectory of 90.0% and the national target of 95%.
- 65.10% of ambulance handovers occurred within 15 minutes which marked an improvement compared to 61.54% in December 2017.
- The cancer waiting time targets were achieved for Q3 of 2017/18 apart from the 62 days from referral to treatment (GP referral). STH only performance for non shared pathways in Q3 was 84.2% (threshold 85%).
- The total shared STH performance against the 62 day target for Q3 2017/18 was 78.5% without reflecting the new Breach Allocation Guidance and reallocations (threshold 85%).
- The percentage of referrals received from GPs through the e-Referrals Service was 69.89%.
- Delayed transfers of care (DTOC) had dropped to 85 reportable cases and 119 non-reportable cases.

- The number of flu cases was down.

Chris Newman commented on the significant increase in referrals from GPs through the e-Referral Service which had more than doubled from December 2017. The Deputy Chief Executive reported that the increase was mainly down to the number of slots made available by the Trust.

The Chief Nurse highlighted the following point:

- Mixed sex accommodation – the Trust reported no breaches in January 2018 against an internal target of zero. She emphasised that that was a significant achievement given the pressures on the service.

➤ Employing caring and cared for staff

The Director of Human Resources and Staff Development

- Sickness absence in January 2018 was 4.88% which was a slight increase from 4.39% in December 2017. The year to date figure was below target at 3.95% which was an increase from year to date in December 2017 which was 3.85%.
- Short term absence has increased from 2.09% in December 2017 to 2.48% in January 2018. The year to date figure had increased from 1.38 to 1.45%.
- Long term absence has increased from 2.30 % in December 2017 to 2.40% in January 2018. The year to date figure had increased slightly from 2.46% to 2.49%.
- The number of appraisals carried out remained at 88%.
- Compliance levels for mandatory training were at 90.4%.
- Annual turnover rate had maintained at 7.8%. The staff group with lowest turnover rate in January 2018 was for Healthcare Scientists (5.83%) and the staff group with the highest turnover was Additional Clinical Services (9.91%)
- Retention figures for the Trust were at 88.4% which was above the target of 85%.

➤ Spending public money wisely

The Director of Finance highlighted the following points:

- The Month 10 position showed a deficit against plan of just £8.2k after release of contingencies which represented a £0.8m improvement from Month 9. Without the release of contingencies that would have been a near break-even in month position against the financial plan.
- The remaining risks for 2017/18 related to internal delivery of activity, efficiency and financial plans, particularly given the extended winter pressures; receipt of CQUIN funding; financial, workforce, service and infrastructure pressures; and receipt of the Sustainability Transformation Funding.
- As the financial currently stood the Trust should meet the Control Total.

- Care Quality Commission (CQC) Sheffield Local System Review - The Trust was visited as part of the review on 12th/13th February 2018. The draft report was expected during early April 2018 with final report in May 2018. A summit for all partners would take place on 7th June 2018 to discuss the action plan arising from the system review.
- Sheffield Teaching Hospitals CQC Well Led Inspection - The inspection would take place over three days, 11th to 13th July 2018, and all Board members were asked to put the dates in their diaries. Prior to the inspection NHS Improvement would carry out a Use of Resources one day assessment in May/June 2018 to see how efficiently and effectively the Trust was in using its resources to provide high quality sustainable care. This would involve key individuals being interviewed and data relating to productivity being scrutinised.

Action: All to note

- CQC Survey on Maternity Services - A study of NHS maternity services has reported that mothers and babies at Jessop Wing receive high quality care.
- Sunshine Day Nurseries - The two on-site nurseries had acquired OFSTED status of 'good' in all areas following recent inspections. The Board extended their congratulations to the childcare staff for all their hard work in achieving that status.
- 4th Annual Cancer Meeting - Building on the success of previous meetings, Sheffield Teaching Hospitals NHS Foundation Trust held its 4th Annual Cancer Meeting on the afternoon of 2nd March 2018.
- South Yorkshire and Bassetlaw Accountable Care System (ACS) – The ACS was currently working through the operational planning guidance in conjunction with Trusts control total and the deadline date was 30th April, 2018. Governance arrangements for the ACS were being drawn up and would be brought to the Board of Directors in due course.
- Research into the innovative AHST treatment of patients with relapsing remitting multiple sclerosis had received global media coverage recently which was great testament to the service and researchers.

STH/56/18

Employ Caring and Cared for Staff

(a) Annual Report from Guardian of Safe Working

The Medical Director introduced the item and Dr. Guy Veall, Guardian of Safe Working was in attendance and presented his annual update to the Board by way of a presentation. The key points to note were:

- The new contract for doctors was introduced in December 2016.
- Since then there had been a steep rise in the numbers of doctors on the new contract.
- It had resulted in a significant of work for Clinical Directorates and Human Resources including introducing work schedules and new rotas.
- Exception Reporting to log instances when work outside work schedules took place had been introduced. Exception reports cover issues such as early start; late finish; not achieving sufficient breaks and not being able to participate in educational component of training placements.

Because doctors submitted exception reports the Trust was aware of what was happening and therefore appropriate measures could be taken.

In the August 2017 rotation there was an 11% gap, 1% was filled with locums but a 10% gap remained. In December 2017 the gap stood at 11%.

- There were still around 250 doctors on the old contract.
 - The establishment of a Junior Doctors Forum (JDF) had been successful particularly in the early days after the new contract was introduced. It was well attended, constructive and was representative of the whole Trust. A wide range of topics were covered in the JDF such as: facilities for junior doctors and dentists, reporting software issues and on call and ret time issues.

The JDF valued the representation from the Medical Director's office – it was reported that Dr. Jennifer Hill, Deputy Medical Director, attended each meeting.

If any members of the Board members would like to attend a meeting of the JDF they would be very welcome.

Action: All to note

In summary, Guy reported that it had been a positive year and real engagement with junior doctors had been achieved. There had been improvements in the identified problem areas, although some areas remained challenging. Overall Guy was content that safe working was taking place by junior doctors and dentists within the Trust.

Following the presentation the following points were made during discussion:

- This work would help the Trust to be seen as the employer of choice.
- It would be helpful if, in future reports, the numbers of exception reports could be shown as percentages.
- A review of the priorities for improving the doctors' mess facilities should be carried out and submitted for consideration alongside work outlined in the new People Strategy.

Action: David Throssell/Guy Veall

- It was good to see the progress that had been made.

The Medical Director expressed his thanks to Guy for taking on the role of Guardian of Safe Working.

The Chairman thanked Guy for his annual update. It was **AGREED** that Guy would present quarterly updates to the Human Resources and Organisational Development Committee (HR&ODC) and that a decision would be made outside the meeting as to whether a separate annual report to the full Board was also required.

(b) Findings of the 2017 NHS Staff Survey

The Director of Human Resources and Staff Development presented the findings of the 2017 NHS Staff Survey and highlighted the following points:

- The full census NHS staff survey was undertaken in the Autumn of 2017 with 7,242 staff participating which equated to a 44% response rate which was above the national average of 43%.
- The Trust was benchmarked in the Combined Acute and Community Trust and the results showed a number of improvements. The Trust had consistently achieved no statistically significant deteriorations in any of the 32 key findings.
- The overall staff engagement score increased from 3.82 in 2016 to 3.83 which was above average for Combined Acute and Community Trusts. STH was only one of two Shelford Trusts to have improved its Staff Engagement Score. Nationally across the whole NHS there has been deterioration in the average staff engagement score (from 3.80 in 2016 to 3.78 for 2017).
- The number of staff recommending the Trust as a place to work or be treated had increased and at 3.92 was well above the average (3.75) for the Combined Acute and Community Trusts.

81% of staff at said that they would recommend the Trust for care and 68% would recommend the Trust as a place to work which was higher than most other Shelford Trusts.

- There were also improvements in some of the Workforce Race Equality Standard (WRES) metrics and in staff perceiving organisational interest in health and wellbeing.

The next steps were:

The results would be discussed at the Staff Engagement meeting in March 2018 and also by the HR&OD Committee

In conjunction with the Organisational Development Director the Director of Human Resources and Staff Development would produce a Staff Engagement Plan for consideration by the Trust Executive Group and in due course the HR&D Committee.

The following points were made during discussion:

- It was important to extract from the results things that the Trust did well on as well as where improvements were required.
- The Director of Human Resources and Staff Development reported that he was looking into how survey results could be made available in a more timely manner than at present.

The Board of Directors **NOTED** the survey results and the Trust wide priorities for action.

STH/57/18

Deliver excellent research, education and innovation

(a) Universities Update

Professor Chris Newman, Non-Executive Director, referred to his written report (Enclosure D) circulated with the agenda papers and supported it with a presentation. The key points to note were:

- University of Sheffield (UoS)
 - 50 further medical student places had been awarded to Sheffield.
 - Five new Medical Schools had been announced (Sunderland, Edge Hill, Lincoln, Anglia Ruskin and Canterbury).
 - Sir Keith Burnett, Vice Chancellor, UoS, had announced his intention to retire and a formal recruitment process was underway and it was anticipated that an appointment would be announced at the end of the academic year.
 - Planning for the PET/MRI facility of the Royal Hallamshire Hospital site was progressing well with an estimated completion date of May/June 2019.
 - Enabled by BRC membership of the Network of Centres of Excellence in Neurodegeneration (COEN), which included centres across Europe and Canada, Professor Dame Pam Shaw, together with colleagues in Spain had secured a £600k collaborative grant from the MRC to further understanding of the mechanisms underlying Motor Neuron Disease (MND) and develop innovative new therapies.
 - Prestigious NIHR Senior Investigator Awards have been awarded to Professor Dame Pam Shaw and Professor Stephen Walters.
 - Dr. Serbanovic-Canic, from the department of Infection, Immunity and Cardiovascular Disease has been awarded a British Heart Foundation (BHF) Intermediate Fellowship (£390K)
 - Dr Pankaj Garg, a newly appointed NIHR Clinical Lecturer in Cardiology, has been awarded an AMS starter grant for his research into advanced imaging tools for cardiovascular diagnosis and intervention.
 - Dr Johnathan Cooper-Knock, NIHR Clinical Lecturer in Neurology working on the genetics of MND has been awarded an AMS starter grant to characterise a novel genetic variant of MND which he discovered by whole exome sequencing in familial MND patients.
 - Professor Wendy Baird from SchARR has been appointed as the new Faculty Director of Research and Innovation (FDRI).
 - Michelle Nuttall joined the University as Faculty Director of Operations (FDO), on 26th February 2018.
 - Professor Tracey Moore, Head of the Department of Nursing and Midwifery, has been appointed as Faculty Director of External Engagement and Development (FDED), and would take up the role in April 2018.
 - Professor Ian Sabroe, from the Medical School department of Infection, Immunity and Cardiovascular Disease, has been appointed to the new role of Faculty Director of Programmes and Fellowships (FDPF).
- Sheffield Hallam University (SHU)
 - Professor Alison Metcalfe was due to commence as Faculty Pro Vice Chancellor on 4th April 2018.

- Following the restructure of the Health and Social Care Research Centre, health and social care research was now fully integrated in three departments - Nursing and Midwifery; Social Work, Social Care and Community Studies; Allied Health Professions.
- SHU and UoS have been working hard to establish a collaborative and co-operative approach to workforce supply and transformation.
- Funding has been identified to support recruitment to four vulnerable professions (Radiotherapy; Podiatry; Orthoptics; and Prosthetics and Orthotics) following the changes to health education funding.
- Student recruitment in semester 2 had performed strongly across Allied Health Professions meeting or exceeding planned target.
- A new nurse associate pathway has been added to the SHU Foundation Degree in Professional Practice in Health and Social Care.

The Chairman thanked Professor Newman for his detailed update.

(b) Research Activities

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

- The standard of Directorate Research Strategies was excellent.
- The Trust had been invited to present its Performance and Operating Framework model to the 2018 Annual NHS Research and Development Forum.
- Work was ongoing to further develop the performance-based funding model to support the STH innovation strategy.
- The NIHR Performance and Operating Framework allowed NIHR funding allocations to be based on performance.
- Over the past few years, STH had improved research performance metrics as a result of several factors, including more active recruitment by STH Directorates and more efficient Research and Development setup. In 2017/18 patient recruitment to NIHR studies was currently 11,225 compared to 7786 in 2014/15.
- The proportion of STH trials meeting the NIHR 70 day benchmark was 84.8% which was exceptional and ahead of the national NIHR target of 80% and the national average of 55.6%.
- In terms of national performance metrics STH was ranked 5th in NIHR national league 1. That was an exceptional indicator of how efficient the Trust's researchers were working to set up clinical trials.
- The Yorkshire and Humber Clinical Research Network funding allocation for 2018/19 had increased to £26,077,175 compared to £25,951,709 in 2017/18.
- The aim was to expand the Trust's portfolio of commercially sponsored clinical trials and improve its broader collaboration with industry partners.

- Engagement with the Yorkshire and Humber Academic Health Science Network and the Northern Health Sciences Alliance to develop collaborative responses to the Life Sciences Sector Deal.

The Board acknowledged that the Trust had had a fantastic success story in terms of research over the last few years.

There was a discussion around whether all Clinical Directorates should be Academic Directorates with some being Super Academic Directorates. Dr. Sneddon stated that the numbers needed to be carefully analysed as they did not tell the whole story as some Clinical Directorates did not have access to the same number of trials as others. He stated that the next step was to undertake a review of the non Academic Clinical Directorates to get them to the next stage and to ensure that they had the necessary leadership with an appetite for research.

(c) Clinical Research Network Annual Delivery Plan 2018/19

The Assistant Chief Executive presented the Clinical Research Network Yorkshire and Humber (CRN Y&H) Annual Delivery Plan 2018/19 (Enclosure E) circulated with the agenda papers. She explained that as host organisation of the CRN Y&H the Trust was required to submit an Annual Delivery Plan each year to the Board of Directors for approval.

The Board of Directors **APPROVED** the CRN Y&H Annual Delivery Plan 2018/19

STH/58/18

For Approval

(a) Corporate Seal

The Board of Directors **APPROVED** the affixing of the corporate seal to the following contracts/leases:

- Lease with The Trustees of The Hospital of Gilbert Earl of Shrewsbury for the land and buildings at Beech Hill Norfolk Park Road Sheffield S2 3QE (Appendix 1)
- Lease with Hospital Broadcasting Sheffield for the Hospital Broadcasting Studio, T Level, Royal Hallamshire Hospital (Appendix 2)
- Contract between STH NHS Foundation Trust and W. Wright Electrical Ltd. for works to replace the ventilation plant serving Theatres 7-11 and the recovery area at the Northern General Hospital.
- Contract between STH NHS Foundation Trust TH Michaels (Construction) Ltd. for the relocation of Supplies Phase 2 at the Northern General Hospital
- Contract between STH NHS Foundation Trust and Clugston Construction Ltd. for works to form a new Cataract Unit at the Northern General Hospital

(b) Declaration of Interest Register for Board Members and Senior Executives

The Board of Directors **RECEIVED** and **NOTED** the updated Declaration of Interest Register for Board Members and Senior Executives. The updated register would be posted on the Trust's Website.

STH/59/18

Chairman and Non-Executive Director Matters

There were no matters raised.

STH/60/18

Any Other Business

There were no additional items raised.

STH/61/18

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Tuesday 24th April 2018 in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be confirmed.