



**Minutes of the BOARD OF DIRECTORS held on Wednesday 16th April, 2014, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital**

**PRESENT:**

Mr. T. Pedder (Chair)

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

**APOLOGIES**

Mr. J. Donnelly	Mrs. J. Phelan
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**IN ATTENDANCE:**

Miss S. Coulson (Minutes)	Mr. N. Riley
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Mr. S. Hunter - item STH/81/14

**OBSERVERS:**

2 members of the public

**STH/78/14**

**Declaration of Interests**

The Chief Nurse declared that she may be called as a witness to the Hillsborough Inquests and therefore would need to leave the meeting when that item was discussed.

**STH/79/14**

**Minutes of the Meeting of the Board of Directors held on Wednesday 19<sup>th</sup> March 2014**

The Minutes of the Meeting of the Board of Directors held on Wednesday 19th March, 2014, were **AGREED, APPROVED** and **SIGNED** as a correct record by the Chairman.

**STH/80/14**

**Relevant Matter(s) Arising**

There were no matters arising from the Minutes of the meeting held on Wednesday 19th March, 2014.

**STH/81/14**

**Clinical Performance**

- (a) **Clinical Update: Stephen Hunter, Cardiothoracic Surgeon – Minimal Access Cardiac Surgery**

The Medical Director introduced the item and Mr. Stephen Hunter, Cardiothoracic Surgeon, gave a detailed presentation on minimal access cardiac surgery and explained that a huge advantage of that type of surgery was not having to open the sternum and therefore reducing recovery time for patients. The presentation covered

aortic valve surgery, mitral valve surgery, epicardial ablation for atrial fibrillation and the National Service Framework for atrial fibrillation.

The Chairman thanked Mr. Hunter for an extremely interesting presentation

(b) Infection Control Report

The Chief Nurse presented the Infection Control Report and the highlighted the following key points:

- The Trust had breached its MRSA bacteraemia Department of Health threshold for 2013/14. The full year performance was 4 MRSA bacteraemia (one of which was unavoidable) against a target of 0.

It had been 50 days (up to 31<sup>st</sup> March, 2014) since the last case of MRSA bacteraemia was attributed to the Trust.

- The Trust had breached its *C.diff* target threshold of 77 for 2013/14. The full year performance was 80 cases of *C.diff* which whilst over the target was a 23% decrease and a significant improvement on last year's outturn of 104.

The Trust had been given a contract threshold of 94 cases for 2014/15 although it had set an internal target of 78 cases to ensure that it improved on its 2013/14 performance.

- MSSA performance for the full year was 53 cases. There was no threshold set for MSSA bacteraemia in 2013/14 however, alongside the MSSA improvement plan; the Trust set itself a target of having 5 or less cases per month as this would be an initial improvement on the current average MSSA rate of 6 cases per month. The Trust achieved that target by having less than 60 cases for the full year.

The Trust had set itself a target of having 42 cases or less for 2014/15.

- Norovirus was still present and a couple of wards were currently affected but it had been much less than in previous years.

The Board of Directors **RECEIVED** and **NOTED** the Infection Control Report and expressed its thanks and appreciation to all those involved.

(c) Healthcare Governance Report

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

- Quality Report – The Quality Report was near to being finalised and included the Trust's 4 key priorities for 2014/15:
  - To ensure that every hospital inpatient knows the name of the consultant responsible for their care during their inpatient stay and the name of the nurse responsible for their care at that time.
  - To improve complainant satisfaction with the complaints process.
  - To review mortality rates at the weekend.
  - To improve the patient experience of patients on the 18 week pathway

The final version would be presented to the Healthcare Governance Committee on Monday 28<sup>th</sup> April, 2014 and subsequently to the Board of Directors on 21<sup>st</sup>

May, 2014.

- Care Quality Commission (CQC) Compliance - The Trust had not received any new Information of Concern Notifications from CQC during February 2014.

The Trust's second CQC Intelligent Monitoring Report was published on 13<sup>th</sup> March, 2014. The Trust's total risk score was still 4 and remained in Band 6 which meant the Trust was rated as very low risk.

- External Visits, Accreditations and Inspections – The Board of Directors noted the outcomes relating to the following visits and inspections:
  - Quality Assurance Reference Centre (QARC) completed a Right Results Process in Breast Screening audit at RHH (July 2013). The service was fully compliant with the standards.
  - The Deanery carried out a triggered visit to Plastic Surgery (November 2013) after concerns had been raised about the treatment of junior medical staff. The visit found no evidence of a culture of bullying of trainee surgeons within the unit. Deanery approval was given pending completion of two red-rated conditions. An action plan was being progressed.
  - NHS Quality Control North West inspected the Pharmacy Aseptic Unit at RHH (November 2013). Low risk deficiencies were identified. An action plan was in place and actions were due to be completed by September 2014.
  - Cancer Peer Review visit (June 2013). The report highlighted one immediate risk and two serious concerns and those issues had now been resolved.
- Nutrition Steering Group Update - Ensuring effective nutrition continued to be a high priority for the Trust. The Nutrition Steering Group had prioritised work on assessment and care planning, demonstrated by the small improvements in achieving nutrition screening within 48 hours of admission. The key priority for next year was the development and implementation of the Hydration and Nutrition Assurance Toolkit (HaNAT).

Assessing how the Trust contributed to nutritional improvement for patients was a challenging area to measure without significant resource implications. However the Trust was committed to reviewing ways of understanding that further, particularly given the importance of good nutritional status in supporting a patient's recovery.

- Serious Untoward Incidents – The following three incidents had been closed within the last month and the Medical Director briefed the Board on the Trust-wide learning identified from each incident:
  - Delay in and potential missed administration of the second Hepatitis B vaccination for newborn Infants
    - The process for sending the '*Notification of Immunisation*' forms to the Child Health Records Department had changed.
    - The '*Hepatitis B in Pregnancy and care of the Neonate*' guideline had been amended.
  - Misplacement of NG tube on GICU
    - NGT training as part of Critical Care induction for Medical staff had been strengthened.

- A two person checklist had been introduced for checking NG tube placement supported by Metavision confirmation questions prior to use.
- Accidental introduction of a bulb syringe cap into the left ventricle of the heart
  - The equipment had been replaced with a similar product without a removable cap across all theatres. The company which produced the product had also issued a Field Safety Notice and would now provide the equipment without a removable cap.
  - A policy for discarding unnecessary and extraneous items to stop them entering the sterile field within theatre had been developed.
  - The incident now formed part of the never event review.

The following incident was reported during March 2014 and was under investigation:

- ENT follow-up - The patient had been seen in ENT OPD in early 2013 and was due to be seen again as a routine follow up six months later. An appointment was not made until early 2014 (seven months after the due appointment), at which point the patient was found to have a tumour of the larynx.
- Complaints – The number of new complaints (337) received during October to December 2013 had fallen. However, the number of Patient Services Team (PST) contacts suggested a higher number of concerns were being resolved quickly at ward/department level and recorded as PST contacts. 264 PST contacts were received during the quarter compared to 304 in July to September 2013.

The Trust's year to date performance for replying to complaints within 25 working days had fallen to 71% which was below the target of 85%. Due to a backlog there were currently a number of complaints within the process which would not receive a response within the target timescale. The Patient Partnership Department had implemented a recovery plan to ensure the backlog was cleared by 31st March 2014. The target of 85% would not be achieved during 2013/14. However the recovery plan aimed to ensure that from April 2014 the backlog would be cleared and a response time of 85% would be achieved.

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

(i) Quarterly Hospital Mortality Report (March 2014)

The Medical Director referred to the Quarterly Hospital Mortality Report (Enclosure D) circulated with the agenda papers. The report covered the current Hospital Standardised Mortality Ratio (HSMR) and Standardised Hospital-level Mortality Indicator (SHMI) values and provided comparator data with other trusts in England.

- HSMR - Most recent 12-month rolling HSMR – 1st January 2013 – 31st December 2013.

91 (87-95) for All Admissions and “lower than expected” when compared with hospitals trusts nationally. The predicted rebased value is 97 (94-102) and is “within expected range”.

- SHMI - Most recent 12-month rolling SHMI – 1st July 2012 – 30<sup>th</sup> June 2013 (published January 2013).

0.88 (0.89 -1.12 *over-dispersion control limits of 95%*). It was in the “lower than expected” range and rebased.

- SHMI and HSMR Trends - The data for July 2012 – June 2013 showed that the SHMI O/E ratio for the SHMI group Pulmonary Heart Disease had improved and now fell “within expected range” (see figure below)

SHMI Group	SHMI (O/E) Ratio		HSMR (O/E) Ratio
	Apr 12 – Mar 13	Jul 12 – Jun 13	July 12 – June 13
Short gestation, low birth weight, and foetal growth retardation	2.15 (29/13.5)	2.21 (29/13.11)	166.74 (32/19.19)
Fracture of neck of femur (hip)	1.32 (95/71.93)	1.33 (89/66.79)	111.29 (69/62)
Calculus of urinary tract, Other diseases of kidney and ureters, Other diseases of bladder and urethra	2.34 (13/5.54)	2.11 (14/6.62)	209.36 (9/4.3)
Pulmonary heart disease	1.46 (36/24.72)	1.20 (30/24.94)	110.59 (42/37.98)

The Medical Director briefed members on the work carried out to date, (as set out in the report) to help them to understand the values of the three remaining SHMI Groups

- Short Gestation, Low Birth Weight and Foetal Growth Retardation
- Fracture of Neck of Femur
- Calculus of Urinary Tract; Other Diseases of Kidney and Ureters; Other Diseases of Bladder and Urethra

The Board of Directors **RECEIVED** and **NOTED** the quarterly Mortality Report as at March 2014.

(ii) 2013/14 Infection Prevention and Control (IPC) Programme

The Chief Nurse presented the 2013/14 Infection Prevention and Control Programme Progress Report and the 2014/15 Programme (Enclosure E) circulated with the agenda papers and which had been approved by the Infection Control Committee and ratified by the Healthcare Governance Committee. She particularly highlighted sections 2, 6 and 18.

The key points to note were:

- 2013/14 IPC Programme Q3 (October – December) progress report:
  - Overall good progress had been made – The Group/Department average score was 97.4% .
  - Overall areas within the Trust were showing at least a 91% compliance.
  - All areas were coded as Green or Blue.
  - Issues that some areas needed to address to improve compliance included a) delays in submitting a return, b) failure to make an antibiotic audit return c) documentation of medical staff update

education sessions and d) slippage in progress towards Accreditation or Re-accreditation.

- Progress continued in updating the numerous IPC related policies and guidelines.
- 79 of 80 in-patient wards had Accredited at least once – Ward H5, which was a seasonal ward, had undertaken full Accreditation
- 86 of 101 OPD/Day case areas/non-ward based departments had accredited at least once. The majority of the outstanding areas had only commenced participation in the scheme during the past few months and therefore were not in a position to Accredit as yet. Good progress was being made by Community services in respect of phase 1 of the pilot Accreditation scheme developed for this Group. Phase 2 commenced during Autumn 2013.
- The requirement to undertake quarterly ward based antibiotic audits was included in the coding for quarter 3. 53 of 64 wards completed the audit in June which was an improvement compared to the previous quarter.

➤ 2014/15 IPC Programme

- The proposed 2014/15 IPC Programme had been developed by the IPC team and was approved the IPC Committee members on 4<sup>th</sup> March 2014 and the Trust Executive Group on 12<sup>th</sup> March, 2014 and was ratified by the Healthcare Governance Committee on 24<sup>th</sup> March 2014.

The IPC Programme outlined the issues to be addressed and focussed on in 2014/15:

- Trust-wide achievement of annual IPC Accreditation
- Compliance with the NICE and EPIC3 guidance
- Prevention and Control of Norovirus
- Prevention and Control of *C.difficile*
- Prevention of meticillin sensitive *Staphylococcus aureus* and *E.coli* bacteraemia
- Prevention and Control of carbapenemase resistant Gram negative organisms
- Update of the infection prevention and control education induction and annual update e-learning packages

The Board of Directors **RECEIVED** and **NOTED** the 2013/14 Infection Prevention and Control Programme Progress Report and the 2014/15 IPC Programme.

**STH/82/14**

**Delivering the Trust's Corporate Strategy 2012-17**

(a) Right First Time Programme: Update

The Chief Executive reported that the Right First Time Programme was now moving into Phase 3 and the key development themes/priorities of that phase were:

- Keeping people healthy and well supported at home to maximise independence
- Ensuring effective whole system flow to avoid delays

Further discussion on the detail of Phase 3 would be held at the meeting of the Right First Time Programme Board on Friday 25<sup>th</sup> April, 2014.

The Chief Executive reported that the Programme was going well and was attracting a significant amount of interest from around the country.

The Board of Directors felt that there needed to be some Key Performance Indicators against which the success of the Programme could be measured.

**Action: Sir Andrew Cash**

(b) Summary Operational Plan 2014-16

The Director of Strategy and Operations presented the summary of the Operational Plan 2014/15 to 2015/16 (Enclosure F) circulated with the agenda papers. She reported that the Plan had now been formally submitted to Monitor on 4<sup>th</sup> April, 2014, together with a financial return that included the 2014/15 regulatory targets and indicators which the Board had previously considered the risks of delivery.

The Operational Plan sets out how the Trust intends to deliver appropriate, high quality and cost effective services over the next 2 years in light of the particular challenges facing the sector.

She pointed out that in the last 10 years the Trust had made a surplus each year but the 2014-2016 Plan described a break even position which was subject to some high risk assumptions.

The Board noted that Monitor appeared content with the Plan based on a recent telephone conference with the Director of Finance and the Assistant Chief Executive.

Monitor would review the submission and provide feedback to the Trust during May 2014 and following that Monitor would publish the Plan on their website.

The Board of Directors **NOTED** the 2014-16 Operational Plan submission to Monitor.

(c) Performance Management Framework: For approval

The Director of Strategy and Operations presented the Performance Management Framework Review (Enclosure G) circulated with the agenda papers and which had been discussed at a recent Board strategic session. The paper described the current arrangements and proposed a revised way forward and a timetable for the completion of the review.

The revised Performance Management arrangements were based on 5 overriding key principles:

- The Board of Directors should establish clear KPIs and targets which should be balanced across clinical, operational, financial and staff dimensions.
- Individual service lines should develop their own KPIs and targets within that context which were usually agreed as part of the annual planning cycle.
- KPIs and targets should be tracked and monitored regularly with regular performance reviews at all levels to drive performance improvement.
- Performance conversations should focus on identifying root causes rather than symptoms, and participants should be focused on how performance can be improved.

- It was important to reinforce desirable behaviours with rewards and consequences for performance.

There were a number of key actions required to take forward the proposed changes which included a new Integrated Performance Report for the Board of Directors and new arrangements for working closely with Directorates.

The Director of Strategy and Operations referred to Appendix 1 of the paper which listed the Performance Indicators and Standards to be included in the new Integrated Performance Report. Board members were asked to forward any comments to the Director of Strategy and Operations. She pointed out that some work was needed on how to capture “soft” information for inclusion in the report.

**Action: All to note**

She explained that it would be a learning process and probably some modifications would be required as the framework was implemented.

The Chairman stated that it was an excellent piece of work and the Board of Directors **AGREED** the key actions required to take forward the proposed changes to performance management within the Trust.

## **STH/83/14**

### **Provide patient centred services**

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

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

- Scores
  - Inpatient scores had improved
  - A&E scores continued to deteriorate. It was felt that the increased response rates had diluted the scores to a degree.
  - The Combined Score remained above the national average.
  - The Maternity Score was 60 which was below the national average of 70. It was noted that SMS texting was not yet in use in Maternity. An action plan had been drawn up to address the position in Antenatal and Postnatal Community Services and included:
    - SMS texting for Antenatal Services and Postnatal Community Services commenced on 28th March 2014.
    - A meeting had been held with relevant maternity services staff to agree alternative methods for more vulnerable patients, including:
      - Mothers under 16 years of age
      - Mothers who had had a still-birthThose patients were still considered eligible patients under NHS England FFT guidelines. However those mothers would be given an FFT postcard by the midwives for a more personable approach, along with mothers without a mobile phone.
- Response Rates
  - Inpatient response rates had continued to rise.
  - As stated above A&E response rates had improved as a result of implementing an automated voice messaging system on 19<sup>th</sup> March, 2014.
  - The Combined Response Rate remained above the national average
- CQUIN Targets and Next Steps.



- The target for Q1 of 2013/14 was to achieve a combined A&E/inpatient response rate of at least 15%. The Trust achieved 12% and therefore failed to achieve the target.
- For Q4 the target was to achieve a response rate that improved on Q1 and was 20% or over. The Trust's combined A&E/inpatient response rate for Q4 was 24.5% and therefore the Q4 funding (£175,000) was secured.
- The target for 2014/15 was again based on targets for Q1 and Q4:
  - For Q1, the target was to achieve a response rate of 25% for inpatient areas and 15% for A&E
  - For Q4, the target was to achieve a higher response rate than Q1 and needed to be 30% or over for inpatient areas and 20% or over for A&E
- Next steps included:
  - Trialing SMS texting in specific Outpatient and Day Case pilot sites in May 2014
  - Undertaking a deeper dive analysis of the 10 wards achieving the lowest scores

The Board of Directors **NOTED** the FFT results for March 2014 and the steps being taken to improve the Trust's performance.

(b) Doncaster Satellite Radiotherapy Project: For approval

The Director of Strategy and Operations briefed members on the Doncaster Satellite Radiotherapy Project between Sheffield Teaching Hospitals and Doncaster and Bassetlaw Hospitals, the details of which were set out in Enclosure H circulated with the agenda papers. She explained that in South Yorkshire all radiotherapy services were provided by Weston Park Hospital and radiotherapy could be an extremely onerous treatment requiring patients to travel to Weston Park Hospital on a daily basis for a number of weeks.

Since 2011 Sheffield Teaching Hospitals had recognised that leading the development of radiotherapy services within the local health economy would be good for patient care and assist in achieving the organisation's strategic aims and objectives. In 2013, and in collaboration with Commissioners and other providers, it was agreed in principle to assess the feasibility of a satellite radiotherapy unit in Doncaster which would reduce the travel time for patients.

Doncaster was highly enthusiastic about the development and it was excellent news for patients in Doncaster and the surrounding areas.

The Trust was now at the stage of formalising arrangements for working with Doncaster and putting together a full business case to build a Satellite Radiotherapy Service. In order to take the project forward the following two documents had been drawn up:

- A draft Memorandum of Understanding setting out the strategic intent of both organisations to work together. It described the purpose, principal terms and provided a short summary of the agreed governance framework to support effective working between both organisations.
- A draft Project Initiation Document (included in Enclosure H) setting out the objectives of the project, the proposed governance arrangements and a project plan. The project was envisaged to be conducted in three distinct phases over an 18-24 month period.

The recruitment of the joint project manager was proposed and, subject to approval, a recruitment process would commence before the end of April 2014.

During discussion and in response to queries the Director of Strategy and Operations confirmed that the service at Doncaster would be an STH service, staffed by STH staff and the building would be owned by STH.

The Board of Directors:

- **APPROVED** the Memorandum of Understanding and Project Initiation Document
- **AGREED** to the appointment of a joint project manager to progress the project

**Hilary Chapman, Chief Nurse, left the meeting at this point.**

(c) Hillsborough Inquest: Update

The Assistant Chief Executive explained that Hilary Chapman, Chief Nurse, had left meeting as she was a potential witness at the inquests and whilst today's meeting was in public it was not appropriate for her to be in the room.

He explained that Tuesday 15<sup>th</sup> April, 2014, was the 25<sup>th</sup> Anniversary of the Hillsborough Disaster and was marked in both Liverpool and Sheffield by a number of events including services in the Chapels at both the Royal Hallamshire Hospital and Northern General Hospital.

The Assistant Chief Executive reported that the fresh inquests into deaths of the 96 men, women and children who died at the Hillsborough Stadium on 15th April 1989 opened in Warrington on 31<sup>st</sup> March 2014. The inquests originally scheduled for 9 months, were now expected to take 12 months to complete and were being heard by Lord Justice Goldring, appointed as Assistant Coroner, with the assistance of a Jury. There were some 66 barristers and 19 firms of lawyers involved.

A Contempt of Court Order had been made by the Coroner and all documentation and information provided to the Trust by the Coroner's legal team via its own legal team, was subject to this and could only be shared with those who had provided undertakings to the Coroner. By necessity therefore, the level of detail as to the mechanism of the inquests, the precise issues to be considered and the documentation available in this briefing was limited to information which was in the public domain.

The Assistant Chief Executive reported that the Jury were sworn in on 1st April 2014, following which the Coroner opened the inquests setting out in detail, the background to the inquests and the matters that the Jury would need to consider as evidence was heard, including directions as to the law and procedure applicable. The evidence was to be presented in segments as follows:

- Background evidence concerning those who died;
- Overview by Chief Superintendent Malkin who was leading the current re-investigation of the disaster of uncontroversial evidence about the stadium (set up as it was and is now etc);
- Jury visit to the stadium;
- Stadium safety;
- Preparation and planning for the match;
- The day of the disaster;
- Experience of the 96 who died (including the care given to them);
- Pathological evidence

Due to the 25<sup>th</sup> Anniversary and the Easter holidays the inquests would resume on 22<sup>nd</sup> April, 2014. The first segment of evidence was due to be completed by 29<sup>th</sup> April, 2014. There would then follow a 3-week adjournment to allow for consideration of pathological evidence which had recently been disclosed to the Interested Persons and the Court will resume on 22<sup>nd</sup> May, 2014, when the second segment of the evidence would be heard. The Jury visit was scheduled for the 23<sup>rd</sup> May, 2014, following which evidence would be taken on stadium safety.

It was expected that the care and treatment provided to those who attended the Accident and Emergency Departments at the Northern General and the Royal Hallamshire Hospitals on the 15<sup>th</sup> April 1989 would be considered in the segment dealing with the experience of the 96 who died on the day of the disaster. In his opening address to the Jury, the Coroner said of the previous inquests which had now been quashed:

*The coroner [in the previous inquests] decided that the inquest should only investigate events on the day of the disaster until a cut-off time of 3.15 pm..... His reasoning, in summary, was as follows: it was not necessary for the inquests to look at events which happened after the fatal injuries were suffered, unless those events might have made a difference to death.... That meant, of course, that the generic hearing would not look into the emergency response to the disaster. It would not consider whether the police, the ambulance staff and other emergency services handled events properly after 3.15 pm.*

The fresh inquests would properly afford the opportunity to look closely at the events which happened after the fatal injuries were suffered, and that would include detailed scrutiny of the care and treatment provided to those who attended the A+E departments.

The scale and involvement in these inquests was significantly different to the Trust's scale and involvement in the previous inquests as a result of (1) the intention to scrutinise events after the 3.15 pm and (2) the number of Trust personnel involved.

As indicated previously, the scale and depth of preparation was significantly different and the Trust had and continued to co-operate fully with the Counsel and Solicitors to the Inquests to ensure that all relevant and available documentation including medical records that it held were available to the Coroner in a timely, open and transparent manner.

The Assistant Chief Executive would give a further update at the May, 2014, meeting.

The Chairman thanked the Assistant Chief Executive for a comprehensive briefing.

**Hilary Chapman, Chief Nurse, returned to the meeting at this point.**

#### **STH/84/14**

##### **Financial and Operational Performance**

###### **(a) Report from the Director of Finance**

The Director of Finance presented the Finance Report and highlighted the following points:

- The Month 11 results showed a positive position, although there were still a number of factors which would have a material impact on the Trust's final

2013/14 financial results. The year-end processes were now underway and the draft Annual Accounts would be produced by 23<sup>rd</sup> April 2014.

- The key on-going financial management actions were to drive the Efficiency Programme; to progress the Performance Management Framework work with financially challenged Directorates and secure good general Directorate financial performance; to contain operational and cost pressures; to manage contractual issues and deliver contract targets; to deliver CQUIN schemes; and to maximise contingencies.
- The planning processes for 2014/15 were now broadly concluded, although the contracts with NHS England and Sheffield City Council were still not agreed.
- The Financial Plan for 2014/15 was to break even and not to deliver a surplus as in previous years.
- The Trust's third cut plans for 2014/15 identify an improved level of efficiency savings, assisted by the expected major level of activity growth, but the delivery risk remained high and 2014/15 looked likely to be a very challenging year.

The Board of Directors **NOTED** the key financial issues and, in particular, the current position against the 2013/14 Financial Plan, the key financial management actions required and the outcomes of the 2014/15 financial planning processes.

(b) Report from the Director of Strategy and Operations

The Director of Strategy and Operations presented the Activity and Access Report (Enclosure J) circulated with the agenda papers. She explained that February 2014 had been a difficult month operationally. The key points to note were:

- The targets for the 18 week admitted and non admitted pathways were not met in February 2014. The target for incomplete pathways was met. There were no patients waiting over 52 weeks.
- New outpatient activity was 5.2% above target in February 2014 and 2.8% above for the year to date.
- Follow up activity was 1.4% above target in February 2014 and 2.2% above for the year to date.
- The level of elective inpatient activity was 5.6% above target in February 2014 and 4.5% above for the year to date. That over performance on elective activity was despite a higher level of operations cancelled on the day for non clinical reasons (such as lack of beds) which was 97 in February 2014 compared to a target of 75. The average number of cancellations per month had been 83. The total for the year to date was 955 compared to a target of 828.
- Non elective activity was 5.1% above expected levels in February 2014 and 4.0% above for the year to date.
- The waiting list for inpatients which had been increasing each month since August 2013 fell by 18.
- The outpatient queue which had been increasing since November 2013 fell by 588 in February 2014.
- Accident and Emergency performance was below target in February 2014 with 93.1% of patients seen within 4 hours. The performance for the quarter was 95.3% and for the year to date 95.3% (as at month 11).
- The performance against the Cancer Waiting Time Targets was on or above the threshold.
- The number of late referrals received by the Trust on the 62 day pathway continued to show a deteriorating position over the quarters. A stock take of the position would be undertaken in June 2014. However it was acknowledged that action may need to be taken before that time. The information on late referrals was shared with District General Hospitals. Commissioners also received the information for use as part of their performance meetings with District General

Hospitals. It was **AGREED** that the Director of Strategy and Operations would report back in June 2014 on whether the sharing of the information had resulted in an improved position.

**Action: Kirsten Major**

Vickie Ferres agreed to raise the matter at the forthcoming Chairs meeting which she was to attend on behalf of the Chairman.

**Action: Vickie Ferres**

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

(d) **18 Week Wait Performance**

The Director of Strategy and Operations presented the update on the 18 Week Wait Performance (Enclosure K) circulated with the agenda papers. The key points to note were:

- The validation of incomplete pathways had reduced the number of those and helped to achieve the target.
- The targets for non-admitted and admitted patients were not met in February 2014. The matter was discussed at the Task and Finish Group on Friday 11<sup>th</sup> April, 2014.
- All agreed actions within the action plan were progressing. There was enthusiastic clinical engagement within the Trust and some good improvement had been made.

During discussion, and in response to a query, the Director of Strategy and Operations reported that the Trust was experiencing an increase in referrals from Consultants in other District General Hospitals and General Practitioners across South Yorkshire as a whole.

The Board of Directors was **RECEIVED** and **NOTED** the 18 Week Wait Performance Report.

**STH/85/14**

**Our Staff**

(a) **Report from the Director of Human Resources: Appraisal Compliance**

The Director of Human Resources presented an update on appraisal compliance (Enclosure L). The key points to note were:

- Performance against the 95% appraisal compliance target had seen a steady improvement during 2013/14 culminating in a year end performance of 97.3% at a Trust wide level.
- Key areas of action for 2014/15 would be realignment of appraisal dates to ensure that appraisals were spread across the year in an appropriate manner and a focus on ensuring that values based appraisals were rolled out which were effective and well structured.
- Three appraisal summits had taken place since September 2013 to review progress towards compliance. At the summit in April 2014 it was agreed that quarterly meetings would continue to ensure that compliance levels did not slip.
- The next steps for 2014/15 were:

- Directorates had been requested to produce Action Plans by 30<sup>th</sup> April, 2014, detailing how appraisals would be realigned so that they were spread over the year appropriately. Those plans would include the numbers of appraisals each directorate had to achieve each month.
- Continued roll out of training for PROUD appraisals. Movement towards all appraisals being PROUD appraisals by year end 2014/15.
- Monthly monitoring of compliance rates and staff lists continuing to be sent to all directorates.
- Focus on the effectiveness of appraisals as outlined in the NHS Staff Survey analysis – ie *‘Well structured’ Appraisal – as defined by the staff survey - “Did it help you to improve how you do your job?”, “Did it help you agree clear objectives for your work?” and “Did it leave you feeling that your work is valued by your organisation?”*
- During 2014/15 a quality audit would be introduced to measure the effectiveness of appraisals
- Undertake a communication exercise to demonstrate the value of appraisals and how staff had been able to develop their career.
- Explore the use of e-appraisals utilising the PALMs system being implemented during 2014/15

The Board **RECEIVED** the update on appraisal compliance and **NOTED** the significant improvement in appraisal rates across the Trust during 2013/14 and also **NOTED** the next steps.

(b) Revalidation Annual Report

The Medical Director presented the first Annual Report on Medical Appraisal and Revalidation. He explained that as it was the first of such reports it included more background information than would be the case in any future reports. The key points to note were:

- In December, 2012, the General Medical Council introduced a system of revalidation of medical staff every five years, based upon satisfactory annual appraisal of doctors according to standards set by the General Medical Council.
- STH had established the following systems to support that process:
  - The introduction of a Trust Policy for Medical Appraisal.
  - The appointment of a Responsible Officer who, as in most Trusts, was the Medical Director.
  - Replacement of the previous format of Medical Appraisal with a system compliant with the GMC’s requirements.
  - The establishment of an in-house training programme for appraisers carried out in accordance with the guidance of the national Revalidation Support Team, through which sufficient appraisers had been trained to meet the needs of the organisation
  - Movement to an entirely electronic system of appraisal using an on-line appraisal support system (MyL2P)
  - The establishment of an Appraisers’ Forum

To date these systems had been used to support the revalidation of 140 doctors out of the 682 for whom STH was their Designated Body for revalidation

- There were a number of National Forums which either the Medical Director or one of his deputies attended.

- The uptake of appraisal had improved in comparison with the previous system. In 2013, the level achieved was in line with the national expectation but fell short of the 2014/5 target of 95%. Performance against that target would be more closely managed at Directorate level during 2014/15 and a system of quality assurance of appraisal would be established as national standards on that were published.
- The targets that the Trust was working towards were an annual rate of appraisal in excess of 95% carried out in accordance with the relevant Trust Policy and in line with national guidelines. It was intended that appraisal should be carried out to a consistent standard and be effective in terms of both its formative and summative elements. To progress those aims the following steps were planned:
  - More focussed performance management of appraisal rates at Directorate level including regular performance reporting to the Clinical Management Board
  - Development of a quality assessment system for appraisals with feedback to individual appraisers
  - Further development of the Appraisers' Forum
  - Revision of the Trust Medical Appraisal Policy where necessary to ensure continued compliance with national recommendations.

The Board of Directors **NOTED** the contents of the report and the good progress made. However, the Board of Directors acknowledged that there was a need to identify a sustainable approach to Medical Revalidation solution given the increasing numbers of appraisals to be undertaken and the burden that that placed on the Responsible Officer in an organisation the size of STHFT.

#### **STH/86/14**

##### **Chief Executive's matters**

The Chief Executive reported the following matters:

- Jeremy Hunt, Secretary of State, had launched an NHS Patient Safety Campaign which involved 12 Trusts in England and STH was one of those 12.
- Rebecca Joyce had been appointed Service Improvement Director.
- Simon Boyes has been appointed as Clinical Director for General Surgery
- Andrew Beechey has been appointed as Clinical Director in Spinal Rehabilitation
- Simon Buckley has been appointed as Clinical Director in Orthopaedics
- Professor Alison Loescher has been appointed as Clinical Director for Oral and Dental Surgery

#### **STH/87/14**

##### **Chairman and Non-Executive Directors' matters**

There were no matters to report.

#### **STH/88/14**

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

###### (a) **Common Seal**

The Board of Directors **APPROVED** the affixing of the common seal to the following contract:

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Jarvale Construction Limited for the works to form new office accommodation in

the former Clinical Skills Building at the Northern General Hospital. (Contract Value - £582,484.00 and forms part of the 2013/14 Capital Programme)

**STH/89/14**

**Date and Time of Next Meeting**

The next meeting of the Board of Directors would be held on Wednesday 21<sup>st</sup> May, 2014, in Seminar Room 1, R Floor, Clinical Skills Centre, Royal Hallamshire Hospital at a time to be notified

Signed: ..... Date: .....  
Chairman