



Minutes of the BOARD OF DIRECTORS held on Wednesday, 21st September 2016, in the Undergraduate Common Room, Medical Education Centre, at the Northern General Hospital

PRESENT:	Mr T Pedder (Chair)	
	Sir Andrew Cash	Ms D Moore
	Professor H A Chapman	Mr J O'Kane
	Mr M Gwilliam	Mr N Priestley
	Mrs C Imison	Professor Dame Pam Shaw
	Ms K Major	Dr D Throssell
APOLOGIES:	Mr T Buckham	Mr M Temple
	Mrs A Laban	
IN ATTENDANCE:	Ms H Baston (Item STH/171/16)	Mrs R Dawson (Minutes)
	Mrs S Carman	Mrs J Phelan
	Ms Y Coghill (Item STH/172/16)	Dr P Sneddon (Item STH/174/16)
OBSERVERS:	3 Governors	
	2 members of staff	
	1 member of the public	

The Chairman welcomed everyone to the meeting. He mentioned that the Helipad event had taken place the previous day and thanked Mrs Phelan and the team who had supported this event. Mrs Phelan was asked to pass on these thanks to those concerned.

STH/168/16

Declarations of Interests

No declarations of interest were made.

STH/169/16

Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on Wednesday 20th July 2016, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/170/16

Matters Arising:

(a) **Short Term Intervention Team (STIT) Service (STH/159/16(a))**

The Chief Executive reported on two actions awaited from Sheffield City Council and the Sheffield CCG. The first was to achieve a plan to recover the STIT position and the second was to carry out a review of the current method by which this service was provided.

The Board was asked to note that the trajectory of 93 patients going into STIT per week had not been met over any week and there was concern that demand would rise in the winter.

He advised that the approach used by the Local Authority had been to reduce from 200 to around 130 the number of employees who worked in STIT and concurrently undertake more of this work through independent providers. This would mean that the work was undertaken by a combination of NHS employees and independents. However, during a recent meeting with Sheffield City Council, a proposition had been put forward from STH to increase staffing and Sir Andrew planned to raise this issue with the CCG in an effort to source additional funding.

There was also a plan in place to review the successful work undertaken in Northumbria and to ask an appropriate person from Northumbria to help undertake a review of the STIT service.

During the subsequent discussion, Mrs Imison agreed to look out for evidence of other Local Authorities prioritising this area of work and feed this into the ongoing work.

Action: Mrs C Imison

(b) Junior Doctors Contract (STH/159/16(b))

The Director of Human Resources reminded Board colleagues that in July he had provided an update on the result of a ballot for industrial action and the introduction of the new Junior Doctor contract. Since that report, the BMA had announced a series of 5 day strikes to take place from September to December 2016. However, the September strike had subsequently been cancelled to allow organisations more time to prepare and, thus, the next 5 day strike would take place from 5th October 2016 for 5 days. This would involve the full withdrawal of labour from 8:00am to 5:00pm and the Director of Human Resources and Medical Director planned to meet with the LNC the following day to plan for the strike action.

The Medical Director explained that a key priority in planning for strike action was to maintain the existing good relationships between junior and senior medical staff.

The Director of Human Resources reminded colleagues that these actions were a national issue and not a local one. There had also been a Judicial Review on the Monday and Tuesday of the current week and the results of this review could have a significant impact on future strike plans.

The Chief Executive discussed plans to engage with the Trust's junior medical staff, with four Listening into Action style events planned for the Trust's Junior Doctors, with a view to creating small groups to work on key local actions.

(c) Working Together Partnership Vanguard: Acute Federation Board (STH/161/16)

The Chief Executive reported on a time-out on 3rd October 2016 for Chairs and Chief Executives of organisations in the Acute Vanguard to work on strengthening the Vanguard and the creation of a Memorandum of Understanding (MOU), to provide the impetus to bring organisations together to deliver key aspects of the South Yorkshire and Bassetlaw Sustainability and Transformation Plan (STP).

The representatives of each organisation would keep their Board and Council of Governors briefed before making decisions and the propositions arising from the meeting on 3rd October would be brought back to each organisation to ensure

informed decisions could be made. It was noted that this work formed the Acute aspect of the wider STP.

In terms of the other organisations involved in the wider STP, the five CCGs had already developed a MOU and the Local Authorities had set up a slightly different arrangement, as had the two Mental health Trusts.

(d) Biomedical Research Centre in Neurosciences

The Chairman announced that the Trust had achieved the status of a Biomedical Research Centre in Neurosciences, with a grant awarded of £4,049,681 over 5 years from April 2017. He commended Professor Dame Pam Shaw and the Chief Executive for their endeavours to make this possible and congratulated them on this achievement.

STH/171/16

Providing Patient Centred Services:

(a) Clinical Update: Public Health in Maternity Care: A Patchwork of Priorities

The Chief Nurse introduced Dr Helen Baston, Consultant Midwife, who gave a presentation which outlined her professional background, the role of the Consultant Midwife and issues such as smoking in pregnancy, breastfeeding, infant mortality and research and development.

Smoking at Delivery

Dr Baston reported that the City-wide level for smoking at delivery presently stood at 12.5%, a significant reduction from 15% the previous year. However, there was a substantial variation across the City, from 34.1% in some areas, to <1% in others.

She went on to detail the work underway to address smoking in pregnancy and the process by which support to quit was given, including Quilt to Quit (Q2Q).

Breastfeeding

The City-wide Breastfeeding intention figures were presently 79%, however, the variation across the City was from 57% to 97%. The reason behind encouraging new mothers to breastfeed was the establishment of a close and loving relationship between a mother and her baby, which was important for a baby's development, as it encouraged high levels of oxytocin and low levels of stress hormones (cortisol) and, therefore, optimal brain development.

The discussion then moved to whether "Vaping" carried health risks and Dr Baston advised that the current Public Health England view was that vaping was safer than smoking and had recently recommended that organisations did not advise women not to vape if they felt the need to continue to do so, with the caveat that all the facts about vaping were not known as, presently, there were no comparative data studies for Vaping and smoking. Dr Baston added that vaping would still impact on birth weight because it was an alternative method of delivering nicotine.

Dr Baston was asked how STH smoking cessation levels rated against the other core cities across the country and, in response, Dr Baston advised that STH was certainly the best in the region, but she did not have information on the national

position. She agreed to find out and pass this information to Professor Chapman, to allow her to update the Board.

Action: Dr H Baston/Prof H Chapman

STH/172/16

Employing Caring and Cared for Staff

(a) Workforce Race Equality Standards (WRES) and Quality Report

The Director of Human resources introduced Ms Yvonne Coghill, Director for WRES Implementation and reported on the plan for Ms Coghill to assess the Trust's position and devise an appropriate plan for STH in terms of the WRES.

Ms Coghill provided information on her background in the NHS and her personal experiences. She then went on to discuss the WRES, advising that it comprised a set of metrics which would, for the first time, require all NHS organisations with contracts over £200k to demonstrate progress against a number of indicators of race equality, including a specific indicator to address the low levels of BME Board representation. She then went on to outline the current situation in the NHS and discussed the evidence of NHS inequalities.

She detailed the reasons behind the introduction of the WRES including:

- Fairness and equality in the system.
- Improved patient satisfaction.
- NHS Constitution objective.
- Public Sector Equality Duty (PSED).
- For every 1 s.d point of increased engagement there were 2.4% less deaths in acute hospitals.
- Improved patient safety.
- For every 1 s.d point of increased engagement there was a saving of £150k in terms of agency and absenteeism costs.

She advised that she was, therefore, seeking Board agreement for:

- Demonstrable and visible leadership on the issue.
- Work to commence on development of an action plan for STH, to close the gap in the metrics between the black and white staff experience.
- Development of a plan to work on changing the culture in the organisation.
- Resources for the initiative.

The Board then went on to discuss the issues raised in Ms Coghill's presentation and the following points were made.

The Chief Executive advised that the Trust would address the nine WRES standards and work was already underway on some of these.

Ms Coghill reported that 50 BME staff had attended an event, opened by the Chief Executive, who advised them about the Board's commitment to this agenda. During this event there had been excitement generated about what might be done and she suggested that another similar event was arranged with the Board present, to demonstrate commitment to the agenda.

The Chairman brought the session to a close, confirming the Board's support for this work and stating his desire for STHFT to be a role model trust.

Chief Executive's Matters

a) Integrated Performance Report (IPR)

Ms Major advised that supplementary to the July Integrated Performance Report, was the IPR for June, as the Board had not met in the month of August.

▪ Deliver the Best Clinical Outcomes

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

- In July, there was one serious incident report that was not approved within the timescales.
- The number of incidents that were not approved within 35 days remained at a similar level to the previous month.
- Update from the Healthcare Governance Committee:
 - In response to the CQC Reports, an action plan was presented and agreed. The action plan would be monitored by the Healthcare Governance Committee and the CQC. Assurance would be obtained using a variety of methods including clinical audit, internal audit, quality governance inspections and through joint working with partner organisations.
 - During the reporting period, one new Information of Concern notification has been received from the CQC for review by the Trust. This had been responded to, as it related to a historical case that had previously been investigated and reported.
 - STH had been selected as one of twelve organisations to be part of a CQC mortality and learning from deaths review. A site visit from the CQC to inform this review, which was a 'fact-finding' exercise rather than a regulatory process, took place on 26th and 27th July 2016 and no concerns were raised during the visit. The findings of the review would be published by the CQC later in the calendar year.
 - 5 new serious incidents had been reported and were currently being investigated. 8 incidents were closed during the reporting period.
 - An update on the National Maternity Review and other associated National reports was presented. All reports had been verified by the Obstetrics, Gynaecology and Neonatology Healthcare Governance Group and monitoring continued through that process. Monitoring of key maternity indicators occurred quarterly via the Yorkshire and Humber Maternity Dashboard and monthly input to the Maternity Safety Thermometer.
 - The Premises Assurance Model (PAM) was presented with a brief introduction describing the interrelationship between the PAM and the Estates Return Information Collection (ERIC), the annual mandatory return to the Department of Health on NHS Estates. The PAM assessment indicated some areas for improvement in Effectiveness

(Transport and Access Management, Sustainable Development Plan) and Safety (Security Management, Transport Services and Pest Control). The assessment found no aspects to be inadequate. Work was underway to address the issues highlighted.

- The Water Quality Steering Group report highlighted that water testing continued to be performed internally by the Microbiology Laboratory. The Estates Legionella training plan was on-going, with good levels of awareness in the Department.
- The Integrated Risk and Assurance report highlighted nurse staffing as the highest overall risk, the report covered other risks such as care of patients in an inappropriate setting and the under-delivery of planned maintenance and refurbishment of the wards.
- The Thrombosis Committee Terms of Reference and Membership had been updated and approved.
- The CQC Review of Health Services for Looked after Children and Children's Safeguarding in Sheffield (26-30 October 2015) had been reviewed. Overall, the outcome was positive for STH services and highlighted five main areas for system-wide improvement: the introduction of a City-wide referral form, changes to liaison meetings, improvements to be made to the CAMHS pathway, health assessment forms and the health passport. Ten specific recommendations were made for STH, all of which were being addressed.
- The Goddard Inquiry and Learning Report from the Cambridge University Hospitals (MB) Investigation were presented to the Healthcare Governance Committee. STH was compliant with the majority of criteria with respect to safeguarding leadership and safeguarding policies and implementation. However, some recommendations were identified for the Trust to reach full compliance, particularly in relation to incidents and investigations. An action plan had been developed to address the issues identified in the report.
- An update was provided on the changes to the monitoring of all specialised commissioned services as well as those cancer services commissioned locally by NHS England. The Quality Surveillance Team (QST) replaced the National Peer Review Programme in April 2015. The QST was responsible for quality assurance of all specialised services and all cancer services, irrespective of how they were commissioned. This change effectively brought together previous service specification compliance process with the peer review process. The new indicators would focus on patient experience, clinical outcomes, structure and process. STH would be required to complete a self-declaration by the end of June each year, with an annual QST assessment during August and September.
- An update on Organ Donation was provided, highlighting that the last year had seen sustained improvement in deceased donation activity based on nationally recognised key performance measurements. Staff engagement and education continued to be delivered and

promoted. The installation of recognition of donor memorials on both Central and Northern sites had been approved.

In addition, the Chief Nurse reported the following:

- There had been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of July. The year to date total was 2 cases.
 - There were 3 Trust attributable cases of MSSA bacteraemia recorded in July; this was better than the monthly trajectory (3.5 cases) that the Trust had set itself. The full year performance was 24 cases of MSSA against an internal threshold of 14 cases.
 - The Trust recorded 10 cases of C.diff for July. This was worse than the monthly target of 7 cases. The year to date performance was 31 cases of C.diff against an internal threshold of 26 and an NHS Improvement (NHSI) threshold of 29.
- Employ Caring & Cared For Staff

The Director of Human Resources highlighted the following issues:

- Sickness absence was 4.31%, compared to the target of 4%. The year to date figure was 4.15%, compared with 4.27% for the same period the preceding year. The year to date figures could be split as follows: long term 2.53%, short term 1.62%.
- The HR Business Partners were working with directorates with sickness absence rates in excess of 4% to ensure that all cases were reviewed and that continuous progress was being made.
- The Trust was continuing to explore the potential use of an absence management system. The supplier had visited the site to provide an overview for key stakeholders and a paper had been provided to TEG outlining the key aspects and potential benefits. Further detailed work was now underway regarding the alignment of the system within the Trust.
- The Trust's Managing Attendance Policy was under review with Trade Union colleagues, following an intensive engagement exercise with key stakeholders including TEG and a wide variety of Trust managers. The policy would, in particular, provide guidance in relation to the management of short-term intermittent absence.
- The Trust saw a slight decrease in the number of the appraisals carried out in the preceding 12 month period, with the rate standing at 82.6%, failing to meet the target of 90%. Directorates had been asked to develop action plans in conjunction with their HR Business Partner to ensure that the target could be achieved in 2016/17 by realigning the timing of appraisals to avoid peak operational pressures wherever possible.
- There had been a slight increase in compliance levels for mandatory training, with the figure being 87.8% at the end of July 2016.
- The health check process for the over age 40 staff group would commence in September, with a pilot study being undertaken in the Hotel Services directorate.

- Other health schemes under review included the access to support for mental health issues, access to support for weight management and the continued progress of the access to physiotherapy for staff.
- In accordance with the wider health agenda, the food environment for staff was being reviewed.
- Line manager training to support the above had begun.
- The Trust joined the City-wide “Move More” campaign, as part of this year's Olympic celebrations. The Trust was successful in engaging many employees in the exercise and was noted as the organisation with the most activity during the campaign.
- The Flu campaign for 2016/17 would shortly commence, with the aim of delivering the CQUIN target of 75% of frontline staff being vaccinated by 31 December 2016. The emphasis in the campaign would be on the health and wellbeing of staff, their families and patients.
- The OH and HR team was developing a Health and Wellbeing Workforce Strategy and a policy on Mental Wellbeing and Stress Management, including opportunities for colleagues to access the “Headspace” App, which was free to all NHS staff and introduced people to mindfulness techniques to help manage stress and build personal resilience.

The Chief Nurse highlighted the following matter:

- Safer Staffing – Overall, the actual fill rate for day shifts for registered nurses was 90% and for other care staff against the planned levels was 103.2%. At night, these fill rates were 91.6% for registered nurses and 110.4% for other care staff, although on some wards the fill rate could fall below 85%. However such a position was closely monitored.

- Providing Patient Centred Services

The Chief Nurse reported on the following issues:

- Complaints: 91% of complaints responded to within 25 working days and that was against an internal target of 85%
- FFT response rates inpatient: the response rate in July was 29%, which was worse than the internal target of 30%.
- FFT response rates A&E: the response rate in July was 23.4%, which was above the internal target of 20%.
- FFT score inpatient: the score for July was 96%, which was above the internal target of 95%.

The Director of Strategy and Operations reported on the following issues:

- The number of referrals received was 0.7% below target in July 2016. For the year to date there had been 5.8% more referrals than expected.

- New outpatient activity was 11.0% below target in July 2016 and 7.3% below target for the year to date.
- Follow up activity was 10.2% below target in July 2016 and 5.7% below for the year to date.
- The level of elective inpatient activity was 3.7% below target in July 2016. For the year to date the position was 2.4% below target.
- Non-elective activity was 1.8% below target in July 2016 and was now 1.8% below for the year to date.
- Accident and Emergency activity was 1.9% above target in July 2016 and 0.6% below for the year to date.
- In July 2016 there was an average of 110 patients whose discharge was delayed, compared to 109 in June 2016.
- The number of operations cancelled on the day for non-clinical reasons improved considerably in July 2016 and was 84 compared to 185 in June, 121 in May 2016 and 144 in April 2016.
- The number of patients on incomplete pathways at the end of July was 50,137, compared to 48,870 at the end of June and 51,805 at the end of May. As at the end of the previous month, 92.8% of these had a waiting time of less than 18 weeks and hence the national target was achieved.
- In July 2016, the local waiting time standard for non-admitted patients was not achieved, with 92.3% of patients being seen within 18 weeks (target 95%). This was slightly lower than in June 2016 (93.5%).
- The local target was not achieved for admitted patients where 84.9% were seen within 18 weeks (target of 90%) compared to 85% in June 2016.
- For diagnostic tests, during July 2016 98.47% were seen within 6 weeks compared to the target of 99%. The tests which did not meet the target were Peripheral Neurophysiology, Urodynamics, Colonoscopy, Flexi sigmoidoscopy and Cystoscopy.
- The percentage of referrals received through the e-Referrals service remained below target at 27.59% compared to the target of 50%.
- The percentage of outpatient appointments cancelled by the hospital and the patient remained above the benchmark both for the month and for the year to date. For hospital cancellations this was 11.05% compared to the benchmark of 6.64% and for patient cancellations 9.92% compared to the benchmark of 6.20%.
- The percentage of patients who did not attend for new appointments was 7.44%, compared to the benchmark of 7.72% and for follow-up appointments was 7.75% compared to the benchmark of 7.97%.
- In July 86.49% of patients attending A&E were seen within 4 hours compared to the standard of 95% and the improvement trajectory agreed with NHS Improvement and Sheffield CCG of 93%.

- The percentage of patients whose clinical handover from the ambulance service to A&E took longer than 15 minutes rose for the fourth consecutive month to 67.2%. The number where the handover took more than 30 minutes remained at a similar level to last month at 0.37%.
- For quarter 1 all the cancer waiting time targets were met except for 31 day decision to treat to treatment and the 62 day GP referral to treatment target. The deep dive provided a detailed analysis of cancer performance. The key challenge within STH on these two indicators was Urology capacity. An extensive Chief Executive led recovery plan was developed and had been enacted to improve performance.
- The current position for cancer waiting times for quarter 2 showed all the standards being met apart from the 62 day GP referral to treatment target and the 62 day screening target. The GP 62 day target currently stood at 82.3% against a target of 85%. However, the performance for STH originated pathways only was 91.9%. The 62 day screening target performance was 84.8% presently against a target of 90%. However, there were extremely small numbers of patients on these pathways and 84.8% represented only 2.5 breaches.

- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 4 position indicated a £6,241k (1.9%) deficit against budgets (excluding contingencies). This was an above trend deterioration of just under £2.0m in July.
- There was an activity under-performance of £6.2m after 4 months, a deterioration of £2.2m in July. The year-to-date underperformance was split fairly evenly across outpatients, elective and non-elective activity. Activity targets increased for 2016/17 but delivery had been no higher, and in some areas, lower than in the same period of the previous year. This was an area of considerable organisational focus. However, the recent announcement of further Junior Doctor Industrial Actions further added to the challenge.
- There was a small overall underspend on pay to the end of July. Bank and Agency staffing costs were £4.3m lower than for the same period in 2015, although part of this related to the lower level of IT Programme expenditure.
- There was a £0.8m under delivery (13.2%) against efficiency plans for the year to-date.
- Overall, Clinical Directorates reported positions £5.5m worse than their plans, largely driven by the activity and efficiency positions.
- The Financial Plan and current position assumed receipt of £19.3m of national Sustainability and Transformation (S&T) funding. To receive this, the Trust had to meet conditions set by NHS Improvement on a financial “Control Total” (70%) and service target trajectories (30%).
- The key risks for the year were delivery of activity/efficiency/financial plans; further potential contract income losses arising from Commissioner QIPP proposals, CQUIN, and loss of S&T funding.
- There were no issues of concern at this stage in respect of the working capital position, balance sheet, or capital programme.
- The position at the end of Month 4 was, clearly, of great concern and work was on-going to address activity shortfalls, control expenditure, mitigate contract income losses and improve productivity and efficiency.

- Deep Dive

The Director of Strategy and Operations presented the deep dive into Cancer Waiting Times (CWT), to provide further detail and information to assist Board members in understanding more about how the eight national targets are measured and which pathways they relate to for patients.

The Deep Dive also outlined recent performance and provided analysis to show the impact of different factors as well as outlining the key programmes of work being pursued by the Cancer Executive.

It was **AGREED** that the Deep Dive for October 2016 Board would be into Infection Control, with Dr Christine Bates, Director of Infection Prevention and Control in attendance.

Action: Prof H Chapman/Mrs S Carman

STH/174/16

Deliver Excellent Research, Education and Innovation

Dr Peter Sneddon, Clinical Research Office Director, was in attendance and gave the following presentations.

Research Update Presentation

Dr Sneddon highlighted the following in terms of the Trust's research activities.

- STH Research Performance Metrics:
 - In 2014/15 the number of patients recruited by STH to NIHR adopted studies was 7786.
 - In 2015/16 STH increased recruitment to 8490.
 - The STH target for 2016/17 was to increase the number to 9,000.
 - STH was currently on track to meet the recruitment target:
 - Q1 2016/17 STH recruited 1855 patients.
 - The number of patients recruited to trials was a key driver of STH's research income from the NIHR Clinical Research Network.
 - STH Performance and Operating Framework metrics indicated the Return on Investment (RoI) for each Directorate.

- Contribution of each Directorate to STH research performance metrics in 2015/16:
 - Tables show the contribution made by each Directorate to each research metric and its funding allocation from STH, providing an estimate of the Return on Investment.
 - The data indicated that the 14 Academic Directorates delivered most of STH's research outputs; 80% to 90% of publications, grants and clinical trials.
 - Neurosciences provided outstanding RoI across all metrics, particularly patient recruitment to trials.
 - STH's largest investment was in Specialised Cancer, where the POF metrics indicated a lower RoI.
 - POF metrics would be used for Directorate performance review and funding allocations for 2016/17.

- STH Research Finance Plan for 2016/17:
 - Current levels of expenditure and commitment provided a balanced research budget for 2016/17.
 - In 2016/17 STH research income from grants, commercial sponsors and NIHR RCF increased.
 - NIHR Funding for the Yorkshire and Humber CLAHRC had remained stable.
 - NIHR Funding for the Yorkshire and Humber Clinical Research Network had declined.
 - The University of Sheffield staff recruitment freeze and MDH Faculty budget deficit were causes for concern.

- Major applications for NIHR research funds:
 - Biomedical Research Centre in Neurosciences:

- Director - Professor Dame Pamela Shaw.
 - Awarded £4,049,681 over 5 years from April 2017.
 - Prof Shaw reported that a condition of this award was that STH should set up the MRI test in the first year and she was presently working to find the space to set this up and planned to discuss this issue with the Director of Finance outside the meeting.
- Clinical Research Facility (Experimental Medicine):
 - Application submitted 22nd June 2016.
 - Director - Professor Chris Newman.
 - Requested £5.8 million over 5 years.
 - Experimental Cancer Medicine Centre:
 - Application submitted 12th August 2016.
 - Clinical Lead - Professor Sarah Danson.
 - Requested £1 million over 5 years.
 - Interview 18th October 2016.

Presenting Enclosure RR which had been submitted to the Board prior to the meeting, Dr Sneddon then gave a presentation on the NIHR Clinical Research Network: Yorkshire and Humber, highlighting the following issues:

- The YH CRN Annual Report for 2015/16 had been approved by NIHR:
 - Recruited 60,169 patients.
 - National ranking 2 of 15 networks.
- There had been a YH CRN Annual Performance Review in August 2016.
- The Annual Plan for 2016/17 had been approved by NIHR:
 - Target to recruit 65,000 patients to trials.
- The Financial Plan for 2016/17 had been approved by NIHR:
 - Funding allocation reduced from £28.1m to £26.9m.
 - Host allocated funds to Partner Organisations.
- Ms Sandi Carman had replaced Mr Neil Riley for the STH Host.
- Formal approval by the STH Board was requested.

STH/175/16

Chairman and Non-Executive Director Matters

(a) Annual Appraisal of the Chair – 2015/16

The Assistant Chief Executive provided the following report on behalf of Ms Laban. She advised that the annual appraisal for the Chair had now been finalised and outlined the details of the process undertaken and the outcomes, as follows:

- The template had been sent out to 23 recipients and 21 responses had been received. The responses were analysed both numerically and graphically and a summary of free text added.
- A meeting took place on 6th June 2016 with the Board Secretary, Vice Chair of the Council of Governors Nominations and Remunerations Committee (GC) and the Senior Independent Director (SID) to discuss and manage the process.

- Following this meeting, a further summarised version was sent to the Executive Team for any further comments; none were received. GC also had further conversations with Governors.
- On 4th July 2016 a meeting was held between GC and the SID to discuss the outcomes and to make any observations/recommendations.
- On 23rd August 2016 a final meeting was held with the Chair to undertake the appraisal and:
 - Overall, the outcomes were very positive, the vast majority of responses being outstanding or good and none being poor.
 - The Board of Directors and the Council of Governors were very happy about the Chair and how he conducted the business of the Trust.
 - Recommendations were discussed and it was agreed how these would be implemented.

STH/176/16

For Approval

(a) Risk Management Policy

The Assistant Chief Executive presented the Risk Management Policy which was **APPROVED** by the Board, as requested.

(b) Common Seal

The Assistant Chief Executive requested Board approval for the affixing of the Corporate Common Seal to the following documents:

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Keir Construction – Northern for works to form the Sheffield Cataract Unit (Contract value of £4,605,000.00 and formed part of the 2014/15, 2015/16 and 2016/17 Capital Programme).
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and W. Wright Electrical, for works at Northern General Hospital to replace the ventilation plan serving theatres 5 and 6, together with the construction of a new plant area (Contract value of £392,840.56 and formed part of the 2014/15, 2015/16 and 2016/17 Capital Programme).
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Jarvale Construction Ltd for works at 21 Claremont Crescent, 8 Beech Hill Road and the Clocktower Building at the Northern General Hospital to form new office accommodation (Contract value of £308,749.00 and formed part of the 2015/16 Capital Programme).
- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and Siemens Healthcare Limited for the proposed turn-key design and installation of replacement MRI Scanner at the Royal Hallamshire Hospital (Contract Value of £554,120.00 and formed part of the 2014/15 Capital Programme).
- Renewal of Lease with Mr David Barker for the Northern Perk Café at the Northern General Hospital.

The Board **APPROVED** the affixing of the Corporate Common Seal to the five documents listed above and detailed in Enclosure E1 to the Agenda.

STH/177/16

To Receive and Note

(a) **Medical and Dental Appraisal Annual Report 2015/16**

The Medical Director presented Enclosure F1 to the Agenda, which had been submitted to inform the Board of Directors about:

- the process of Medical Appraisal and Revalidation as set out by the General Medical Council;
- the process, policy and infrastructural developments which had taken place at STH to support these processes and future planned developments.
- STH performance in relation to these processes during 2015/16.

Outlining the background to this issue, he went on to remind the Board that in December, 2012, the General Medical Council had introduced a system of revalidation of medical practitioners every five years, based upon satisfactory annual appraisal of doctors according to standards set by the General Medical Council (GMC).

This system was now well established and into the fourth year of the first five year revalidation cycle. The majority of doctors for whom STH was their Designated Body had now successfully revalidated. STH now had a mature infrastructure and established systems to support the processes of appraisal and revalidation. A number of refinements to this system had been made during 2015/16.

The uptake of appraisal had improved in comparison with the previous system but had remained just below the target level of 95%. Changes in the process of managing medical appraisal had been implemented to address this problem. The relevant policy would be updated to reflect this and to respond to national changes since the policy was originally approved. The intention of these changes was to ensure that, as well as fulfilling the requirements of the GMC, the Trust's appraisal system promoted the quality and development of its medical and dental workforce and explicitly referenced the PROUD values and behaviours.

Following discussion and as requested, the Board:

- **NOTED** the annual report and audit. The report would be shared with NHS England, along with the quarterly information reports.
- **APPROVED** the "Statement of Compliance" confirming that Sheffield Teaching Hospitals NHS Foundation Trust, as a designated body, was in compliance with the Revalidation regulations.
- **APPROVED** the proposed actions to deal with the risks and issues that had been identified in the report.
- **NOTED** that the role of Responsible Officer had moved from the Medical Director to Dr David Hughes, Deputy Medical Director.

STH/178/16

Any Other Business

No additional business was raised.

STH/179/16

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 19th October, 2016, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital, at a time to be confirmed.