



**Unadopted Minutes of the Board of Directors meeting held in public on 23 May 2023 in the Undergraduate Common Room of the Medical Education Centre at the Northern General Hospital**

**Present:**

**Members:**

Annette Laban	Chair
Tony Buckham	Non-Executive Director
Mark Gwilliam	Director of Human Resources and Staff Development
Michael Harper	Chief Operating Officer
Ann Harris	Non-Executive Director
Jennifer Hill	Medical Director (Operations)

Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
Maggie Porteous	Non-Executive Director
Neil Priestley	Chief Finance Officer
Rosamond Roughton	Non-Executive Director
Toni Schwarz	Non-Executive Director
Mark Tuckett	Director of Strategy and Planning
Shiella Wright	Non-Executive Director

**Participating Directors:**

Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

**In Attendance:**

Julian Cahill (STH/52/2023)	Clinical Lead for Stereotactic Radiosurgery
Michelle Carroll (STH/51/23)	Interim Head of Programmes
Andrea Galimberti (STH/48/23)	Deputy Medical Director/Clinical Director for Obstetrics, Gynaecology and Neonatology (OGN)
Sue Gregory (STH/48/23)	Operations Director, OGN
Sarah Jenkins	Deputy Medical Director (Deputy for David Black)
Lucy Middleton	Business Manager (Minutes)
Paula Ward (STH/51/23)	Organisational Development Director
Rachael Winterbottom	Business Manager (Minutes)

**Apologies:**

David Black	Medical Director (Development)
Ashley Blom	Non-Executive Director
John O’Kane	Non-Executive Director

**Observers:**

Elaine Coghill	Deputy Chief Nurse
Five Governors	

<b>Minute</b>	<b>Item</b>	<b>Action</b>
<b>STH/44/23</b>	<b>Welcome and Introductions</b>	

Annette Laban welcomed Board members and those in attendance to the meeting. Annette noted that Governors had been offered the option of observing the meeting remotely via MS Teams as part of a trial. Feedback from the Governors who had joined to observe remotely would be collected with a view to extending this offer to other members of the public wishing to observe the Board meeting in this way in future.

**STH/45/23      Declarations of Interests**

There were no additional declarations or relevant declarations highlighted.

**STH/46/23      Minutes of the Previous Meetings Held in Public on 28 March 2023**

The Minutes of the meeting held in public on 28 March were **AGREED** as a correct record of the meeting.

**STH/47/23      Matters Arising and Action Log**

The Board received updates on the following matters arising from the previous meeting:

**a) Child and Adolescent Mental Health Service CQC Review Action Plan (Action log number 32, minute number STH/79/22)**

Work was ongoing to finalise a city-wide action plan. An update would be provided at the meeting on 25 July 2023.

**STH/48/23      Maternity Matters**

**a) Maternity and Neonatal Safety Report**

Andrea Galimberti, Deputy Medical Director / Clinical Director, Obstetrics, Gynaecology and Neonatology (OGN) and Sue Gregory, Operations Director, OGN were in attendance for the item and presented Attachment C, the Maternity and Neonatal Safety Report.

The Board **RECEIVED** and **DISCUSSED** the report. Key points noted were:

- Significant progress made to close all overdue maternity services serious incident investigations.
- That the next area for focus was reducing the backlog of Perinatal Mortality Review Tool (PMRT) reviews.
- Mandatory and job specific training compliance remained below the 90% target in maternity services.
- The publication of the three-year delivery plan for maternity and neonatal services by NHS England on 31 March 2023 which rationalised the recommendations from recent reports including Ockenden and East Kent. Progress and performance against this plan would be reported to the Board via the Maternity and Neonatal Safety Report.
- One of the main barriers in progressing key actions / improvements was the absence of a maternity specific

information system which would be addressed when the Maternity Module of the Oracle Cerner Electronic Patient Record was launched in the Autumn of 2024.

Board members referred to the Maternity Dashboard at Appendix 2 of the report. It was noted that performance against the '*First Feed Breastmilk*' and 'Community First Visits Within 10 Weeks' metrics remained consistently below target. The Board asked about action being taken in relation to these areas. In relation to the first metric Chris Morley confirmed that the Trust was working to achieve the UNICEF Baby Friendly Initiative standards on infant feeding. With regards to the second metric Sue Gregory described work to audit and improve referral processes including the introduction of a self-referral process.

**b) Non-Executive Director - Maternity Safety Champion Feedback**

Ros Roughton provided an update on her activities in the past month in her role as Non-Executive Director Maternity Safety Champion which included an update from the latest Board Level Maternity Safety Champions' meeting.

Ros reported:

- Progress made following her previous visit to the Jessop Wing Diabetes Clinic including circulation of accurate numbers for midwives to contact General Practices and ongoing work to produce patient information leaflets in different languages.
- Feedback from conversations with staff including during a recent visit to the Fetal Medicine Unit. With specific comments from staff highlighting:
  - They felt confident about how to raise concerns
  - Positive support received on returning to work following a long-term sickness absence
  - They were committed to the improvement work and increasing training compliance
  - That information systems remained a key issue

The Board **NOTED** the Maternity Safety Champion update.

**STH/49/23 Board Assurance Framework**

Sandi Carman presented Attachment D, the Board Assurance Framework (BAF) and invited members of the Board of Directors to consider the level of assurance in place for each of eight Strategic Risks and current likelihood ratings.

A theme across a number of comments made during the discussion prompted Sandi to confirm that work would be undertaken to review the articulation of a number of Strategic Risks, noting the need to reflect changes in the Trust's operational and strategic landscape since Strategic Risks were agreed by the Board in June 2022.

Specific consideration would be given to Board member feedback around Strategic Risk One (Quality of Care) and the potential to include greater focus on Recovery. Kirsten Major noted that this would

reference assurance relating to oversight of the patient tracking list (PTL).

Anne Harris noted Strategic Risk 5 as a further area for potential review and the potential to separate out digital from estates/capital. Ann offered to meet with Sandi outside the meeting to share her further reflections.

It was agreed that presenting this work back to the Board should take the form of a further BAF development session.

**SC**

The Board discussed the recommendation to change the Aggregated Assurance Rating for Strategic Risk 8 from 'limited' to 'adequate'.

With reference to a comment made by Ros Roughton, around triangulation of risks on the Corporate Risk Register Report, Sandi Carman agreed to highlight access to relevant entries on the Corporate Risk Register Report during the BAF deep dive review process.

**SC**

Kirsten Major advised that the first Risk Management Executive Committee had been held on Thursday 18 May 2023. Comprising of Trust Executive Group members and chaired by herself, the establishment of this Committee would feed into the identification of areas of strategic risk, as well as providing an additional mechanism for the oversight of operational risk.

The Board:

- **DISCUSSED** the level of assurance in place by reviewing current aggregated assurance rating for each strategic risk, taking account of commentary to identify any areas for future deep dive focus.
- **ACCEPTED** current levels of strategic risk by reviewing ratings for the likelihood of each risk occurring (current risk likelihood rating).
- **SUPPORTED** the change in aggregated assurance rating for Strategic Risk 8 from 'limited' to 'adequate'.
- **DISCUSSED** and **CONFIRMED** that the Board Assurance Framework was appropriately focused on the key risk areas that impact on the Trust's ability to meet its strategic aims, noting proposals to undertake a review / reprofile a small number of strategic risks.

## **STH/50/23 Corporate Risk Register Report**

Jennifer Hill presented Attachment E, the Corporate Risk Register Report (CRRR) for May 2023, which reported operational risks with a score of 15 or more (Extreme Risks) and noted six risks newly reported on the CRRR. The report also confirmed risks previously reported as Extreme that had either been closed or the risk score reduced.

Following a series of risk clinics held with care groups and corporate directorates to manage the number of risks captured on risk registers, some previously reported Extreme Risks had been consolidated. These were also noted on the report. In response to a question from

Tony Buckham, Jennifer confirmed that the consolidation of overlapping risks involved the merging of separate mitigating action plans.

Following a comment made by Ros Roughton regarding difficulties with recruiting Clinical Oncologists, Mark Gwilliam advised of the ongoing work around analysis of consultant vacancies across specialities. The plan was to roll this out across other areas of the Trust's workforce where vacancies are high to identify themes. Mark agreed to bring a report highlighting the five areas with highest vacancies back to a future Board meeting for consideration.

The Board:

- **REVIEWED** the Corporate Risk Register Report
- **COMMENTED** on the report to support its future development.
- **DISCUSSED** the emerging themes to be considered for inclusion on the Board Assurance Framework (BAF).

**MG**

**STH/51/23 'Celebrating our Change Makers' Annual Improvement Showcase**

Paula Ward, Organisational Development Director and Michelle Carroll, Interim Head of Programmes presented Attachment F, the 'Celebrating our Change Makers' annual review which showcased many examples of improvement and innovation at the Trust in the last year.

Paula confirmed the intention to publish and promote the document internally and externally. Julie Phelan added that specific examples from the report would be highlighted within the Chief Executive's staff bulletins and in social media posts. Annette Laban suggested including this document within the Trust's induction materials.

The Board noted that some of the staff showcased within the report would either be nominated for or had already received awards for their efforts.

The Board **RECEIVED** and **ENDORSED** the review noting the many positive examples of improvement and innovation at the Trust featured within the report.

**STH/52/23 Clinical Update - Stereotactic Radiosurgery**

The Board welcomed Julian Cahill, Consultant in Neurosurgery/Stereotactic Radiosurgery and Clinical Lead to provide a presentation on Gamma Knife Stereotactic Radiosurgery.

Board discussion focused on the following:

- Significance of the improved patient experience and the transformation of the pathway of care.
- Capital and recurrent costs associated with the Gamma Knife machine.
- Plans to expand the Trust's service provision including plans to introduce day case treatment.
- Out of area patient referrals to the service.

- Commissioning guidance in terms of criteria for patients to receive Gamma Knife treatment.
- Consultant recruitment challenges for the specialty.

The Board thanked Julian for his excellent presentation, Annette Laban suggested that a visit to the service should be included as part of the Board Out and About visits programme.

**STH/53/23 Chair's Report**

The Board **NOTED** the Chair's Report (Attachment G) which provided an overview of Annette Laban's activities during April and May 2023.

**STH/54/23 Board Out and About Visits**

Sandi Carman presented Attachment H, a summary of the Board of Directors Out and About visits that had taken place during April and May 2023. Sandi highlighted that some visits had been paused during periods of strike action.

Kirsten Major reflected that there might be value in encouraging areas being visited to identify a smaller area of focus for visits she also suggested including photographs from visits within the report going forward.

The Board **NOTED** the update on the Out and About visits that had taken place during April and May 2023.

**STH/55/23 Fit and Proper Persons Declarations**

Annette Laban, Chair presented Attachment I, confirming assurance on compliance with Care Quality Commission Fit and Proper Person requirements including completion of annual checks.

The Board:

- **NOTED** confirmation of satisfaction with arrangements for fit and proper person checks, specifically the annual self-declaration process subject to timely receipt of Disclosure and Barring Service (DBS) being reported to Board.
- **NOTED** that all Non-Executive, Executive Directors and Senior Managers that attend the Board had completed a self-declaration form for the year 2023/24.

Sandi would confirm the outcome of the two outstanding Disclosure Barring Service (DBS) checks to the Board once complete.

**SC**

**STH/56/23 Chief Executive's Matters**

Kirsten Major, Chief Executive highlighted the following points:

**a) Operational Update**

Kirsten Major provided an update on operational matters. She noted that the Trust had returned to a 'low Covid-19 prevalence level'.

**b) Strike Action Update**

The Royal College of Nursing (RCN) took 28 hours of strike action from 8.00pm on 30 April 2023 until 12.00pm on 1 May 2023. Approximately 12% of rostered nurses at the Trust chose to take strike action.

The British Medical Association (BMA) had given notice to hold a ballot relating to consultant pay.

Further planned junior doctor strikes would take place from 7.00am on 14 June 2023 to 7.00am on 17 June 2023.

**c) Update on Staff Council Outcomes**

11 of the 14 Unions accepted the proposed pay deal at the NHS Staff Council meeting held on 2 May 2023. Payment would be made to all Agenda for Change staff in June 2023. The RCN, Unite Union and Society of Radiographers did not support the pay offer. The RCN has announced a re-ballot of its members with a view to securing another strike action mandate.

**d) Breast Non-Surgical Oncology Update**

The Trust had secured additional support which had allowed the Trust to offer Priority 1 new patients their first appointment, at Breathing Space in Rotherham, within two weeks of referral.

In parallel to this work the Trust was working with oncology teams across South Yorkshire on service redesign including nurse-led Systemic Anti-Cancer Treatment services.

**e) People Update**

Mr Sabapathy Balasubramanian has been appointed as Clinical Director for General Surgery with a start date to be confirmed.

Ms Salma Yesmeen was appointed as the Chief Executive of Sheffield Health and Social Care NHS Foundation Trust with a start date of 1 August 2023.

**f) Outcome Letter – Board to Board Meeting, 27 January 2023**

Prior to the Board meeting the outcome letter from Richard Barker, Regional Director, NHS England, North East and Yorkshire was circulated to members which detailed the positive steps taken in the Trust's improvement journey.

**g) Mutual Aid Briefing**

The aim of mutual aid is to eliminate patient waits of over 65 weeks in South Yorkshire and Bassetlaw (SYB) by 31 March 2024. Kirsten highlighted the following points:

- Work was ongoing to ensure care is provided equitably across SYB.
- SYB Medical Directors are working to agree the range of specific procedures where SYB capacity would be offered to patients at an early stage in their pathway in order to increase patient acceptance.

The Board:

- **SUPPORTED** the proposed mutual aid arrangements to reduce the risk of patients across SYB waiting more than 65 weeks by 31 March 2024.
- **AGREED** to undertake engagement with Trust staff to ensure support for the arrangements

#### h) **NHS South Yorkshire Integrated Care Board (SY ICB)**

Papers from the South Yorkshire Integrated Care Board, held in Public on 3 May 2023 were presented to the Board.

#### i) **Sheffield Health and Care Partnership**

Prior to the meeting the following documents were shared:

- An overview of the programme activities for the Sheffield Health and Care Partnership
- Minutes of the Health and Care Partnership Board meeting held on 18 April 2023

### **STH/57/23 Serious Incident Investigation Report**

Chris Morley presented Attachment K, the Incident Investigation Report relating to a staff member (PG) who was convicted of a series of sexual offences.

Key findings from the review were as follows:

- PG abused his professional trust to deliberately perpetrate criminal acts, this was the root cause of the incident.
- No acts or omissions by the Trust had been found that could have identified cause for concern at an earlier time and so prevented the offences.

Two recommendations were made as result of the investigation to strengthen the Trust's current arrangements:

1. To update the Trust's policy and procedures relating to undertaking disclosure barring service (DBS) checks specifically regarding a change of role/promotion.
2. To review the Trust's mobile phone policy to strengthen the guidance in relation to the appropriate use of mobile devices to capture images to support patient care

The Board **NOTED**:

- A robust investigation had taken place overseen by an externally chaired Serious Incident Panel.



- No obvious gaps in controls were identified.
- The two recommendations had been taken forward for action to strengthen controls.

**STH/58/23 System and Partnerships Update – Sheffield Hallam University Update**

Toni Schwarz presented an update on Sheffield Hallam University (SHU) teaching and research activities.

Discussion following the presentation focused on the following points:

- The reported changes in student behaviours, namely the willingness of students to undertake placements at unsocial hours and why this remained necessary.
- Targeted recruitment campaigns aimed at individuals undertaking pre-degree qualifications and any learning that SHU could share with the Trust in relation to this.
- Potential Trust involvement in the Advanced Wellbeing Research Centre (AWRC) innovation aimed at supporting people with a cancer diagnosis.
- The impact of placement capacity in relation to the number of training places for Physicians Associates.

The Board **NOTED** the SHU update.

**STH/59/23 Integrated Performance Report**

The following matters were highlighted from the Integrated Performance Report (IPR) February and March 2023.

**a) Deep Dive - Approach to Sustainability**

Mark Tuckett presented the *Approach to Sustainability* deep dive, which provided an update on performance against the IPR sustainability metrics.

The Board noted that:

- Overall, the Trust's performance against the IPR sustainability metrics was positive.
- The information presented in the deep dive was distinct from the information reported within the new Sustainability Report presented to the Finance and Performance Committee for the first time earlier that month, which would focus on the Trust's delivery of agreed sustainability priorities.

Mark would consider the following points raised by Annette Laban:

- How all members of the Board would be updated on progress to deliver the Trust's sustainability priorities given the importance of this agenda.
- Whether Sheffield Anchor Institutions should collectively identify a small number of sustainability metrics for the City to focus on.

## **b) Deliver the Best Clinical Outcomes**

Jennifer Hill noted:

- One new never event reported in March 2023.
- Progress made in relation to the following metrics:
  - The backlog of overdue serious incident investigations had been cleared.
  - A trend which appeared to suggest that the number of patient falls may be reducing.

Chris Morley noted the challenging full year position for 2022/23 in terms of performance against infection, prevention and control (IPC) metrics. The Board noted that the Quality Committee had received a detailed update on action being taken to improve performance in addition to the IPC Programme initiatives for 2023/24, including a review of existing data.

Annette Laban noted that the Hospital Standardised Mortality Ratio (HSMR) remained *higher-than-expected*. Jennifer Hill explained that the HSMR had been triangulated with other data sources including the crude mortality rate, and the Summary Hospital-level Mortality Indicator. Triangulating appeared to confirm that the elevated HSMR was being driven by data quality issues as the crude mortality rate and the SHMI metrics were within an expected range. Work was underway to address the coding backlog which was key to improving the data quality. Jennifer would confirm the deadline for the completion of this work within the next IPR report.

JH

Shiella Wright asked about actions being taken to improve performance in relation to the percentage of incidents (not serious incidents) approved within 35 days. Jennifer noted that capacity to conclude incident investigations was the main constraint but confirmed that she was comfortable with the process in place to undertake a rapid initial review of incidents to assess the relative priority of response required.

## **c) Provide Patient Centred Services**

Michael Harper highlighted the 2022/23 year-end position in terms of activity levels, which were compared to 2019/20 levels.

- New outpatient attendances – 89.9% of the activity for 2019/20
- Follow up outpatient attendances – 99% of the activity for 2019/20
- Elective inpatients - 88.5% of the activity for 2019/20
- Daycases completed - 100.1% of the activity for 2019/20

Michael noted the Trust's position in terms of long waits for elective treatment:

- There were 410 patients waiting over 78-weeks for treatment in March 2023.
- There were 28 patients waiting more than 104-weeks in March 2023, against a target of zero.

Michael noted that both 78 and 104-week waits had reduced in March 2023 in line with the Trust's agreed recovery trajectory. Recovery against this trajectory was being monitored by NHS England via the Tier One oversight arrangements.

Mark Tuckett highlighted that the Trust's position against the 62-day GP referral to treatment cancer target had deteriorated during March 2023. Breast and urology were the most challenged pathways. Other cancer centres nationally had also seen a similar deterioration in month.

The Board noted that the Trust would remain in Tier One until it achieved the 78-week wait and cancer 62-day national targets.

In response to a question from Ros Roughton, Michael confirmed that the Trust expected to have zero patients waiting 104-weeks for treatment by the end of June 2023, with the exception of patients on the Patient Tracking List (PTL) waiting for a corneal implant. Individual plans to treat the patients waiting 104-weeks were in place and were being monitored.

The Board noted that treating patients waiting for corneal implants relied on a tissue match for the patient being identified. It was a national requirement to include / report this cohort of patients on the PTL.

Michael noted that a focussed session between the Musculoskeletal, General Surgery and Anaesthesia and Operating Services directorates to develop the Trust's plan to eliminate 78-week waits would be held the following day. Other directorates were in the process of finalising plans to deliver the next national target of eliminating waits of 65-weeks by March 2024.

The Tier One elective and cancer recovery trajectories would be shared with all members of the Board of Directors. Further consideration would be given to how the Trust could increase Board oversight and assurance in relation to the management of long waits. Ros suggested that it might also be helpful for information around the long wait position in other tertiary centres nationally to be shared with the Board.

**MH/MT**

In response to a question from Maggie Porteous, Michael confirmed that strike action was the main reason for the increased number of cancelled outpatient appointments in March 2023

In response to a question from Shiella Wright, Chris Morley described the safeguarding processes that were in place for 16/17-year-olds presenting at the A&E Department with a mental health illness. Chris noted that all 16/17-year-olds would be seen by the Paediatric Liaison Nursing service who would consider and make any safeguarding referrals required.

The Board noted that performance against diagnostic waiting times targets was improving which was positive.

#### d) **Employ Caring and Cared for Staff**

Mark Gwilliam highlighted performance against the following metrics which were reported by exception:

- The number of appraisals completed remained below target in March 2023 (83.33% against the target of 90%).
- Recruitment time-to-fill remained above the eight-week target, however the position was improving in line with the Trust's recovery trajectory.

Mark noted that where directorates were not achieving the appraisal target this would be raised via their Performance Management Framework meetings as well as by their HR Business Partner.

#### e) **Spend Public Money Wisely**

Neil Priestley noted that the IPR reported the Trust's satisfactory provisional 2022/23 financial position, which remained subject to audit.

Neil highlighted that overall net directorate deficits had been offset by non-recurrent funding in 2022/23. The extent of directorate deficits was therefore a significant issue for 2023/24.

Tony Buckham reflected that the RAG ratings of directorate performance against key metrics on the IPR Directorate Dashboard did not appear to align to the Performance Management Framework (PMF) level allocations set out on page 43. Michael explained that the annual Directorate Review process was currently underway and that it was likely that several directorate PMF level allocations would change as a result.

The outcome of the Directorate Reviews would be reported to the Finance and Performance Committee and shared with all Board members for information. Exit criteria for directorates to move from their allocated PMF level would be agreed and confirmed to directorates in their outcome letters.

The Board:

- **RECEIVED** the Integrated Performance Report for February 2023 and March 2023.
- **NOTED** the performance standards that were being achieved and those which were not.
- **NOTED** that where performance standards were not currently met, a detailed analysis had been undertaken and actions had been identified to ensure an improvement was made.
- **REQUESTED** further information in relation to the long wait and cancer recovery trajectories.

#### **STH/60/23 Corporate Objectives**

Mark Tuckett presented Attachment M, an assessment of progress to deliver the 2022/23 corporate objectives and proposed objectives for 2023/24.

In terms of progress to deliver the 2022/23 corporate objectives:

- ten were achieved (rated as green)
- eight were rated as amber and;
- one; *Support the recovery of patient care by meeting the national planning priorities* rated as red.

The amber and red rated objectives had been carried forward into the proposed 2023/24 objectives.

Proposed 2023/24 objectives were set out in Appendix 2 of the report. These were aligned to the Trust's strategic framework, national, regional and local ambitions and incorporated the Trust's major projects scheduled for 2023/24.

In response to a question from Annette Laban, Mark confirmed that the 2023/24 objectives were aligned to the Board Assurance Framework.

The Board

- **NOTED** the year-end outcomes for the corporate objectives for 2022/23
- **APPROVED** the proposed objectives for 2023/24.
- **AGREED** the proposed approach to oversight of the 2023/24 corporate objectives; a quarterly review at the Getting Back on Track Programme Board and updates to TEG and the Board every six months.

Ros Roughton asked if a one-page diagram mapping the 2023/24 corporate objectives to the Trust's strategic framework could be developed. Mark agreed to consider this.

MT

#### **STH/61/23 2023/24 Business Plan**

The Board **NOTED** the summary of the Trust's 2023/24 business plans including activity, financial and workforce plans and summary of the Trust's contribution to national, Integrated Care Board and Place priorities.

Annette Laban reflected that the South Yorkshire and Bassetlaw Acute Federation priorities were not reflected within the paper. Mark accepted this and confirmed that Acute Federation priorities would be incorporated within the Trust's 'Partnerships with Purpose' plan which he was developing. This plan would be presented to the Board in due course.

#### **STH/62/23 Modern Slavery Act Statement**

Sandi Carman presented Attachment O, the updated Modern Slavery Act statement for 2022/23 and an update on the delivery of the underpinning continuous improvement plan.

As requested, the Board:

- **APPROVED** the Modern Slavery Act Statement for signature by the Trust Chair and publication on the Trust website.
- **NOTED** the appended continuous improvement plan and the proposal for undertaking a benchmarking review, to support a consistent and continued improvement approach to tackling modern slavery.

### **STH/63/23 Self-certification Against the Conditions of the Provider Licence**

Sandi Carman presented Attachment P, the Trust's self-certification against the conditions of the specific conditions of the NHS provider licence for the 2022/23 financial year.

Sandi highlighted that the assessment of the Trust's compliance with the provider licence conditions had considered the Care Quality Commission inspection findings (published in April 2022) and NHS England enforcement undertakings. Given the Trust's regulatory position including the undertakings that remained in place the recommendation made to the Board was that the Trust should declare non-compliance against the following licence conditions:

- General Condition 6: Systems for compliance with licence conditions and related obligations
- Conditions FT4(5)(c), (5)(f) and (6)(c) – (f): NHS foundation trust governance arrangements

The Board:

- **NOTED** that NHSE's assessment in relation to condition FT4 had been considered in assessing the Trust's compliance and is reflected in the self-certification;
- **APPROVED** the content of the self-certification for signature by the Chair;
- **NOTED** that the self-certification must be published on the Trust's website within a month following the Board of Directors' sign-off,
- **NOTED** publication of a new NHS Provider Licence and plans to share further information relating to changes within the updated standard licence conditions with members of the Board and;
- **NOTED** this will be the final time that the self-certification exercise is undertaken and presented to the Board of Directors for approval in this way as in publishing the new licence NHSE had streamlined reporting requirements.

### **STH/64/23 Application of the Corporate Seal**

The Board:

- **APPROVED** the application of relevant signatures and the Corporate Seal to the contract documentation relating to the Chesterman Wing cardiothoracic theatres refurbishment and;
- **NOTED** the approval granted by the Board on 25 April 2023 at its meeting held in private to apply the Corporate Seal and relevant signatures to the contract documentation relating to

the development of office accommodation at 310 Sandygate Road the Rivelin District Nurses team.

**STH/65/23 Chair and Non-Executive Director Matters**

None raised.

**STH/66/23 Any Other Business**

There were no additional items of business raised.

**STH/67/23 Date and Time of Next Meeting**

The next meeting of the Board of Directors will be held on 25 July 2023 at a time to be confirmed.

Signed ..... Date .....

Chair

Unadopted