



**Unadopted Draft Minutes of the Board of Directors meeting held in public on
 25 January 2022 by Video Conference**

Present:

Members:

Annette Laban	Chair
Tony Buckham	Non-Executive Director
Mark Gwilliam	Director of Human Resources and Staff Development
Michael Harper	Chief Operating Officer
Jennifer Hill	Medical Director (Operations)
David Hughes	Medical Director (Development)
Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
Chris Newman	Non-Executive Director
John O’Kane	Non-Executive Director
Maggie Porteous	Non-Executive Director
Neil Priestley	Chief Finance Officer
Rosamond Roughton	Non-Executive Director
Toni Schwarz	Non-Executive Director
Martin Temple	Non-Executive Director
Shiella Wright	Non-Executive Director

Participating Directors:

Paul Buckley	Interim Director of Strategy and Planning
Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Rachael Winterbottom	Business Manager (Minutes)
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Observers:

- Eleven Governors
- Four members of staff
- Two members of the public

Minute	Item	Action
STH/01/22	Welcome and Introductions Annette Laban, Chair welcomed Board members and those in attendance to the meeting.	
STH/02/22	Declarations of Interests There were no additional declarations or relevant declarations highlighted.	
STH/03/22	Minutes of the Previous Meetings Held in Public on 30 November 2021 The Minutes of the meeting held in public on 30 November 2021 were	

AGREED and **APPROVED** as a correct record of the meeting.

STH/04/22 Matters Arising and Action Log

There were no open actions on the action log.

Ros Roughton requested an update on the review of the Trust's Lockdown Plan following the incident at Liverpool Women's Hospital in November 2021. Chris Morley, Chief Nurse confirmed that Gold Command had ratified an interim Lockdown Plan which would be reviewed and updated later in the year following a testing exercise.

STH/05/22 Chair's Report

Annette Laban, Chair presented her briefing report for December 2021 and January 2022. The report highlighted some of her key engagements since the last meeting including a number of network meetings with chairs from across Yorkshire and Humber.

STH/06/22 Clinical Update – Devices for Dignity

David Hughes, Medical Director (Development) introduced the item and the Board of Directors welcomed Wendy Tindale, Clinical Director of Devices for Dignity (D4D), Clinical Scientist and Director of Innovation at the Trust and Lise Sproson, Patient and Public Involvement Lead at D4D to the meeting.

Wendy and Lise presented an update on the work of the National Institute for Health Research (NIHR) Devices for Dignity (D4D) MedTech Co-operative hosted at the Trust since 2008.

Key points to note were:

- D4D's remit was national and brought together a wide range of partners to deliver innovative healthcare technologies to support people with long term conditions to preserve their dignity and promote independence.
- D4D had collaborated with a large number of organisations including industry partners to develop a wide range of products.
- The development of new technologies and services were primarily driven by patient need. As such patient and public involvement was embedded at every stage in the development process, from the identification of need and concept development to dissemination and adoption. There was also a strong focus on the Equality, Diversity and Inclusion (EDI) agenda in product and service development.

The presentation also described the D4D delivery model which included a Core Team hosted at the Trust, supported by expert advisors and national networks. Wendy described the funding model and noted that a relatively small amount of core funding was provided nationally. Funding for projects was predominantly sought via individual grant applications made to a variety of funders. She noted that this funding model was in place until the end of 2023 and an application to the NIHR for renewal

would be required.

Finally, Wendy highlighted D4D's plans for the future including the addition of Mental Health as a clinical theme and strengthening links with social care.

In response to a question from Martin Temple, Wendy explained that financial returns on investments were largely dependent on the ownership of Intellectual Property rights. She confirmed that commercial returns alone would not be sufficient to fund D4D.

In response to a question from Shiella Wright, Lise described that the Healthcare Science Innovation Fellowship Programme delivered by D4D in collaboration with the National School for Healthcare Scientists and the Office of the Chief Scientific Officer was ensuring that learning around innovations to address unmet needs was shared across the NHS. Lise also highlighted that D4D learning around patient and public involvement and EDI was being shared via the Engineering and Physical Sciences Research Council and the Medical Device Manufacturing Centre.

Prompted by a question from Maggie Porteous, Wendy explained that the reputation and networks fostered by D4D meant that recruitment to projects was successful.

The Board welcomed the approach taken to patient and public involvement and recognised the significant successes of D4D; noting the areas for further focus proposed by Ros Roughton which were; developing links with large homecare providers and carers to gain insight into innovations to support the 'ageing well' agenda and strengthening connections within STH.

The Board thanked Wendy and Lise for their excellent presentation.

STH/07/22 Chief Executive's Matters

Kirsten Major, Chief Executive highlighted the following points from Attachment Ci the Chief Executive's Report:

STH/07/22 a) Covid-19 Gold Commander Update

Kirsten Major provided an update on the current position in relation to Covid-19. Since the last Board of Directors' meeting held in public the rates of community infections had increased significantly due to the Omicron variant. There had been a very significant increase in the number of Covid-19 positive inpatients at the Trust and extremely challenging levels of staff absence. The operational impact of this had been substantial.

The update also covered the following matters:

Vaccination as a condition of deployment (VCOD) regulations

- On 6 January 2022 new legislation was created which extended the scope of mandatory vaccination requirements to health and

wider social care settings in England.

- These regulations would come into force on 1 April 2022.
- Unvaccinated staff within scope were required to receive a first dose of the vaccine by 3 February 2022.
- Deploying these requirements would be a significant undertaking for the Trust in the coming weeks. Letters had been sent to all staff within scope currently identified as unvaccinated asking them to confirm their vaccination status and offering support to inform their decision making. This would include the offer to discuss the vaccine with a senior clinical member staff.
- The process for managing those staff in scope and who refused to be vaccinated with described and NOTED by the Board.

In response to a question from Martin Temple, Mark Gwilliam, Director of Human Resources and Staff Development confirmed that the VCOD legislation had primacy over individuals' contracts of employment with the Trust. As such successful legal challenge by staff in relation to the VCOD regulations was not anticipated.

Staff Absence Data

- At the end of December Gold Command identified that the Trust's sickness absence level was not proportionate to the increase in community infection rates and was incongruent with the absence rates of South Yorkshire and Bassetlaw Integrated Care System (ICS) partners and Shelford partners.
- As such Gold Command took the decision to stop national reporting from 6 January 2022 to allow time for the data to be validated.
- Review of the Trust's data identified that the Trust's inflated absence rate was caused by records that had not been closed after isolation periods had ended or confirmation of a negative test result.
- Significant progress had been made to address the issues identified, and the decision had been taken to recommence national reporting from 19 January.

Patient Visiting

Given the increase in community infections patient visiting had been suspended from 31 December 2021. Visiting was permitted in exceptional circumstances.

In response to a question from Shiella Wright, Kirsten confirmed that the Trust's requirements in terms of mask wearing on site and lateral flow testing would remain in place despite the easing of national restrictions from 28 January 2022. Julie Phelan, Communications and Marketing Director also confirmed plans to launch a Citywide campaign with partners to promote continued use of masks in crowded public spaces.

Annette Laban asked when it was expected that the Covid-19 Inquiry Terms of Reference would be issued and the likelihood of individual organisations being asked to provide a response. Kirsten confirmed that the Terms of Reference were expected to be issued in the next few

weeks. It was anticipated that the remit of the Inquiry would be very broad. Lines of enquiry around specific themes may involve deep dives within individual organisations however this was still to be determined.

STH/07/22 b) Integrated Performance Report

The Integrated Performance Report (IPR) for October and November 2021 was presented.

Kirsten Major noted that exception reports were provided for any indicator receiving a red rating in either month. She also noted that for a number of indicators exception reports were affected by the current level of operational pressures.

Deep Dive – Infection Prevention and Control

Chris Morley, Chief Nurse presented the deep dive into the mandatory surveillance of infection prevention and control. The deep dive also outlined key programmes of work being pursued by the Infection Prevention and Control (IPC) Team in relation to this.

Key points to note were:

- For 2020/21 that the Trust had a low MRSA bacteraemia rate compared to other trusts, this had been a stable trend at the Trust for a number of years.
- The overall trend for MSSA bacteraemia was stable with some fluctuation from year to year, the position improved in 2020/21.
- The year-end position for Trust-attributable episodes of the *Clostridioides difficile* toxin was similar to those seen over the preceding years.
- Addressing *Clostridioides difficile*, MSSA and Gram negative bacteraemia would continue to be a key part of the 2021/22 IPC Programme.
- When all metrics of the mandatory surveillance scheme were taken into account, the Trust improved its position coming fourth out of the 16 comparable organisations.

There was a discussion about the positive impact of public health messaging around infection prevention and control including hand hygiene as a result of the pandemic. The Board were keen to continue to work with Public Health colleagues to ensure that this messaging continued post pandemic.

Ros Roughton sought clarification around the congruence of the data presented within the deep dive and information recently received at the Healthcare Governance Committee which described an increase in cases of *Clostridioides difficile*. Chris Morley confirmed that the reporting periods of the two updates were different and confirmed that the deep dive presented data for the year 2020/21.

Deliver the Best Clinical Outcomes

Jennifer Hill, Medical Director (Operations) highlighted the following

points:

- Hospital standardised mortality data was 'within the expected range'.
- No new never events were reported in October 2021. Two new never events were reported in November 2021. These incidents had been discussed in detail at the Healthcare Governance Committee earlier that month.

In terms of maternity indicators Chris Morley highlighted the following points:

- Rates of Caesarean section were higher than the national expected range.
- The birth rate between 27 and 37 weeks as a proportion of all registerable births was higher than the expected level.
- The massive obstetric haemorrhage rate was above the expected rate. Rates for the region were provided within the October report and showed that the Trust's rate was in line with rates at other trusts within the region. Work continued to reduce the rate.
- In October term admissions to the neonatal unit were above the national target of <5% for the first time since July 2020. The rate had returned to below the national target in November 2021.

Details of the actions being undertaken in relation to massive obstetric haemorrhage were outlined within the IPR and had presented to the Healthcare Governance Committee meeting in December 2021 by the Clinical Lead for Obstetrics and Operations Director for Obstetrics, Gynaecology and Neonatology.

Ros Roughton highlighted the recurrent annual trend which saw increased numbers of births in the months of September and October and proposed that further consideration should be given to how this was reflected within reports provided to the Board of Directors. Chris Morley confirmed that this would be addressed via the Patient Activity Report presented to the Finance and Performance Committee.

Chris Morley also reported that the number of Trust attributable Pressure Ulcers during November exceeded the agreed threshold. Actions being implemented by the Tissue Viability Team were described within the report. The Board noted that the inpatient and community Viability Teams had been integrated and the Board agreed that it would be interesting to invite the team to give a clinical update at a future meeting.

Providing Patient Centred Services

Michael Harper, Chief Operating Officer highlighted the following points in relation to A&E performance in November 2021:

- 73.03% attending A&E were seen within four hours. National performance in September was 74%.
- 37.61% of ambulance handovers occurred within 15 minutes, compared to 43% in October. 18.27% of ambulance handovers

took more than 30 minutes, compared to 18.01% in October. A paper describing the organisations response to a letter received from NHS England on 26 October 2021 regarding ambulance handover delays had been presented to the Finance and Performance Committee in January 2022. A discussion was scheduled for the Management Board Briefing on Friday 28 January to consider further organisational actions to support timely ambulance handover.

- There were eight 12 hour trolley waits. Three of these patients were awaiting admission to a mental health unit elsewhere in the UK. Three patients were awaiting beds, one of which was at another Trust. The remaining two patients were awaiting Yorkshire Ambulance Service (YAS) transfer within STH.
- Work continued with city partners around the pathways for patients presenting with a mental health condition at A&E.
- The Trust had also invested available Covid-19 monies to fund additional ambulance capacity to facilitate the transfer of patients to the Royal Hallamshire Hospital. Internal work within the A&E department and work with YAS also continued and was detailed within the IPR.

Annette Laban asked if the Trust's A&E performance was affected by the fact that there was separate adult and children's A&E departments in Sheffield. Michael confirmed that this was the case and noted that there was a higher conveyance by ambulance rate for adults presenting at A&E departments and also noted that the impact of Covid-19 was significantly greater on adults which also had an impact on performance against metrics.

In response to a question from Tony Buckham, Michael confirmed that as reported to the Finance and Performance Committee bed occupancy levels had also increased during November. Michael described that a number of initiatives were underway both internally and externally to improve flow through the organisation.

Michael highlighted the following points in relation to planned care:

- Whilst the Trust continued to perform well compared to the national position, the percentage of patients on an incomplete pathway waiting less than 18 weeks declined in November to 76.68%.
- The total number of patients on the Patient Tracking List (PTL) decreased slightly in November 2021.
- There were 1,004 patients waiting over 52 weeks on an incomplete pathway. The largest proportion of these waits were in the Musculoskeletal (MSK) Care Group. The Trust continued to apply the caseload management approach, which ensures patients are reviewed regularly.

Michael highlighted the following points in relation to cancer waiting times performance for quarter two of 2021/22:

- Two week wait performance had improved. For October performance was currently 91.0% and for Breast symptomatic two week wait referrals was 64.4%.
- The size of the cancer patient treatment list had reduced.
- Improvement work continued to review the Trust's data and to identify improvements in cancer pathways.

In response to a question from Annette Laban around performance against the 31 day target, Michael agreed to provide a detailed analysis to the Finance and Performance Committee to describe the impact of actions to reduce the PTL on 31 day performance.

Michael also reported that there had been a decrease in the percentage of patients seen within four hours at the GP Collaborative (GPC). Performance was affected by high levels of demand including an increase in patients streamed from the A&E Department. Vacant GP shifts were also exacerbating pressures. Michael highlighted the actions to improve performance detailed within the exception report.

Employ caring and cared for staff

Mark Gwilliam noted performance against the following metrics which were reported as exceptions:

- The sickness absence level in terms of the data issue identified and described earlier in the meeting under the Covid-19 Gold Command update (STH/07/22).
- The appraisal rate which was 84% against the Trust target of 90%.

Spend Public Money Wisely

Neil Priestley, Chief Finance Officer highlighted the following points from the IPR which reported the financial position at Month 8 which was a favourable £2,418.5k (0.3%) surplus against plan. This position incorporated the planned over-commitment of reserves created by investing reported underspends via the Trust's Non-Recurrent Programme.

Work was progressing on financial planning for 2022/23. The financial position for 2022/23 was expected to be extremely challenging.

STH/07/22 c) Maternity Dashboard

The monthly reports for October and November 2021 were included at Appendix A and B and provided a rolling three month overview of Maternity Services' performance.

STH/07/22 d) Covid-19 Inquiry – Document Preservation Notice

In preparation for the Covid-19 Inquiry (due to start in Spring 2022) an STH Covid-19 Inquiry Oversight Group had been established. A Document Preservation Notice has been issued to all Bronze Commands asking staff to retain all potentially relevant material.

STH/07/22 e) Mental Health Strategy

A new Trust Mental Health Strategy for the 2022-5 period had been developed and was included at Appendix C and had been approved by the Board at its meeting held in private in December 2021.

The Strategy was based upon three principles:

- Supporting patients to achieve the best mental health possible for them and provide the person-centred care they need when they are challenged with mental health problems and illness.
- Recognising and responding to these needs with understanding, kindness, and skill to promote the mental wellbeing and safety of people in our care without discrimination.
- Fostering an integrated approach to care that gives equal attention to the mental health needs of patients alongside their physical needs and supports continuity of care and collaboration across mental health pathways.

Ros Roughton asked how the Board would be able to monitor if this Strategy was successful. David Hughes confirmed that a detailed implementation plan and dashboard to monitor progress would be developed and overseen by the Mental Health Steering Group (MHSG). Reporting from the MHSG would be to TEG with assurance reports provided to the Healthcare Governance Committee.

STH/07/22 f) Vaccination as a Condition of Deployment (VCOD) Regulations

An update on the Vaccination as a Condition of Deployment (VCOD) Regulations was provided under the Covid-19 Gold Command Update (STH/07/22) earlier in the meeting.

STH/07/22 g) 2022/23 National Planning Guidance

2022/23 National planning guidance was published on 24 December 2021. Indicative deadlines for Plan submissions were; mid-march for draft plans and the end of April 2022 for final plans.

The Board would consider the guidance at its meeting held in private ahead of operational plans being presented later in the year to the Board of Directors meeting held in public.

STH/07/22 Board Visits – Out and About Programme

In November 2021, the Trust launched a scheduled programme of out and about visits for Board members to visit all Directorates. Due to the pandemic, operational pressures and restricted visiting on site, the visits are currently paused and the situation will be reviewed in mid-February.

STH/07/22 New Chief Executive Designate of the South Yorkshire Integrated Care Board (SYICB)

Gavin Boyle has been appointed as the new Chief Executive

designate of the South Yorkshire Integrated Care Board.

On a related matter, Kirsten noted that the NHS Operational and Planning Guidance had confirmed a new target date of 1 July 2022 for the implementation of the Health and Social Care Bill reforms to Integrated Care Systems.

STH/07/22 Chief Executive – Sheffield Children’s NHS Foundation Trust

Sheffield Children’s NHS Foundation Trust had announced the appointment of Ruth Brown as substantive Chief Executive on 8 December 2021.

STH/07/22 Operations Director – Surgical Services

Caroline Turner had been appointed as Operations Director in Surgical Services.

STH/07/22 South Yorkshire and Bassetlaw Integrated Care System (SY&B ICS)

Due to the need to focus on operational pressures, a report from the Chief Executive of SY&B ICS had not been produced. A report would be included within the Chief Executive’s Report to the next Public Board Meeting in March 2022.

STH/07/22 Sheffield Health and Care Partnership

There was no overview report to share for the Sheffield Health and Care Partnership this month. The regular monthly report would resume in February 2022.

STH/08/22 Learning From Deaths

Jennifer Hill presented Attachment D, the Learning from Deaths report for quarter one of 2021/22.

Key points to note were:

- 47 of the 574 deaths during this period were subject to Structured Judgement Review (SJR) of the deaths subject to SJR none had been identified as more likely than not due to a problem in care.
- One death had been scored less than three with an outcome of ‘poor care’. This case had been referred back to the directorate for a response, including relevant clinical context, and would be discussed in the Mortality Governance Committee to identify areas for learning and actions.

Annette Laban asked about the process for gaining assurance around the quality of the Trust’s reviews and reviewers. Jennifer confirmed that there was a process to ensure that where ‘poor’ care or ‘very poor’ care was identified the opinion of a second reviewer was sought to validate the review. Jennifer also noted that the training process for reviewers was rigorous.

In response to a question from Martin Temple, Jennifer Hill confirmed that Covid-19 deaths were subject to the same review process as all other deaths at the Trust, the Duty of Candour would also be applied where Covid-19 infection was identified to have been hospital acquired.

The Board of Directors **NOTED** the Learning from Deaths report for quarter one of 2021/22.

STH/09/22 Update on Five Year Capital Plan and Capital Programme

Neil Priestley presented Attachment E, the quarter three update on the 2021/22 Capital Programme and five year Capital Plan.

Key points highlighted in relation to the 2021/22 Capital Programme were:

- The current Capital Programme showed an over-commitment against the 2021/22 Operational Capital Allocation (OCA).
- Identified slippage risks, scheme overspends; potential advancements and new schemes were expected to result in a broadly balanced outturn position. These issues and risks would need to be carefully managed.
- The outturn position was dependant on many factors such as scheme progression, completion of procurements, equipment deliveries, etc. and, therefore, remained finely balanced.

In terms of the capital position in 2022/23 and subsequent years Neil highlighted the following points:

- The position for the next three to four years appeared to be very challenging given the need to fund the proposed new Electronic Patient Record (EPR) and other planned schemes.
- This challenging position was further exacerbated by the recently notified £5.7 million reduction to the Trust's 2022/23 OCA. The reduction in the OCA was due to changes in the national allocation formula. It was assumed that this would be repeated in future years.
- Managing the capital position for 2022/23 and subsequent years would necessitate a combination of very restricted new scheme approvals, reduced ring-fenced budgets and attraction of significant additional funding.
- Additional capital funding for the NHS over the next three years was announced in the October 2021 Budget and the Trust would need to access this to progress proposed schemes.
- Further major schemes related to the Weston Park Cancer Centre Upgrade, Maternity EPR and SYB Pathology Network would require specific funding solutions and external support.
- Capital planning/prioritisation and scheme "value engineering" continue to be crucial in securing maximum value for money from constrained resources.

There was a discussion prompted by a question from Annette Laban around available capital funding for Community Diagnostic Hubs. Neil and Paul confirmed that the Trust was considering potential schemes. It was noted that it would be necessary to identify an unmet need for

community diagnostics in Sheffield to justify the development of a scheme.

Ros Roughton asked about the prioritisation process for schemes. Neil confirmed that this process was led by the Capital Investment Team with oversight from the Trust Executive Group. Neil explained that prioritisation was based on an assessment against a number of agreed requirements. He noted that there was often a need to take a pragmatic approach to scheme approvals to ensure a balanced capital outturn position within the fixed OCA for each year.

The Board noted the importance of having a pipeline of capital schemes with fully developed business cases to maximise opportunities to access available external funding. It would also be important to have a good understanding of the SYB ICS prioritisation model.

There was a discussion around the impact of the national capital funding arrangements for medium to large capital schemes such as the Weston Park Cancer Centre development. It was agreed to schedule time as a Board to discuss the Trust's strategy for the development of Weston Park.

NP/PB

The Board of Directors:

- **APPROVED** the latest 2021/22 Capital Programme.
- **NOTED** the remaining 2021/22 slippage risk and the consequences of under-delivering against the Operational Capital Allocation.
- **NOTED** the potentially large over-commitment on the 2022/23 and five year Capital Plan, which would need to be addressed via an appropriate combination of restrictions to scheme approvals, ring-fenced budget cuts and significant additional funding.
- **NOTED** the likelihood of minimal further new scheme approvals in the coming years and the likely consequences of this.
- **NOTED** the risks outlined in Section 5 of the report and, in particular, the critical need to identify opportunities to secure additional capital funding.
- **NOTED** the importance of capital planning/prioritisation and "value engineering" in securing maximum benefits from limited capital and revenue funding.

STH/10/22 Patient Safety Strategy

Jennifer Hill presented Attachment F, the National Patient Safety Strategy (NPSS) Implementation Plan. The report outlined the seven key objectives within the NPSS and briefed the Board on the actions required to implement the requirements of the strategy including timescales.

Key points to note were:

- Locally, implementation is expected to be delivered through new Patient Safety Specialists (PSSs) within each organisation. PSSs

- had been in place at the Trust since October 2020.
- Of the seven objectives:
 - One objective (National Patient Safety Alerts) had already been successfully implemented.
 - Two objectives (Quality of Incident Reporting and Learning from National Patient Safety Events) were underway with no concerns regarding implementation.
 - Implementation of two objectives (National Patient Safety Syllabus and Just Culture) was of medium concern due to challenges anticipated including capacity to release staff for training.
 - Implementation of two objectives (Patient Safety Partners and Patient Safety Incident Response Framework) was of higher concern due to the scale of change involved and the resource required for implementation. A business case was being developed to seek additional resource to support this.
 - In terms of the arrangements for oversight of delivery it was proposed that a NPSS Task and Finish Group would manage operational implementation. This group would be overseen by the Safety and Risk Committee. Quarterly assurance reports would be provided to the Healthcare Governance Committee, with updates and escalations to the Board of Directors as required.

Ros Roughton welcomed the strategy and highlighted that implementation provided an opportunity for the Trust to take its next steps in relation to patient safety including embedding the Just Culture Guide to ensure psychological safety for staff.

Ros requested that considerations around equality, diversity and inclusion be embedded in the implementation of this strategy.

Prompted by a question from Tony Buckham there was a discussion around links to the Trust's Freedom to Speak Up agenda. Opportunities in terms of 'Vanquishing Variation' were also noted.

As requested the Board of Directors:

- **NOTED** the plans for the implementation of the National Patient Safety Strategy (NPSS), and;
- **APPROVED** the proposed arrangements for oversight of delivery.

STH/11/22 For Approval / Ratification

a) Application of the Corporate Seal

Sandi Carman presented Attachment G, which retrospectively reported in public four approvals to apply the Corporate Seal granted by the Board of Directors in December 2021.

The Board of Directors **NOTED** the following approvals to apply the

corporate seal to the following documentation:

- Contract documents relating to the lift refurbishments at Weston Park Hospital.
- Lease renewal with Blatchford Limited for space within the Mobility and Specialised Rehab Centre (MASRC) at Northern General Hospital.
- Contract with Haringey Council for the provision of Toxicology Services as a Deed.
- Lease surrender by ISS Mediclean Limited in relation to retail units at the Outpatients Department on A Floor at the Royal Hallamshire Hospital A Floor and Chesterman on C Floor at the Northern General Hospital

STH/12/22 Non-Executive Director Matters

No additional matters were raised by any of the Non-Executive Directors.

STH/13/22 Any Other Business

Annette Laban highlighted that it was David Hughes' last Board of Directors meeting as Medical Director (Development). Annette extended the Board's thanks to David for his significant contributions to the Board and organisation. On behalf of the Board Annette wished David well in his new roles as Consultant Histopathologist at the Trust and Non-Executive Director at Hull University Teaching Hospitals NHS Trust.

STH/14/22 Date and Time of Next Meeting

The next public Board of Directors meeting will be held on 29 March 2022 at a time to be confirmed.

Signed Date

Chair