



**Unadopted Minutes of the Board of Directors meeting held in public on 24 May 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)
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
Martin Temple	Non-Executive Director
Mark Tuckett	Director of Strategy and Planning
Shiella Wright	Non-Executive Director

Apologies:

David Black	Medical Director (Development)
Toni Schwarz	Non-Executive Director

Participating Directors:

Sandi Carman	Assistant Chief Executive
Julie Phelan	Communications and Marketing Director

In Attendance:

Alia Munir	Consultant Endocrinologist and Training Programme Director for Diabetes and Endocrinology South Yorkshire and Humber (STH/36/22)
Paula Ward	Organisational Development Director (STH/52/22), (STH/53/22), (STH/54/22)
Sally Edwards	Head of Equality, Diversity and Inclusion (STH/54/22)
Robert Jones	Senior Equality, Diversity and Inclusion Manager (STH/54/22)
Rachel Salmon	Equality, Diversity and Inclusion Manager (STH/54/22)
Cleavon Shand	Equality, Diversity and Inclusion Lead for Health and Wellbeing (STH/54/22)
Roxanne Maritz	Business Manager (Minutes)

Observers:

- 6 Governors
- 4 members of staff
- 1 member of the public

Minute	Item	Action
STH/32/22	Welcome and Introductions	

Annette Laban, Chair welcomed Board members and those in attendance to the meeting.

STH/33/22 Declarations of Interests

There were no additional declarations or relevant declarations highlighted.

STH/34/22 Minutes of the Previous Meetings Held in Public on 29 March 2022

The Minutes of the meeting held in public on 29 March 2022 were **AGREED** and **APPROVED** as a correct record of the meeting.

STH/35/22 Matters Arising and Action Log

The Board NOTED the update regarding action 28 and, following an update on the development of Weston Park that was received through the Chief Executive's Matters in the Private Board of Directors' meeting held in April, **AGREED** the closure of the item.

STH/36/22 Clinical Update – Endocrine Unit and the Neuroendocrine Tumour (NET) Service

Jennifer Hill, Medical Director (Operations) introduced the item and the Board welcomed Alia Munir, Consultant Endocrinologist.

Alia gave a presentation on the Endocrine Unit and The Neuroendocrine Tumour (NET) Service. The following key points were highlighted:

- Neuroendocrine Tumours (NETs) are the second most prevalent gastrointestinal tumours.
- Three types of treatment are available for NETs and require the multidisciplinary team who were based at the Royal Hallamshire Hospital.
- The Service has received many credible accolades for the delivery and quality of care that was provided.
- The Sheffield NET Centre of Excellence as a European Centre of Excellence was first accredited for NET tumours in 2015. A reaccreditation was successfully completed in 2021.

Alia also explained to the Board that due to the Covid-19 pandemic the NET service had to change its ways of working which had subsequently led to improved efficiency within the service and have managed to remain up to date with new referrals.

A discussion, prompted by Shiella Wright, Non-Executive Director regarding the approach to shared practice and learning as a blueprint within other services. Alia described the various practices undertaken to create areas of improvement, which included the ability to communicate candidly when errors occur and ensuring all staff were appropriately trained.

Kirsten Major, Chief Executive was reflective of the growing patient numbers and enquired whether the NET service was participating in clinical trials and research. Alia explained that the minimum requirement for research participation from NET centres was 20 percent, which the service had

exceeded, however Alia described the ambition to be part of more clinical trials in the future.

The Board of Directors thanked Alia for the presentation and the excellent work being undertaken by the NET Service.

STH/37/22 Chair's Report

Annette Laban presented attachment C, the Chair's Briefing Report, which detailed some of the key activities and engagements that Annette had participated in for the months of April and May 2022.

STH/38/22 Board Out and About Visits

Sandi Carman (Assistant Chief Executive) presented attachment D that had provided a summary of visits undertaken by members of the Board during the months of April and May 2022.

The visits that had taken place were:

- Pharmacy Service (Northern General Hospital)
- Critical Care (Northern General Hospital). Sandi confirmed that the Trust operated as one of six High Consequence Infectious Disease Units in the country, which was operated as a separate Unit to Critical Care.
- Respiratory Medicine (Northern General Hospital)

The reports of each visit had been summarised and each visit shared the experience of a warm welcome from the clinical colleagues and found that staff were eager to share the work that they had done. The visits had also provided members of the Board an opportunity to thank staff and sense check against themes that had been identified within recent reviews.

The Board of Directors NOTED the update on the Out and About visits that occurred over the months of April and May 2022.

STH/39/22 Chief Executive's Matters

Kirsten Major, Chief Executive highlighted the following points:

STH/40/22 a) Covid-19 Gold Commander Update

Kirsten provided an update on the current position in relation to Covid-19. Since the last Board of Directors' meeting there had been a significant reduction in the number of Covid positive patients in the Trust.

Similarly, a reduction in staffing absences had been observed.

Other key updates in relation to Covid-19 were:

- A national de-escalation to a Level Three Incident.
- A booster announcement had been made by the Joint Committee on Vaccination and Immunisation (JVCI) that an Autumn Booster Programme would take place and the relevant population groups had been published.

- An update was provided on the national Monkeypox outbreak.

STH/41/22 b) Integrated Performance Report

The following matters were highlighted from the Integrated Performance Report (IPR) for February 2022 and March 2022:

Deep Dive – Create a Sustainable Organisation

Mark Tuckett, Director of Strategy and Planning presented the deep dive which described how the Trust would measure and monitor current performance and future direction against strategic priorities relating to environmental sustainability matters.

Mark noted the ambition of the NHS Net Zero commitment and described the strategic priorities that underpin the new sixth strategic aim 'Create a Sustainable Organisation'.

Some of the priority themed areas within the Trust's Sustainability Plan were highlighted and Mark explained that the initial areas being progressed for actioning in year one would be; travel, waste, responsible sourcing, plastic and digital communications.

John O'Kane remarked that it was a good first step for the Trust to have taken, who we had engaged with regarding shared learning. Mark confirmed that the Trust had begun engagement with many partners and that there had also been particular focus given to areas such as energy supply and emission reducing activities, such as active travel.

Following on from this, Tony Buckham asked if there had been any progress with sustainable travel and transport links between Sheffield City Centre and the hospital sites. Mark had said that this would be one of the main priorities on the work programme of the Sustainability Plan.

Deliver the Best Clinical Outcomes

Jennifer Hill, Medical Director (Operations) highlighted the following points:

- The Hospital Standardised Mortality Ratio (HSMR) data had returned to 'within expected range'.
- There had been 0 new never events reported between February 2022 and March 2022.
- There had been a significant increase in the falls data which had been attributed to increased staff absence and high number of surge beds. The reduction in falls for inpatients remained a top priority of the Trust and had many ongoing links to the CQC action plan.

Chris Morley, Chief Nurse gave an update on the following points:

- The Trust had reported 0 cases of Trust attributable methicillin-resistant staph (MRSA) in 2021/22 and it was noted that the Trust was approaching 15 months of 0 cases.
- There had been one more case than the target for methicillin-susceptible staph (MSSA)
- The Clostridioides Difficile number for hospital onset cases was above our own target and national thresholds.

Providing Patient Centred Services

Michael Harper, Chief Operating Officer highlighted the following points in relation to A&E performance in March 2022:

- 72.6% of patients in A&E were seen within four hours in which had increased from 71.4%, the national performance was 71% in February 2022.
- The number of ambulance handovers within 15 minutes was 35.69% in March 2022. Close working between Yorkshire Ambulance Service (YAS) and the Northern General Hospital (NGH) A&E Department meant that patients who were critical would be appropriately escalated in the event of delay. Additionally, through the use of YAS data, demand peaks were identifiable informing the requirement for patient flow out of A&E.
- There were seven 12-hour trolley waits in March 2022, four of which were mental health admissions that required either specialist mental health beds in other organisations or mental health intervention. The remaining waiters were awaiting availability of beds on wards. Work continues as a priority to improve patient flow and reduce no reason to reside discharges to enable timely admissions.

Michael also highlighted the following with regards to planned care:

- Patients waiting on an incomplete pathway waiting less than 18 weeks was at 71% which was significantly above the national average of 64%.
- The Trust continued to prioritise care for those with the highest clinical need, however there remained 1587 patients who had been waiting over 52 weeks on an incomplete pathway. This is a key area of work to enable these patients to have care as quickly as possible.

Mark Tuckett, Director of Strategy and Planning provided an update on the Cancer waiting times and highlighted the following:

- Two-week waits for cancer referrals were at 82.2% for the third quarter of 2021/22.
- Breast symptomatic two-week waits was at 19.3% which was significantly below threshold, however capacity challenges remained within the breast pathway. Mark noted, for clarity that these waiters were not suspected to have breast cancer but who have other symptoms pertaining to the breast pathway. Mark confirmed to the Board that recovery work was being undertaken both internally and with external partners.
- Work was being undertaken to ensure consistency was achieved across all cancer metrics to identify and focus on the areas where action would achieve the most impact.

Employ caring and cared for staff

Mark Gwilliam, Director of Human Resources and Staff Development noted the performance metrics as follows:

- There had been an improvement in staff sickness absence which was at 6.2% in March 2022 and had decreased from 7.6% in January 2022 but was still above the Trust target of 4%.
- The Trust appraisal rate was 82% which had declined from 83% in February 2022.
- The Trust Annual Turnover Rate was 9.6%, with the highest leaver rates existing within admin and clerical staff roles at 12.4%.

With regards to a query pertaining to the rationale for staff leavers raised by Annette Laban, Mark had said that it was largely driven by the extent of opportunities currently in the labour market. Mark noted that the Trust had recruited a Peoples' Promise Manager, due to begin 1 June 2022, who would be tasked with reviewing administrative and clerical roles to identify why the turnover is high within this staff group and how improved retention might be achieved.

Spend Public Money Wisely

Neil provided an update on the financial position by highlighting the following:

- The Trust's 'Adjusted Financial Performance' reported a surplus of £596k in 2021/22
- The total capital expenditure was £47.1m for the year.
- The figures reported were subject to the external audit process which was due to be complete with adoption of the 2021/22 Accounts by the Board of Directors on 13 June 2022.

Deliver Excellent Research, Education and Innovation

A brief summary provided within the IPR noted:

- The National Institute of Health Research (NIHR) metrics reporting had recommenced and for the third quarter of 2021/22 Sheffield Teaching Hospitals had a median of 50 days on the performance of initiation for patient recruitment into trials. The national median was at 71 days.
- With regards to the Covid-19 studies, all metrics showed an above average performance in comparison to the metrics that had been nationally benchmarked.

STH/42/22 c) Maternity Dashboard

The monthly maternity dashboard reports for February 2022 were presented within Appendix A of the Chief Executive's report.

It was noted that this report had been considered by the Quality Committee on 19 April and a revised maternity dashboard had been developed which would be presented in draft as part of the agenda for the Private Board of Directors' meeting.

Ros Roughton, Non-Executive Director noted that the maternity dashboard contained a high number of overdue Datix Incidents. By the time the dashboard was received by the Quality Committee these had been reduced to zero.

STH/43/22 d) National Institute of Health and Care Research (NIHR)

Sheffield Biomedical Research Centre (BRC)

Following the submission to renew and extend our NIHR BRC for the period 2022-2027 in October 2021, the trust was shortlisted and invited for an interview on 5 April 2022.

The team included members from Sheffield Teaching Hospitals and The University of Sheffield. We should be notified of the outcome relatively soon.

STH/44/22 e) Care Quality Commission (CQC) Assessment and Admission Mental Health Act (MHA) Focussed Review – Child And Adolescent Mental Health Services (CAMHS)

A review which was undertaken by the CQC on 25 and 26 April 2022 and would focus primarily on the child and adolescent Mental Health crisis pathway within Sheffield. This was a follow up to the Section 64 letter received by the three trusts in Sheffield last year.

Sheffield Children's Trust as the lead organisation of the review, would receive the report 20 days after the review had occurred, which would then be shared with partners.

STH/45/22 f) Sheffield Teaching Hospitals Never Event Reporting

The CQC Inspection Report that had been published on 5 April 2022 had stated that during the period of September 2020 – May 2021 the Trust declared 11 never events. Upon review it had been determined that the CQC included one never event that had been declassified and had double counted a number of others twice.

STH/46/22 g) 'Flu Debrief/ Update

Following a review of the 2021/22 Staff Influenza Vaccination Programme, the following had been identified:

- A drop from 68.3% to 63% of staff receiving the vaccination was reported.
- The decrease had been attributed to staff absence and social distancing at the time of the programme, resulting in fewer peer vaccinators in clinical settings.
- Despite the overall decrease it had been identified that 'Flu Hub numbers had increased significantly from the previous year.

Learning would be incorporated into this year's and dependent on programme requirements, a joint flu vaccination and Covid booster programme would be the preferred model.

STH/47/22 h) Health and Care Act 2022

Royal Assent to the Health and Care Bill was granted on 28 April 2022. This would bring changes previously set out by NHS England, the more significant of which would see the Integrated Care Systems (ICS) become a statutory entity on 1 July 2022. Furthermore, this change would be coupled with the

creation of Place based Partnerships, each of which would have an Executive Director who was a member of the Integrated Care Board. Emma Latimer has been announced as Sheffield's Director.

STH/48/22 The following updates were also presented within the Chief Executive's Report:

- The appointment of colleagues into leadership positions within the Trust and externally.
- An update regarding the absence of a report from the Chief Executive South Yorkshire and Bassetlaw ICS.
- The Programme Director of Sheffield Health and Care Partnership had provided an overview of programme activities in Appendix B

STH/49/22 CQC Update including CQC Action Plan

Jennifer Hill presented attachment F providing background on the CQC Action Plan and an update on the Trust's response to the CQC Inspection Report

The following key points were highlighted:

- Following the publication of the CQC Inspection Report, the Trust developed an action plan which addressed the 85 'Must Do' actions and section 29 requirements.
- This was presented in draft form to the Board of Directors on 26 April 2022, with the final version submitted to the CQC on 5 May 2022.
- Progress against maternity services 'Must Do' actions would be submitted monthly to the CQC.
- For internal reporting purposes an additional section had been added to the action plan, which would seek to describe the a outcome that would close the action.
- A programme of ward quality support visits had commenced and would be reported monthly to the Trust Executive Group and the Quality Committee.

In response to a query raised by Annette Laban, Kirsten explained that the progress is monitored and tracked by the CQC and NHS England/Improvement (NHSE/I) who would oversee a Quality Board held monthly and AGREED the Board of Directors would also be kept informed of issues or actions arising from this Quality Board.

The Board of Directors thanked Jennifer for the update and **NOTED** the CQC Action Plan.

STH/50/22 Maternity Matters
a) Ockenden Final Report

Chris Morley, Chief Nurse presented attachment G, which provided information regarding the actions being undertaken both nationally and by the Trust in response to the Ockenden Final Report. Chris noted that there had been a link provided to the full report within the paper.

Chris highlighted the following key points:

- Following the publication of the Ockenden Final Report on 30 March 2022, a letter was received from NHS England outlining the actions that were being taken nationally in response to the report, including those actions that would be taken by individual Trust's.
- A national investment of £127m would be made over the next two years to support the transformation of maternity services. This investment would be in addition to the £95m annual increase initiated in 2021.
- In response to the report the actions being undertaken by the Trust included sharing the report with relevant staff, including Management Board Briefing members and promoting Freedom to Speak Up within maternity services.
- Following a recommendation to suspend Maternity Continuity of Carer approach, the Trust has taken a position to have this stood down whilst improvement is made on midwifery staffing.
- The Maternity and Neonatal Safety Report would be used as a base for monitoring progress, which incorporated the Maternity Dashboard.

Prompted by Ros Roughton, Non-Executive Director, Chris explained that whilst some actions would progress from amber to green relatively quickly, others would require more time as they were linked to the acquisition of a Maternity Information System which was currently being explored. Kirsten Major, Chief Executive confirmed that on-the-day verbal feedback was received following a review that was undertaken of Trust's position in relation to the immediate actions following the initial Ockenden report, by NHSE/I. The feedback had been consistent with that received previously. Additionally, the Trust would receive a final written report once a review had been completed of all South Yorkshire maternity services.

The Board of Directors:

- **NOTED** the actions taken by the Trust in Response to the Ockenden Final Report
- **SUPPORTED** the decision to continue to suspend the Maternity Continuity of Carer provision whilst improvement is made on midwifery staffing.

b) Non-Executive Director Maternity Champion Feedback

Ros Roughton, Non-Executive Director and Maternity Champion provided the Board of Directors with feedback on Maternity Services.

Ros highlighted the following key activities she had undertaken:

- The work being undertaken by the staff within the Neonatal Unit had been impressive.
- Joint feedback had been received from Women in Families through direct conversations with patients on wards and the Maternity Voices Partnership, the experiences of which were mixed.
- Attended a review undertaken by Healthcare Safety Investigation Branch (HSIB).
- Interviewed by the Regional Midwife as part of the Ockenden Assurance Review visit.

STH/51/22 Learning From Deaths Report

Jennifer Hill, Medical Director (Operations) presented attachment H which provided an update on quarter two of 2021/22 on the Learning from Deaths process for patients under the Trust's care.

Jennifer highlighted the following points:

- Reporting learning from deaths subject to structured judgement review is a statutory requirement, but it is important that all sources of data are used for learning about deaths.
- There had been a total of 32 Structured Judgement Review referrals and of these, zero deaths were judged more likely than not to be due to a problem in care.
- The report made reference to three Serious Incidents that had occurred within the quarter.

The content of the Learning from Deaths Report was **NOTED** and **APPROVED** by the Board of Directors.

STH/52/22 PROUD Behaviours Roadmap

Kirsten Major, Chief Executive introduced the item and the Board welcomed Paula Ward, Organisational Development Director.

Paula presented the framework for the PROUD behaviours and explained that it had been through significant consultation, which included patient and staff groups, and the incorporation of feedback from previous Board of Directors' meetings. Paula thanked the Board for their engagement and support through this process, which had significantly assisted in the delivery of the final Framework.

Paula highlighted that the framework sought to ensure that our PROUD values could be understood in the context of a set of behavioural expectations across all staff groups and, subject to approval, would be launched on 20 June 2022. Additionally, it was noted that the framework, once launched and implemented, would support many of the CQC improvement actions that were currently being addressed by the Trust.

Annette Laban and Martin Temple, Non-Executive Director remarked on how pleased they were with the final outcome of the framework.

The Board of Directors **APPROVED** the final version of the PROUD Behaviours Framework, as well as the launch and implementation plans.

STH/53/22 Developing Our Organisation Annual Review 2021

Kirsten Major, Chief Executive introduced the item and noted the headline as an annual invitation for the Board to be sited on the work the Organisational Development team had supported over the past year.

Paula Ward, Organisational Development Director was welcomed by the Board and highlighted the following key elements of the Report:

- The review showcased the improvement, innovation and transformational change that had been undertaken by myriad

departments and presented an opportunity to recognise and celebrate the impactful work achieved throughout 2021/22.

- The review, subject to Board approval, would be shared with staff as a celebration of their efforts over the past year.

A discussion, prompted by Annette Laban, established that members of the Board agreed that the review was inspiring and emphasised many innovative accomplishments achieved by our staff despite challenges that had been posed by the Covid-19 Pandemic.

Annette thanked Paula for presenting the Annual Review and confirmed that it had full endorsement from the Board of Directors.

STH/54/22 Equality, Diversity, and Inclusion (EDI) Annual Review

Kirsten Major, Chief Executive introduced the Equality, Diversity and Inclusion (EDI) Annual Review and emphasised the important progress that had been achieved within the EDI programme of work as well as through the EDI Board and staff networks.

The Board of Directors welcomed Paula Ward, Organisational Development Director and the EDI team consisting of Sally Edwards, Head of EDI, Robert Jones, Senior EDI Manager, Rachel Salmon, EDI Manager and Cleavon Shand, EDI Lead for Health and Wellbeing.

The EDI team provided an update on the progress made within their five workstreams, namely; Service User Access and Experience, Covid-19 and Vaccination Rollout, Representative and Supportive Workforce, Inclusive Leadership and Better Health Outcomes. All work that was carried out by the EDI team had been aligned with the Trust's PROUD values.

Each member of the team provided an update for each of the relevant work streams within the service, highlighting specific programmes that had been launched and the way in which they were transforming within the Trust.

Sally Edwards concluded the presentation by providing a summary of what the focus would be over the coming year.

Shiella Wright, Non-Executive Director noted that she had been monitoring the progress of the EDI activity and felt as though a lot had been accomplished within a relatively small timeframe and added that she was eager to see the further progress that would be made within the coming year.

Sandi Carman, Assistant Chief Executive informed the Board that she had been involved in the Reciprocal Mentoring Programme, launched by the EDI team, and that it had been a rewarding experience. Sandi urged members of the Board to consider their participation in the programme.

Annette agreed and suggested that awareness of this programme is something that should be added to the Non-Executive Induction programme. Sandi **AGREED** to action this proposal.

SC

The Board of Directors thanked all members of the Equality, Diversity and Inclusion team for their presentation and congratulated them on what they had achieved thus far.

STH/55/22 South Yorkshire and Bassetlaw Clinical Research Network Annual Financial Plan

Chris Morley, Chief Nurse presented attachment K which was the 2022/23 Annual Financial Plan for the Clinical Research Network for the Yorkshire and Humber.

Chris highlighted the following points:

- The total CRN Y&H 2022/23 funding was confirmed at £28,424,860
- The plan captured key issues which had been pulled together by the CRN Y&H Leadership team, in consultation with the Host Finance Manager.
- Risks had been considered with mitigating actions identified that would negate the financial risk for the Trust in its hosting capacity.

The Board of Directors **APPROVED** the Yorkshire and Humber Clinical Research Network 2022/23 Annual Financial Plan.

STH/56/22 Universities Update – University of Sheffield

Chris Newman, Non-Executive Director, Professor of Clinical Cardiology at the University of Sheffield, Dean of the Medical School and Honorary Consultant Cardiologist at the Trust presented an update on the University of Sheffield.

Chris Highlighted the following key points:

- Results for the Research Excellence Framework (REF) 2021 had been announced on 12 May 2022.
- The University of Sheffield submitted units of assessment through the REF and received an achievement of 92% of their research being ranked in the highest two categories.
- The appointment of four research posts had been made across medical specialities.
- £7.9m had been awarded to the Sheffield Clinical Research Facility, in collaboration with the Trust, which would be utilised between 2022 and 2027. An outcome from the NIHR BRC application was pending.

Chris concluded by noting that it would be the 10-year anniversary of the Insigneo Institute for In Silico Medicine which was a collaborative effort between the University of Sheffield, the Trust and Sheffield Children's NHS Foundation Trust. There would be a showcase event to which the Board of Directors would be invited.

The Board of Directors thanked Chris for his presentation and the update on The University of Sheffield's current programme.

STH/57/22 Modern Slavery Act Statement

Sandi Carman, Assistant Chief Executive presented attachment L, providing the Board with an annual update of The Modern Slavery Act Statement, which whilst being important was also a statutory requirement for the Trust.

Sandi explained that the aim of the Statement was to provide assurance that

human trafficking did not occur within any of the organisational workstreams or supply chains and that the Trust was in no way affiliated with human trafficking activity.

The Board of Directors was notified that subject to approval, the statement would be published to the Trust's website.

The Board of Directors **APPROVED** the Modern Slavery Act Statement for signature by the chair and publication on the Trust website.

STH/58/22 Self-Certification against the Conditions of the Provider Licence

Sandi Carman, Assistant Chief Executive presented attachment M, which showcased the Trust's compliance and self-certification against specified statutory conditions that were required by NHS Foundation Trusts. Sandi noted a typographical error within the Executive Summary and stated that the words 'and to' had been superfluous.

As it was believed that there would be no material changes prior to Board approval on 13 June 2022, key documents that the self Certification was drawn from were highlighted as:

- Draft Annual Reports and Accounts 2021/22
- Draft Annual Governance Statement 2021/22
- Interim Head of Internal Audit Opinion Statement 2021/22

The Board of Directors:

- **APPROVED** the content of the self-certification against the Provider Licence for signature by the Chair.
- **NOTED** that the final approved version of the self-certification would be published on the Trust's website within a month following on from approval from the Board.

STH/59/22 Fit and Proper Persons Policy

Sandi Carman, Assistant Chief Executive presented attachment N and explained that the Fit and Proper Persons Policy had been updated to address concerns that had been raised by the Care Quality Commission (CQC). It was highlighted that subject to Board approval, this would contribute to action 16.1 of the CQC Action Plan ahead of its target date for completion (31 May 2022).

Sandi provided a brief description of the areas of the policy which had been updated and included that these proposed changes had been agreed for recommendation to the Board by the Trust Executive Group on 18 May 2022.

The Board noted the justification for the proposed amendments to the Fit and Proper Persons Policy and **APPROVED** the update to the policy.

STH/60/22 Fit and Proper Persons Declarations

Annette Laban, Chair presented attachment O and confirmed that all members of the Board, including senior managers who attended the Board, had completed the relevant and necessary documentation in line with the Fit and Proper Persons' Requirement (FPPR) to her satisfaction.

Annette drew attention to the actions that were being implemented to strengthen Trust compliance with the FPPR. Sandi Carman added that following the CQC review, improvements had been made to the standard of record keeping and that these would be reported back to the Board of Directors through means of the CQC Action Plan.

SC

The Board of Directors **NOTED** Annette's confirmation of FPPR compliance and the supplementary actions taken to strengthen adherence to this requirement.

STH/61/22 Application of the Corporate Seal

Sandi Carman, Assistant Chief Executive presented attachment P, which sought the Board of Directors approval to apply the Corporate Seal to the following documentation:

- a) Contract documentation relating to the B-Road resurfacing work at the Royal Hallamshire Hospital
- b) Contract documentation relating to the refurbishment of ward Huntsman 5 at the Northern General Hospital.

The Board of Directors **APPROVED** the application of the relevant signatures and Trust seal to the requested documentation.

STH/62/22 Non-Executive Director Matters

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

STH/63/22 Any Other Business

There were no additional items of business raised.

STH/64/22 Date and Time of Next Meeting

The next public Board of Directors' meeting will be held on 26 July 2022 at a time to be confirmed.

Signed Date

Chair