



Minutes of the BOARD OF DIRECTORS held in Public on Wednesday 15th October 2014, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital

PRESENT:

Mr. T. Pedder (Chair)
Sir Andrew Cash
Professor H. A. Chapman
Mr. M. Gwilliam
Mrs. S. Harrison (part)
Mrs. A. Laban
Ms. K. Major
Ms. D. Moore
Mr. J. O'Kane
Mr. N. Priestley
Mr. M. Temple
Dr. D. Throssell

APOLOGIES:

Mr. N. Riley
Mr. V. Powell
Professor A. P. Weetman

IN ATTENDANCE:

Mr. A. Challands
(Deputising for Neil Riley)
Miss S. Coulson (Minutes)
Mrs. J. Phelan

Ms. C. Skene } item STH/229/14(a)
Sister J. Batty }
Dr. C. Bates - item STH/229/14(b)(iii)

OBSERVERS:

Ms. L. Walton

STH/226/14

Declarations of Interests

There were no declarations of interest.

STH/227/14

Minutes of the Meeting of the Board of Directors held on Wednesday 17th September

The Minutes of the Meeting held on Wednesday 17th September, 2014 were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/228/14

Relevant Matter(s) Arising

There were no matters arising identified.

STH/229/14

Clinical Performance

(a) **Clinical Update: The Role of the Neonatal Nurse Consultant**

Caryl Skene, Neonatal Nurse Consultant, gave a presentation on the different aspects of her role as a Neonatal Nurse Consultant.

The Chairman thanked Caryl for a very interesting and informative presentation and wished her and her colleagues every success for the World Prematurity Day on 17th

November 2014 which was being hosted by the Jessop Wing Neonatal Unit.

(b) Healthcare Governance Report

The Medical Director presented the Healthcare Governance Report (Enclosure B) circulated with the agenda papers. He highlighted the following points:

- Information of Concern - In August, 2014, the Care Quality Commission received an anonymous letter of concern highlighting issues within the Endoscopy Department at the Northern General Hospital. The matters raised covered many aspects of the service and have been discussed at the Trust Serious Untoward Incident Group and an internal investigation was being carried out.
- PROMS (measures of a patient's health status from the patient's perspective) - Since 1st April 2009, providers of four elective procedures (unilateral hip and knee replacements, groin hernia and varicose veins surgery) had been required to collect and report PROMS, under the terms of the Standard NHS Contract for Acute Services.

PROMS data were published in the STHFT Quality Report. Data was analysed and fed back to clinical teams to drive quality improvements.

With the exception of the EQ 5D measure for Primary Hip replacements, in respect of which STH was a negative outlier, the results for all areas were comparable or favourable to the national average.

Dementia - The Trust was currently enhancing the services offered to people with dementia in accordance with feedback received from carers. There were a number of national drivers for that with the National Dementia CQUIN providing a key financial enabler. The National Dementia CQUIN incentivised three areas and the Trust was fully compliant in all three:

- The identification of impaired cognition
- Staff training
- Conducting a monthly survey of patient and carer experience

Two initiatives had come out of the comments received namely the 'All About Me' bracelet and booklet and 'Dementia Friendly Wards/Areas'

- Serious Untoward Incidents - During the period 21st July to 8th September 2014 the Trust had recorded 8 serious incidents one of which was a Never Event. The incidents fell into the following categories:
 - a retained throat pack (Never Event)
 - delayed diagnosis following incomplete medical review
 - pressure ulcer incidents

A 'Surgical Count Policy for the management of swabs, needles, instruments, digital tourniquets and correct prosthesis within the operating environment' had been drawn up, approved and ratified by the Trust Executive as Trust policy and had been disseminated throughout the organisation.

(i) Quarterly Trust Mortality Report

The Medical Director presented the Quarterly Trust Mortality Report (Enclosure C) and highlighted the following key points:

- HSMR - Most recent 12-month rolling HSMR (1st June 2013 – 31st May 2014)
87 (84 – 91) for All Admissions and “lower than expected” when compared with hospitals Trusts nationally. The rebased value for the period was also “lower than expected” at 93 (89 – 97)
- SHMI Most recent 12-month rolling SHMI (1st January 2013 – 31st December 2013, published 30th July 2014)
0.88 (0.90 - 1.12 *over-dispersion control limits of 95%*).
That was in the “lower than expected” range and rebased. The next publication was expected in October 2014.
- Fracture of Neck of Femur - The SHMI O/E ratio remained significantly higher than expected at 1.28, a drop of 0.04 from the previous quarter. The HSMR O/E ratio was once again “as expected” for the corresponding time period at 114.98. No Dr. Foster “red alerts” had been observed in this time period or up to the most recent data (May 2014). Work was ongoing to understand that data. The results of an external review would be presented to the Healthcare Governance Committee in November/December 2014.
- Nationally 22.0% of patient deaths had palliative care coded at diagnosis or speciality level (range 1.3 – 46.9%) which was an increase from 19.1% for the same period in the previous year. The Trust’s rate was 19.1% which was a modest increase from 18.4% the previous year.

The following table, showing the Trend in national coding, is included in the minutes for information as unfortunately it appeared in an overprinted format in the paper circulated with the agenda papers

Table 4

SHMI Group	SHMI (O/E) Ratio				HSMR (O/E) Ratio
	Apr 12-Mar 13	Jul 12-Jun 13	Oct 12-/Sept 13	Jan 13-Dec 13	Jan13-Dec 13
Short gestation, low birth weight, and fetal growth retardation	2.15 (29/13.5)	2.21 (29/13.11)	2.25 (28/12.43)	2.43 (30/12.36)	197.32 (34/17.23)
Fracture of neck of femur (hip)	1.32 (95/71.93)	1.33 (89/66.79)	1.32 (82/61.96)	1.28 (75/58.42)	114.98 (55/47.83)
Calculus of urinary tract, Other diseases of kidney and ureters, Other diseases of bladder and urethra	2.34 (13/5.54)	2.11 (14/6.62)	1.51 (11/7.29)	1.05 (9/8.58)	143.76 (7/ 4.87)
Pulmonary heart disease	1.46 (36/24.72)	1.20 (30/24.94)	1.10 (27/24.52)	0.92 (44/47.69)	102.53 (38/37.06)
Congestive heart failure, non-hypertensive	1.07 (146/136.51)	1.10 (156/142.15)	1.18 (160/136.13)	1.24 (156/126.21)	122.19 (130/106.39)
Coronary atherosclerosis and other heart disease	1.06 (31/29.17)	1.31 (39/29.62)	1.40 (40/28.56)	1.32 (37/28.14)	128.02 (32//25.00)
Nephritis, nephrosis, renal sclerosis, chronic renal failure	1.15 (6/5.21)	1.30 (7/5.4)	1.23 (7/5.69)	1.83 (25/13.64)	158.37 (23/14.52)

(ii) 2013/14 Annual Complaints Report

The Chief Nurse presented the Annual Complaints Report 2013/14 (Enclosure D) circulated with the agenda papers. The key points to note were:

- During 2013/14, the Trust received 1378 formal complaints, a slight decrease on the 1444 complaints received in 2012/13. The Trust responded to 1323 complaints during 2013/14 and 1215 informal concerns.
- All trends in relation to both numbers of complaints received and issues raised by complainants had been investigated throughout the year. The most commonly raised issues of concern by complainants in 2013/14 were about communication and information, cancelled/postponed appointment/operations, discharge arrangements and staff attitude.
- The Trust achieved a performance of 72% against a target of 85% for responding to complaints within 25 working days during 2013/14. That drop in performance had been given very careful consideration and a detailed review had been undertaken to establish the cause. The review had identified a number of factors including the high volume of complaints received between January and May 2013, with the numbers being particularly high in March 2013. That high volume had caused a significant delay in dealing with a considerable number of complaints and had resulted in a backlog of complaints awaiting responses.
- Over the past 12 months a number of significant national reports had highlighted failings in relation to NHS complaints procedures such as the Francis Inquiry (2013) and the Clwyd Hart Review (2013). The Trust's response to the recommendations in those reports was set out in the Complaints Report. The report also included the Trust's ambitious plans for the complaints service.
- The report highlighted how the Trust monitors complaints data and provides examples of improvements it has made to services as a result of complaints and reports on progress made against the priorities of the complaints handling service in 2013/14.
- The report stated priorities for the complaints service for 2014/15 which included a comprehensive review of the complaints service which aimed to make step changes to the complaints process, training, reporting and improved complainant satisfaction.

The Board of Directors **RECEIVED** and **NOTED** the Annual Complaints Report 2013/14.

(iii) 2013/14 Infection Prevention and Control

The Chief Nurse presented the 2013/14 Infection Prevention and Control Report (Enclosure E) circulated with the agenda papers.

Dr. C. Bates, Director of Infection Prevention and Control gave a short presentation on the Ebola virus as part of her annual attendance at the Board to present the Infection Prevention Control Annual Report.

The Board of Directors **RECEIVED** and **NOTED** the 2013/14 Infection Prevention and Control Report.

(c) Infection Control Report

The Chief Nurse presented the Infection Control Report (Enclosure F) circulated with the agenda papers and highlighted the following key points:

- The Trust has had 0 Trust attributable cases of MRSA bacteraemia during September 2014.
- MSSA performance was off trajectory against the MSSA plan.
- C.Diff - The Trust had recorded 12 positive samples for September 2014. The year to date performance was 59 cases against an internal threshold of 39 and a Monitor threshold of 47.

The Chief Nurse reported that the Director of Infection Prevention Control (DIPC) had undertaken some analysis on the C.Diff cases attributed to the Trust during this financial year which had identified that the Trust had seen an increase of 20% in cases compared to the previous two years. The DIPC had identified three broad patient categories within the *C.diff* cases allocated to the Trust:

- (a) Patients who were already a carrier of *C.diff* on admission to hospital who subsequently developed disease secondary to antibiotics. Those patients usually tested positive for *C.diff* before day 7 of their stay.
- (b) Patients who acquired *C.diff* organism during their admission and developed disease at some stage secondary to antibiotics, generally present after their first week in hospital.
- (c) Patients who had a long stay in hospital and experienced a recurrence of their previous *C.diff* during their stay.

The results of the analysis are set out in the table below:

April to mid September	2011	2012	2013	2014
3-7 days - Group (a)	24	17	10	28
>7 days - Group (b)	74	24	32	21
Recurrence - Group (c)	17	5	4	6

The analysis highlighted that the Trust had seen an increase in patients that were found to have *C.diff* within 7 days of their admission (Group (a)). That indicated that the focus needed to be on the use of antibiotics rather than avoiding the acquisition of *C.diff*. It was acknowledged that a significant amount of work had been done previously on reducing the use of antibiotics. There was no evidence of poor prescribing practice.

The C.Diff Action Plan was now back on the Healthcare Governance agenda and would be monitored on a monthly basis.

STH/230/14

Provide patient centred services

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

The Chief Nurse presented the FFT results for September 2014 as set out below:

➤ Scores

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014
STH Inpatient	78	77	76	75	80	81
National Inpatient Average	74	74	74	73	73	n/a*
STH A&E	47	50	48	47	51	37
National A&E Average	55	54	53	53	57	n/a*
STH Maternity	62	59	73	73	66	62
National Maternity Average †	70	68	72	69	70	n/a*

➤ Response Rates

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014
STH Inpatient	36.4%	29.8%	36.7%	33.9%	26.7%	35.9%
National Inpatient Average	34.9%	35.9%	38.0%	38.2%	36.3%	n/a*
STH A&E	23.6%	27.3%	24.9%	22.6%	22.2%	20.8%
National A&E Average	18.6%	19.1%	20.8%	20.2%	20.0%	n/a*
STH Maternity	7.3%	9.9%	40.1%	27.7%	27.2%	25.5%
National Maternity Average †	19.4%	20.1%	20.3%	21.3%	20.3%	n/a*

➤ Maternity Services Scores

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014
STH Antenatal Services	49	59	73	64	63	67
National Average	65	67	67	62	66	n/a*
STH Birth	74	67	74	82	66	69
National Average	76	77	76	77	77	n/a*
STH Postnatal Ward	63	38	70	68	67	52
National Average	64	65	66	65	65	n/a*
STH Postnatal Community	54	86	77	73	67	55
National Average	77	77	77	75	76	n/a*
Maternity Total	62	59	73	73	66	62
National Maternity Average †	70	68	72	69	70	n/a*

➤ Maternity Services Response Rates

	Apr 2014	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014
STH Antenatal Services	8.7%	9.7%	41.6%	32.2%	41.3%	28.9%
National Average †	15.2%	16.5%	17.3%	18.4%	16.6%	n/a*
STH Birth	9.2%	12.4%	38.7%	23.8%	20.7%	21.6%
National Average	23.1%	23.3%	23.1%	22.7%	21.5%	n/a*
STH Postnatal Ward	8.3%	12.9%	38.3%	24.5%	19.5%	24.1%
National Average †	26.7%	26.8%	27.0%	28.2%	28.5%	n/a*
STH Postnatal Community	2.6%	4.5%	48.0%	44.6%	49.4%	38.1%
National Average †	12.2%	13.5%	13.8%	14.4%	14.6%	n/a*
Maternity Total	7.3%	9.9%	40.1%	27.7%	27.2%	25.5%
National Maternity Average †	19.4%	20.1%	20.3%	21.3%	20.3%	n/a*

Key points to note were:

- During August 20% of the postcard response were returned late to Picker for processing and therefore were not included in the August results. Those late returns were now included in the September data and therefore the response rate currently shown for September had increased.
- Response rates for antenatal and postnatal community had fallen during September and a review was being carried out to determine the reason for that fall.
- Work had started to ensure that the inpatient response rate meets the Q4 CQUIN target.
- A& E scores fell by 14 in September to 37 the lowest score since the FFT commence in April 2013. Maternity Postnatal 'Ward' scores also fell by 15 in September 2014 and Postnatal 'Community' scores fell by 12. Analysis showed that whilst a proportion of the responses were negative, the majority of responses score 'extremely likely' and a high number score 'likely'. However the 'likely' scores do not count as positive scores. A review of the negative responses would be undertaken in order to identify any themes.

The Board expressed concern about the drop in scores but it was agreed to await the outcome of October 2014 date before taking any action.

- From 1st October 2014, FFT was rolled out to outpatient and day case areas in order to meet the early implementation CQUIN deadline.

The Board of Directors **RECEIVED** and **NOTED** the FFT Results for September 2014.

(b) Monthly Nurse Staffing Report

The Chief Nurse presented the Monthly Nurse Staffing Report (Enclosure G) circulated with the agenda papers and highlighted the following key points:

- Overall the actual fill rate for shifts for Registered Nurses was 95.1% and for other care staff against planned levels was 89.9% during day shifts. Overall the actual fill rate for shifts for Registered Nurses against planned levels was 92.3% during night shifts and for other care staff the actual fill rate was 106%.
- The report detailed those areas where there was a variance of greater than 15% between actual fill rates and planned staffing levels. The reasons for the variance were also given and any actions being taken were also detailed in the report.

The Board noted that the report was discussed by the Trust Executive Group. However the Board felt the report should be submitted to the Healthcare Governance Committee in order that a 'deep dive' into the reasons for the variances could take place.

Action: Hilary Chapman

The Board of Directors **RECEIVED** and **NOTED** the Monthly Nurse Staffing Report

STH/231/14

Our Staff

(a) **Report from the Director of Human Resources: Friends and Family Staff**

The Director of Human Resources presented the Staff FFT results for Quarter 2 (Enclosure H) circulated with the agenda papers. The key points to note were:

- 5100 members of staff were invited to participate of whom 24% responded.
- The score achieved for recommending the Trust as a place to receive treatment was 88% which was consistent with the percentage achieved in Quarter 1.
- The percentage for staff reporting that they would recommend the Trust to friends and family as a place to work was 74% which was a 6% improvement from Quarter 1. The Board agreed that the Trust needed to look at the reasons why 26% of staff would not recommend the Trust as a place of work to family and friends.
- It was not known when the data would be published on the NHS England web site.
- There would be no testing during Quarter 3 as the NHS Staff Survey would be undertaken and every member of staff would be asked to participate.

The Board of Directors **RECEIVED** and **NOTED** the Staff Friends and Family results for Quarter 2.

STH/232/14

Financial and Operational Performance

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

The Director of Finance presented his written report (Enclosure I) circulated with the agenda papers and highlighted the following points:

- The extent of how difficult the national service/financial position in 2014/15 had become and the speed of change that had happened had been quite surprising. However the Trust was doing relatively well but there were huge challenges ahead.

- The disappointing Month 5 financial position against budgets mainly driven by activity being lower than planned and the level of potential contract penalties largely for access targets.
- The key actions and issues which would determine the ultimate outturn position.
- The threats to the Trust's future financial position from under-delivery of efficiency plans/unsatisfactory Directorate financial performance and the growing financial pressure in the Health and Social Care systems.
- Monitor had recently published its Quarter 1 report which set out the challenges in both service and financial terms. It was the first quarter ever that Foundation Trust sector had been in deficit.

The Board of Directors **RECEIVED** and **NOTED** the Finance Report.

(b) **Report from the Director of Strategy and Operations**

The Director of Strategy and Operations presented the Performance and Activity Report (Enclosure J) and highlighted the following points:

- The targets for 18 week admitted, non admitted pathways and incomplete pathways were not met in August 2014. The Trust narrowly missed the target for incomplete pathways achieving 91.9% against the target of 92%.
- New outpatient activity was 9.9% above target in August 2014 and was 4.0% above for the year to date.
- Follow up activity was 2.4% below target in August 2014 and was 1.0%% below target for the year to date – that reflected the rebalancing of activity toward new attendances.
- The level of elective inpatient activity was 2.7% above target in August 2014 and 1.5% above for the year to date.
- In August 2014 there were 84 operations cancelled on the day for non clinical reasons compared to the target of 75. The year to date total was 411 against a target of 300. That was 0.59% of all planned operations for the year to date.
- Non elective activity was 3.0% below target in August 2014 but remained 1.5% above for the year to date.
- At any one time in August 2014 there was an average of 60 patients whose discharge from hospital was delayed for non clinical reasons.
- The waiting list for inpatients fell by 17 and the outpatient queue fell by 1393 although remained above the target for the year.
- Accident and Emergency activity was 3.3% below target in August 2014 but was 1.7% above for the year to date. In August 2014, 96.2% of attendances were seen within 4 hours, giving a year to date performance of 95.7%. The beginning of October 2014 had been hugely difficult in Accident and Emergency and performance as of that day was 85.1%.

- The performance against the cancer targets for Q2 was on track except for the 62 day target for GP referrals to treatment. That was currently at 84% for the quarter against the target of 85%.

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

(c) 18 Week Wait Performance

The Director of Strategy and Operations presented the 18 Week Wait Performance Report (Enclosure K) and highlighted the following key points:

- The average waiting time of patients waiting to receive care at the Trust was less than 8 weeks.
- The Trust continued to meet all the cancer treatment waiting time standards – the prioritisation of those urgent pathways inevitably sometimes impacted on the Trust's 18 week performance in non-cancer, non-urgent diagnoses. However, performance against the 62 day target was fragile for quarter 2 and will only be known once patient pathways were complete and entered onto the national system.
- The number of non-admitted and admitted patients treated within 18 weeks in August 2014 was just below the required national waiting time standards. The figures were 84.4% (target 90% admitted patients) and 92.6% (target 95% non-admitted patients).
- For the first time in recent months the number of incomplete pathways in August 2014 was also just below the required national waiting time standards with 91.9% waiting less than 18 weeks (the target was 92%).
- All agreed actions within the action plan were progressing well.
- Ongoing work and analysis projecting activity and performance in coming months would indicate that the challenge to meet the national waiting times target would be extremely challenging.
- There were 21 patients who had been waiting over 52 weeks, 1 patient in Neurology, 1 in Restorative Dentistry and 19 in cardiac services. The 19 patients in cardiac services were all treated in September 2014.

A significant amount of work was being undertaken in the background by both managers and clinical leads to get the Patient Tracking List back on track and hopefully all the hardwork would result in the Trust achieving the position it needed to reach.

The Board of Directors **RECEIVED** the 18 week RTT performance report and **NOTED** the actions being taken.

STH/233/14

Spend public money wisely

(a) 5-year Capital Plan and Capital Programme: Quarterly Update

The Director of Finance presented the quarterly update on the Trust's 5-year Capital Plan and Capital Programme (Enclosure K). He highlighted the following points:

- The Capital Programme remained manageable for 2014/15 but the 5 Year Plan then moved into an increasing over committed position for the following four years. Overall the 5-year plan was still over committed by £8.8 million and included a lot of assumptions.
- That over-committed position may be exacerbated as new schemes and priorities emerged over the five year period.
- Costs on the T3 Programme had significantly exceeded early planning assumptions, leaving little flexibility for any further investment in technology schemes in the near future.
- The key issues going forwards were:
 - T3 Programme
 - Theatre Refurbishments/creating additional theatre facilities
 - The full business case for the Picture Archiving Communication System (PACS) and the Radiology Information System (RIS) would be coming to the November 2014 Board meeting for approval.
 - Bone Marrow Transplantation
 - Weston Park Hospital Refurbishment
 - Outpatient Department, Royal Hallamshire Hospital
- Funding solutions for the over-commitment in future years of the programme remained to be found.
- Capital planning/prioritisation and scheme “value engineering” continued to be crucial in securing maximum value for money from limited resources.
- Given current and potential slippage, action would need to be taken to ensure an acceptable 2014/15 position.
- The launch of the Helipad Appeal Scheme went well. During discussion the Board felt that the Trust could do more to attract funding from charitable sources and that it should investigate those opportunities in more detail.

Action: Neil Priestley

The Board of Directors:

- **APPROVED** the latest 2014/15 Capital Programme and noted the significant over-commitment on the 2015/16 to 2018/19 position which would need to be addressed.
- **NOTED** the list of “possible” schemes on the five year plan (Appendix C) which along with other likely schemes would emerge over the five year period and would require further consideration and careful prioritisation.
- **NOTED** the risks outlined in Section 5 of the report and the need to continue to generate additional resources for future years and/or identify any 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. Strong control of contingency and risk sums within the Technology through Transformation projects would also be vital.

STH/234/14

Chief Executive's matters

The Chief Executive reported the following items:

- 540 staff had taken part in the Industrial Action on Monday 13th October 2014.
- The Trust had hosted a visit that week from the Chinese Government.
- Richard Caborn, MP, recently launched of the Olympic Legacy Park on the site of the former Don Valley Stadium. The £55 million project was a joint venture between Sheffield Hallam University, Sheffield Teaching Hospitals, Sheffield City Council and would include a 1,200 place school, University Technical College, Sports Science Research Centre and a stadium for Sheffield Eagles and Sheffield Sharks. The park would be opened in phases.

There were two emerging wings of the project relating to health and wellbeing and the medical innovation centre which the Trust would want to link into. The Chief Executive would bring a formal proposition to the Board in either November/December regarding the Trust's involvement in the project.

Action: Sir Andrew Cash

STH/235/14

Chairman and Non-Executive Directors' matters

There were no matters to report.

STH/236/14

For Approval/Ratification:

(a) Common Seal

The Board of Directors **APPROVED** the affixing of the corporate seal to the following documents:

- Contract between Sheffield Teaching Hospitals NHS Foundation Trust and TH Michaels (Construction) Ltd for the refurbishment of Ward P2 at the Royal Hallamshire Hospital (Contract Value: £993,273.34 and forms part of the 2013/14 Capital Programme.
- Deed of Assignment and Licence to Assign for Unit 12, Navigation Court, Calder Park, Wakefield. WF2 7BJ from the Trust to the Yorkshire & Humber Partners Academic Health Science Network Limited

(b) Responding to tenders for new and existing Clinical and Non Clinical Services

The Director of Strategy and Operations referred to the new Trust Policy for responding to tenders for new and existing clinical and non clinical services. The policy described a new process for identifying tendering opportunities to provide additional clinical and non-clinical services, a framework for how bids should be developed and established a robust decision making process

The newly established Commercial Team would lead the process of identifying and facilitating the submission of all agreed tender bids working with the lead General Manager and Clinical Lead.

The Policy was approved by TEG in February, 2014 and was subject to a 6-month review. The review period had finished and no proposed changes to the policy have been made.

The Board of Directors **RATIFIED** the Policy.

STH/237/14

To consider any other items of business

There were no other items of business.

STH/238/14

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held at a time to be confirmed on Wednesday 19th November, 2014, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital.