



Minutes of the BOARD OF DIRECTORS held on Wednesday 21st October 2015 in the Board Room, Northern General Hospital

PRESENT:

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

IN ATTENDANCE:

Miss S. Coulson (Minutes)		Mrs. J. Phelan
Mr. N. Riley		
Mr. A. Galimberti	} STH/210/15	
Mrs. P. Schofield		
Mrs. T. Scotter	} STH/212/15	
Mr. M. Turner		

OBSERVERS: 8 members of the public and staff

Prior to the commencement of the meeting, the Chairman thanked Julie Phelan for organising the Thank You Event which was held the previous evening and which had been an extremely successful and inspiring event.

STH/207/15

Declarations of Interests

There were no declarations of interest made.

STH/208/15

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 18th September, 2015, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/209/15

Matters Arising

(a) **Resuscitation Trolleys**

(STH/183/15(b)) The Medical Director referred to previous discussions on this matter and confirmed that the Healthcare Governance Committee continued to monitor the situation. During the routine checks of the resuscitation trolleys there were still areas where some of the trolleys did not meet all the requirements. Those

failures were mainly associated with the documentation of checks undertaken and not that the trolleys were not fit for purpose. He emphasised that there had been no incidents of patient safety.

As problems continued to be identified the number of routine inspections had been increased during August to October 2015 and 90 inspections had taken place. However there were still areas where the checks had not been documented as required. Those problem areas had been brought to the attention of appropriate managers.

Inspections would continue to be carried out on a rolling basis with the expectation that the Trust would achieve 100% of checks documented appropriately.

(b) Mental Health

(STH/183/15(a)) The Chief Executive reported that a meeting had been held with the Chief Constable to discuss the future arrangements for the care of Section 136 patients from both the Police's and Health Service's perspective. The outcome of the meeting was that a Summit would be arranged involving representatives of the Sheffield Health and Social Care Trust and the Sheffield Clinical Commissioning Group to ensure that all parties were properly prepared for the changes which were due to come into operation in January 2016 and 1st April 2016 and also the Emergency Department pathway issues.

The Chief Executive would report back in due course.

Action: Andrew Cash

There was a general discussion about the different models used elsewhere in the country and it was also noted that the Sheffield Healthwatch had commissioned a piece of work around the issues experienced by people experiencing a mental health crisis. It was agreed that it would be timely to get the outcome of that piece of work to feed into these discussions.

STH/210/15

Providing Patient Centred Services:

(a) Clinical Update: MBRRACE-UK Mothers: Reducing Risk Through Confidential Enquiries

The Chief Nurse introduced Mr. Andrea Galimberti, Clinical Director and Consultant Obstetrician and Ms Paula Schofield, Deputy Nurse Director and Deputy Head of Midwifery who gave a presentation on reducing the risk of maternal deaths through confidential enquiries.

The key points to note were:

- The report provides assurance that systems and processes were in place for this important issue.
- The definition of a maternal death was the death of a woman while pregnant or within 42 days of the end of the pregnancy (including giving birth, ectopic pregnancy, miscarriage or termination of pregnancy).
- Statistically 1 in 10,000 women die in the UK so it was a rare event but when it happened it was devastating for both the family and the staff involved. 7000 women give birth in Sheffield each year so Sheffield could expect to see 1 death per year.

- On the occasion of a maternal death within STH the following actions would be taken:
 - senior clinicians would meet with the family to establish open lines of communication and support
 - the Serious Untoward Incident (SUI) Group would be informed
 - debrief meetings for the staff involved would be held including support from a clinical psychologist
 - all staff would be interviewed and asked to provide written statements
 - the clinical care would be scrutinised and a report provided to the SUI Group. The final report would be shared with the family
 - Coroner was informed
 - any actions arising out of the investigation were monitored by the Directorate Governance Group

- In April 2010, the UK-wide maternal mortality surveillance programme was put out to open competitive tender and MBRRACE-Uk were the successful bidders and the contract commenced on 1st June 2012.

- Originally reports were published on a triennial basis until 2008 but were now published annually and focussed on themes not trends and were available on the internet. Publication annually was welcomed as it allowed for recommendations made in the reports to be addressed and implemented gradually in a timely manner.

- During the evolution of the enquiry process the range of professions represented by advisors and assessors had expanded and now included a Consultant Anaesthetist, a Midwife and an Intensive Care Consultant.

- All maternity units have a responsible person for reporting maternal deaths to MBRRACE-UK via their new electronic system. Also cases of women who present at the Emergency Department and die within one year of child birth would be notified to the Obstetric and Gynaecology Department.

- Assessors were paired and Paula Schofield explained that she was paired with an Assessor in Newcastle and she also pointed out that an Assessor was not allowed to review any cases which had occurred within their own organisation. Paula reported that she had reviewed 120 midwifery cases over a two year period. The review examines the whole care not just the cause of death and therefore was a rigorous process.

The electronic nature of the work ensured information governance security in terms of the medical records and the submission of the final assess report. The information the assessor received was anonyms.

- Following publication of the report the Directorate would carry out a gap analysis of the recommendations and produce and agree an action plan. The implementation of the action plan was monitored by the Directorate's Healthcare Governance Group who reports progress to the Healthcare Governance Committee.

- The headlines from the December 2014 report were:
 - Maternal deaths had decreased from 11 to 10 per 100,000 women giving birth (1 per 10,000 births).

- 68% of women died from medical and mental health problems in pregnancy.
- Only 32% of women died from direct complications such as bleeding.
- 1 in 11 of the women died from flu (this period coincided with the flu pandemic).
- Three quarters of women who died had medical or mental health problems before they became pregnant.

During discussion the following points were made:

- The Medical Director reported that 2/3 years ago the Trust experienced a spike in maternal deaths and therefore commissioned the Royal College of Gynaecologists to undertake a review of the cases.
- The sharing of the information in the reports with other countries was difficult as there were fundamental differences in obstetric and midwifery practices in other countries.
- It was noted that MBRRACE-UK were undertaking a separate piece of work looking at neonatal deaths and that would be reported on in due course.
- In terms of concerns and improvements, Andrea Galimberti reported that he was slightly concerned about having split site services and it was important to ensure the continued availability of core specialist services on the Royal Hallam shire Hospital site. Also in terms of midwifery education, Paula Schofield stated the Trust should look into how it could provide further education on how to look after critically ill women during pregnancy.

The Chairman thanked Andrea Galimberti and Paula Schofield for an excellent and interesting presentation.

STH/211/15

Chief Executive's Matters

The Chief Executive presented his report (Enclosure B) circulated with the agenda papers and highlighted the following items:

- The CQC Annual Report had been published and highlighted concerns about safety and financial position.
- Immigration controls on nursing staff had been lifted.
- Approval of the Working Together Vanguard bid would be given on Friday 23rd October, 2015.
- The Lorenzo electronic patient record went live on 27th September 2015
- Preparations for the forthcoming CQC visit were progressing well.

The Chief Executive introduced the Integrated Performance Report (Appendix 1) and invited each Executive Director to provide updates on their areas of responsibility:

- Clinical Outcomes

The Medical Director reported the following matters:

- CQC - Carolyn Jenkins on, Lead Inspector for the forthcoming CQC visit, had attended the Healthcare Governance Committee and she had made it very clear that CQC Inspector teams go into an organisation expecting to see evidence of "Good".

The Trust had completed 123 internal Quality Governance Inspections across the organisation which had been well received and found to be extremely helpful. The outcome of those visits had been reviewed by the Medical Director and Chief Nurse and any issues identified had been addressed.

- The Quarterly Trust Mortality Report highlighted the 12-month rolling HSMR for 1st June 2014 to 31st May 2015 as 98 (94-102) for all admissions and "as expected" when compared with hospital Trusts nationally. The 12-month rolling SHMI for 1st January to 31st December 2014 was 0.92 (0.91-1.10 over-dispersion control limits of 95%) in the "as expected" range and rebased. The Orthopaedics Directorate had completed an analysis of Inpatient Hip Fractures using data recorded locally on the National Hip Fracture Database (NHFD) and a number of recommendations had been incorporated into an action plan for change to try and reduce inpatient hip fractures.
- In respect of incidents causing harm to staff, none of them were categorised as major. The Health and Safety Executive (HSE) had not investigated any incidents during the six-month period, so no enforcement action was expected
- Four new SUIs had been reported during the period July to September 2015:
 - A patient had sustained a head injury following a fall which resulted in reduced immobility and the patient subsequently contracted a chest infection which led to their death.
 - Medical staff prescribed IV phonation which was subsequently not administered correctly. The patient sustained a cardiac arrest from which they were successfully resuscitated.
 - Omitted Anticoagulation - Over a patient's stay of six days there was confusion regarding the anticoagulation treatment the patient required leading to some doses being omitted. The incident highlighted difficulties in the co-ordination of anticoagulant prescribing between hospitals and community settings and this had been highlighted to the Clinical Commissioning Group.
 - The patient presented as a day case for the excision of a small cyst in the peranal region. However a small tag was removed instead of the lesion. The patient had been seen again in clinic and was currently discussing alternative treatments with her General Practitioner.
- In August 2015 there were 3 SUIs that had not been submitted within the agreed timescale. Two were within Cardiothoracic Services and one within Respiratory Medicine. The report on the Respiratory Medicine incident had now been submitted and the reports on the two Cardiothoracic incidents would be submitted in the next few days.
- The number of incidents not approved after 35 days had slightly increased in August 2015 although remained lower than in the previous 12 months.

The Chief Nurse reported the following matters:

- There had been 0 cases of Trust assigned MRSA bacteraemia recorded for the month of August 2015. The year to date total remained nil.
- The Trust recorded 3 cases of *C.diff* for August 2015 which was better than the monthly target of 7.25 cases. The year to date performance was 23 cases of *C.diff* against an internal threshold of 33 cases and a Monitor threshold of 36. That was the lowest number of cases that the Trust had ever recorded after 5 months.
- There were 5 Trust attributable cases of MSSA bacteraemia recorded in August 2015 which was worse than the monthly trajectory the Trust had set itself. The year to date performance was 22 cases of MSSA against an internal threshold of 18 cases. The Trust continued to work hard on this area.
- Safer staffing – overall, the actual fill rate for day shifts for Registered Nurses was 88.6% and for other care staff against the planned levels was 104.3%. At night these fill rates were 89% for registered nurses and 113.9% for other care staff. On a number of individual wards the fill rate fell below 85% and the main reasons for that continued to be vacant posts and sickness and parenting leave above the planned level. The fill rates for Registered Nurses at night continued to be carefully monitored. The Trust, in partnership with NHS Professionals, had offered 11 Spanish nurses posts for a year on a bank only contract and was returning to Spain in October 2015 to try to recruit more nurses.

The Trust had also looked to recruit from other areas of Europe given that some of the immigration restrictions had now been lifted.

The Chief Nurse also reported that nursing had been temporarily identified as a profession of shortage.

Currently the Trust had 150-160 circa registered nurse vacancies from a total of 4500 staff.

There was a discussion about the Trust's engagement with local schools to promote the variety of jobs/careers within the NHS and to provide help and advice to students so that they obtain the right qualifications and skills. Professor Weetman also reported that possible changes were to be introduced to the way bursary support for nursing degrees was provided.

The Chief Nurse reported that an apprenticeship scheme had just been started in the Estates Department for which the Trust had received a large number of applications for four places.

➤ Research and Innovation

The Medical Director highlighted the following items:

- With effect from this month the remit of the Research Committee had been extended and therefore its title had been changed to the Research, Innovation and Education Committee and meetings had been extended from 2 to 3 hours.

The Chairman stated that it was important that the Trust recognised the importance of innovation within the organisation. The Medical Director explained that it was recognised but that there was not currently a natural home for this activity. The

Trust was, therefore, looking to appoint an Innovation Director who would be housed in the Joint Research Office.

Annette Laban felt that a communication should go out to all staff to raise awareness of the innovative activities taking place across the organisation in a wide range of settings. Julie Phelan reported that she had been in discussion with Becky Joyce, Service Improvement Director, who had put together a list of 70 examples of such activities and a communication would be circulated in the next few weeks. She emphasised that it was not just about making staff aware but also to share good practice.

➤ Patient Centre Services

The Chief Nurse highlighted the following matters:

- 90% of complaints were responded to within 25 working days in August 2015 which was the second consecutive month the Trust target of 85% had been met; that last occurred in April 2015.
- FFT response rates for inpatient areas in August was 23.9%. FFT response rates for A&E in August was 20.2%. The FFT rates were slightly lower than the Trust would like and it was important to make sure that they remained high.

The Director of Strategy and Operations highlighted the following matters:

- New outpatient activity was 0.3% below target in August and was 2.2% below target for the year to date.
- Follow up activity was 4.5% below target in August 2015 and was 2.6% below for the year to date.
- The level of elective inpatient activity was 3.0% below target in August 2015 and was 1.0% below for the year to date. Detailed plans had been drawn up and put in place to address that position. August was always a difficult month in terms of activity levels due to patients not taking up appointments due to holidays and staff holidays.
- Non elective activity was 4.5% below target in August 2015 and was 0.6% above for the year to date.
- Accident and Emergency activity was 1.3% below target in August 2015 and was 0.5% above for the year to date.
- In August 2015 the required national waiting time standard for non admitted patients was achieved again for the eighth consecutive month, with 96.5% of patients being seen within 18 weeks (target 95%).
- The target was not achieved for admitted patients where 88.8% were seen within 18 weeks (target of 90%). That was similar to the position in June (88.7%)
- In August 94.3% of A&E attendances were seen within 4 hours.
- For quarter 2 to date the cancer target for 2 week wait was not yet being met at 92.9% (target was 93%). The performance against the target of 85% for the 62 day target was 80.8%. That was due to late referrals from other hospitals as the Trust's performance for non shared pathways was 88.7%.

- The subject of the deep dive topic was cancelled outpatient appointments and cancelled operations. It appeared that STH was no worse than its peers, although the Trust was looking to improve its performance in that area. Michael Harper, Chief Operating Officer, had been asked to oversee a piece of work to adopt a Trust-wide process to reduce cancellations. A report on that work would be presented to the Board in due course.

Action: Kirsten Major

➤ **Employ Caring and Cared for Staff**

The Director of Human Resources highlighted the following matters:

- Sickness absence in August 2015 was 4.30% against a target of 4%. That figure compared with 4.19% for the same period in 2014. The year to date figure was 4.28% compared with 3.97% for the same period in 2014.

He explained that that level of sickness absence was worrying given that normally the sickness absence rate for the first 5/6 months of the financial year was usually good. He also expected that rate to rise as the winter period approached. It was important therefore that this position was addressed had to be resolved. He had presented a paper to TEG on the matter together with an action plan.

- The number of appraisals carried out in the last 12 month period remained fairly static with the rate at the end of August 2015 standing at 85.6%. The Trust had therefore reached the target for quarter 1 but was unlikely to reach the quarter 2 target of 90%. Focus was, therefore, on achieving the target by November 2015.
- There continued to be steady progress in compliance levels for mandatory training with the figure of 75.4% as at August 2015. Monthly summits, chaired by the Chief Executive, continued to take place with regard to both appraisals and mandatory training. It was anticipated that it was unlikely that the target of 90% by end of September would be achieved and therefore attention was on reaching the target by the end of November 2015.
- The results of the Staff Friends and Family Test (FFT) had been received for quarter 2. Around 5300 staff were asked to participate in the testing and the response rate was 33%. 87% of respondents would recommend STH to friends and family if they needed care and treatment which was a slight decrease on the previous quarter and 70% would recommend STH as a place to work which was a slight improvement on the previous quarter. The annual NHS Staff Survey was launched on 5th October 2015.
- Bank and agency controls had been put in place with standard operating procedures being developed and all agency workers assignments being reviewed.
- The new structure for the general HR department introduces the role of the HR Business Partner. This goes live on the 2nd November, which will support the delivery of the workforce agenda in Care Groups.

During discussion the following points were raised:

- What was the Trust doing differently this year about sickness absence. The Director of Human Resources explained that a Musculoskeletal Programme had been introduced last year and was continuing, there was now early intervention of

mental health problems and Occupational Health were now more proactive in supporting staff on long term sickness.

- What was the split between long term and short term sickness absence. The Director of Human Resources stated that of the 4.28% sickness absence, 2.74% was long term sickness spread evenly across various disciplines and 1.54% short term sickness. It was noted that 2.74% equated to approximately 500 members of staff. The Board expressed its serious concern at the number of staff on long term sickness and stressed that position needed to be addressed.

➤ Spend Public Money Wisely

The Director of Finance highlighted the following matters:

- At Quarter 1 there was a £930m deficit nationally in the provider sector.
- The Month 5 position showed a £4.4m (1.1%) deficit against plan. Whilst that was a £1.8m improvement on the Month 4 position it was only due to the release of contingencies. The operating position showed a further significant deterioration. The position at the end of Month 5 was of considerable concern given that it remained in deficit despite the release of contingencies. A Recovery Plan has been put in place seeking action to improve delivery of activity, efficiency and financial plans and to mitigate risks and maximise contingencies. All Directorates have submitted Recovery Plans which, if delivered, would return the Trust to at least a balanced position against plan. The position at Month 5 was worse than expected and there were clearly many risks to be overcome to achieve a satisfactory position. However, there remained opportunities to secure improvement and those must be delivered.
- There was a significant year to-date activity under-performance of £5.2m, which was a deterioration of £1.6m in August 2015. Following the unusual under-performance on non-elective activity in August 2015, there was now an under-performance in all areas although the major cumulative income shortfalls were in elective, out-patients, critical care and emergency readmissions within 30 days.
- There was a pay overspend of £2.4m (1.0%) in the first 5 months of the year, largely due to medical staffing pressures, and a £2.7m under delivery against efficiency plans.
- Overall, Clinical Directorates reported positions £8.1m worse than their plans.
- The key risks for the year remained contract challenges, performance penalties, delivery of the Local Quality Incentive Schemes, delivery activity/efficiency/financial plans, service/cost pressures and consequences of the T3 Electronic Patient Record project.

During discussion the following points were made:

- Serious concern was expressed at the current level of deficit and what it could be at year end and the need for early intervention and action. It was felt that there was a strong risk that the Trust would not achieve its Plan. The Director of Finance responded that the Trust was relying on the impact of the Recovery Plans and an increase in activity during Quarter 3. He also reported that further expenditure controls may be required in Quarter 4. The clear message was that the Trust had to deliver its plans and Directorates had to get as close to their plans as humanly possible. It had to be acknowledged that the system was under massive pressure and STH faced

the same pressure in every aspect of its work. He pointed out that there were opportunities for improvement but there was no guarantee nevertheless everyone was working hard.

- Directorate monthly reporting was undertaken. Also monthly reports were sent to Monitor and at the current time the Trust were still saying that it was going to achieve its Plan.
- The Chair of the Finance, Performance and Workforce Committee reported that the Committee totally understood the Board's concern and it continually monitored the position on behalf of the Board. However, he pointed out that the answers to the problem were varied and complex. At the last meeting the Committee focussed on bank and agency spend.
- It was commented that it was important that at the year end the Trust was able to demonstrate that it had done everything possible to achieve its Plan. The following key issues were highlighted:
 - Income
 - medical pay
 - Carter Review implementation.
- It was agreed that the Board should receive a summary of the expectations of the Carter Review as it would impact on STH in terms of future opportunities.

Action: Neil Priestley

STH/212/15

Delivering the Trust's Corporate Strategy

(a) T3 Programme Update

Mrs T. Scotter, Director of Informatics, and Mr. Mike Turner, Project Manager, were in attendance for this item.

Mrs. Scotter gave a presentation on how the switchover to the Lorenzo system went on 27th September 2015 and a debrief of the post "Go Live" period, the challenges and the benefits the new system would deliver.

The key points to note were:

- The switchover went well and the Informatics Team had done a great job in terms of support
- The Emergency Department was extremely busy on the change over day and there were some issues with Whiteboards but teams worked through the night to support the situation. All staff rose to the challenge and patients were very accommodating.
- Some patients may have had to wait long a little longer.
- 6,527 unique users had logged onto the system
- There had been 168,000 log-ins since the system went live
- 4082 issues had been raised and 201 remained open. Most of the issues were about smartcards and "How do I" queries.

- 113 incidents were raised with CSC the supplier of the system.
- Focus remained on supporting the Emergency Department and uncovering operational issues.
- The T3 Command Centre monitored the system daily and produced an Operations pack each week which highlighted issues to be addressed.
- Master Classes were being run to create experts.
- A dedicated lessons' learned session would be held in due course.

Following a settling in period of Lorenzo during which problems and operational issues would be resolved the next steps would be

- IPPMA (e-prescribing) pilot
- The clinical portal will "go-live" in early December 2015
- The Electronic Document Management System and Xerox would continue to be rolled out
- A T3 efficiency planning workshop was planned for 3rd November 2015
- A series of clinical workshops would be held to share with clinical staff the capability of the new technology and to set a clinical technology vision for the future

The benefits of the new system would bring

- Improve patient flow
- Increase clinical efficiency
- Save money
- Improve the patient experience
- Reduce the use of paper in the organisation
- In terms of technology the Trust was well placed for the future.

In answer to a question, Tracy Scotter confirmed that the Trust had made it very clear to the supplier what it expected of them and to date they were on track.

The Chairman thanked Tracy Scotter for her presentation and expressed the Board's thank to her and her team for a job well done.

STH/213/15

Clinical Performance

- (a) Infection Prevention and Control (IPC Report)

This item was deferred until the November 2015 meeting.

STH/214/15

Spend public money wisely

- (a) 5-year Capital Plan and Capital Programme

The Director of Finance referred to his update (Enclosure E) on the 2015/16 Capital Programme and 5 Year Capital Plan circulated with the agenda papers. The key points to note were:

- The Capital Programme remained manageable for 2015/16, but the 5 Year Plan then moved into a potentially significant over committed position for 2016/17. That over-committed position could be exacerbated if new schemes and priorities exceed the planning assumptions over the five year period.
- Funding solutions for future years needed to be found if levels of capital investment were not to be constrained.
- Key influences on the 2015/16 outturn position would be the T3 Programme, progression of major medical equipment schemes, decisions on potential IT infrastructure requirements and theatre capacity/ refurbishments.
- Capital planning/prioritisation and scheme “value engineering” continued to be crucial in securing maximum value for money from limited resources.
- Final decisions on solutions for theatre capacity need to be brought to a resolution and that was expected within the next quarter. Plans for additional RHH theatres and expansion to the Bev Stokes Day Case Unit would be considered in October and November 2015 respectively. Current indications were that the costs would significantly exceed the current capital programme sums.
- In addition to approved schemes, fees had been allocated for work in developing business cases for the following potential schemes:
 - Doncaster Radiotherapy Facility
 - WPH Upgrade
 - NGH TAU Upgrade
 - CCDH Laboratory Refurbishment
 - Expansion of Bev Stokes Facility
 - NGH Site Entrances/Exits
- Since the Quarter 1 Update, the following schemes had formally commenced:
 - WPH, RHH and NGH CT Scanners
 - Equipment for Expansion of Theatre Capacity
 - Renal Information System
 - Linac Replacement LA9
 - Haematology Side Rooms (O1)

The Board of Directors:

- **APPROVED** the latest 2015/16 Capital Programme and noted the significant over-commitment on the 2016/17 plan position, which would need to be addressed.
- **NOTED** the list of “possible” schemes on the five year plan at Appendix A which, along with other schemes may 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 generate additional resources for future years if levels of capital investment were not to be significantly reduced.
- **NOTED** the importance of capital planning/prioritisation and “value engineering” in securing maximum benefits from limited capital and revenue funding.

STH/215/15

Chairman and Non-Executive Director Matters

Annette Laban reported that the Organ Donation Committee was working well and the numbers of organ donations was going up.

Dawn Moore reported that the first meeting of the Trust's Health and Wellbeing Group would be meeting on Friday 23rd October 2015. Its main purpose was to lead on the Health and Wellbeing Strategy and develop Trust-wide guidance on health and wellbeing for staff. It would report through the Staff Engagement Group to the Board.

STH/216/15

For Ratification

(a) Data Quality Policy

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

(b) Fit and Proper Person Policy and Procedure

The Board of Directors **RATIFIED** the Fit and Proper Person Policy and Procedure.

STH/217/15

To receive and note

(a) Audit Committee Terms of Reference

The Board of Directors **RECEIVED** and **NOTED** the updated Terms of Reference of the Audit Committee.

John O'Kane reported that he was in the process of identifying a Vice Chairman of the Committee following the departure of Vic Powell.

STH/218/15

Any Other Business

There were no additional items of business.

STH/219/15

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 18th November, 2015, in Seminar Room 1, R Floor, Royal Hallamshire Hospital, at a time to be agreed.