



Sheffield Teaching Hospitals **NHS**
NHS Foundation Trust

Minutes of the BOARD OF DIRECTORS held on Wednesday 15th June, 2016, in the Board Room, Northern General Hospital

PRESENT: Mr. T. Pedder (Chair)

Sir Andrew Cash	Ms. K. Major
Mr. T. Buckham	Mr. J. O'Kane
Professor H. A. Chapman	Mr. N. Priestley
Mr. M. Gwilliam	Professor Dame Pam Shaw
Mrs. C. Imison	Mr. M. Temple
Mrs. A. Laban	Dr. D. Throssell

APOLOGY: Ms. D. Moore

IN ATTENDANCE: Miss S. Coulson (Minutes) Mr. N. Riley
Mrs. J. Phelan

Dr. P. Sneddon - item STH

OBSERVERS: 3 Governors
2 member of the public

The Chairman welcomed everyone to the meeting.

STH/135/16

Declarations of Interests

There were no declarations of interests.

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Minutes of the Previous Meeting

Minutes of the Previous Meeting held on Wednesday 20th May, 2016, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/137/16

Matters Arising:

(a) **CQC Inspection**

(STH/114/16(d)) The Chairman extended congratulations on behalf of the Board to the whole Trust for achieving "Good" across all five domains which was an achievement.

The Medical Director gave a presentation on the outcome of the inspection. Firstly, he extended particular thanks to Sandi Carman, Head of Patient and Healthcare Governance, and her team for their co-ordination and management of the process which was a huge and demanding task. Their attention to detail in collecting,

collating and logging all the evidence had paid real dividend when submitting the Trust's factual response to the CQC on 3rd May 2016. The Board of Directors also extended their appreciation to Sandi Carman and her team.

The key points to note from the presentation were:

- STH was one of only 18 Trusts (out of 174) which have achieved 'Good' across all five domains and that rating reflected the hard work of its 16,000 staff plus volunteers
- The Trust was committed to on-going improvement to address areas highlighted by the CQC as areas for improvements such as:

- "End of Life Care" (across all sites)

The main issue raised by the CQC relating to "End of Life Care" was the fact that the Trust did not have an End of Life Strategy in place and that the Trust's guidance had not been fully embedded across the organisation. However the reason for not having an End of Life Strategy in place at the time of the CQC inspection was that the Trust was awaiting publication of NICE Guidance on the matter before drawing up the strategy

- Urgent and Emergency Services (Northern General Hospital)

An Emergency Department Improvement Group, led by the Director of Strategy and Operations, was in place and was addressing the issues raised. The Trust was already aware of the issues identified by the CQC and a significant amount of remedial action was already taking place.

- Medical Care ("Safety" Domain) (Weston Park Hospital)

The issues raised were about nurse staffing and documentation of care plans and medical documents. Plans were in place to address those issues as well as plans to improve the environment.

- Charles Clifford Dental Hospital fared very well and achieved good across the board with "outstanding" in one area.
- Community Services also fared very well achieving "outstanding" in five areas and "good" in the remaining areas. The CQC were particularly impressed with the Community Dental Service.
- The main findings of the report were:
 - There was effective leadership of the Board and across the organisation. The Trust had a clear vision and Corporate Strategy, which was known and understood by staff. PROUD values were clearly embedded across the organisation.
 - Appropriate systems and procedures were in place to keep patients safe, including safeguarding and infection control.
 - Systems were in place to ensure that patients received evidence-based care. Monitoring showed the Trust performed well when compared with other hospitals.
 - Feedback from patients and relatives was positive about the care they received.

- Inspectors found effective systems in place to support the needs of individual patients, including those living with dementia.
- The CQC identified outstanding practice in a number of areas including:
 - Weston Park Hospital provided a patient-centred holistic approach to patient care where the Multidisciplinary Team worked together to ensure the patient's experience of the service was the best that it could be.
 - A number of initiatives that had been nationally recognised as good practice, eg Active Recovery, cited by the Royal College of Physicians as an exemplar of good practice.
 - The duty floor anaesthetist role in theatres, developed at STH, would be used by the Royal College of Anaesthetists as a beacon of good practice.
 - For community inpatients, patient feedback about nursing and therapy staff was consistently positive. Patients told inspectors that staff "go the extra mile".
- The CQC had recommended further improvement in a number of areas. The Trust was already aware of some of those areas (Weston Park Hospital and End of Life Care - also identified in the Trust's Quality Report) and the following actions were ongoing to address them:
 - Major refurbishment of Weston Park Hospital to improve the facilities for patients and staff.
 - Ongoing work to improve End of Life Care would be detailed in the new strategy.
 - Nurse staffing was continually monitored to ensure appropriate levels were maintained and despite national nursing staff shortages the Trust had attracted >360 new nurses in the last 12 months.
 - Improvements in the Urgent Care Pathway were planned which would build on the earlier redesign work
 - Plans were underway to ensure the safe storage of IV Fluids across all clinical areas.
 - Improvement work continued to improve the consistency of oxygen prescribing.

The Medical Director explained that the next step for the Trust was to complete and submit an Action Plan to the CQC. The deadline for submission was 28 days from the publication of the CQC report (Thursday 9th June 2016). The Action Plan would cover all 'must do' and 'should do' items and implementation would be monitored on behalf of the Board by the Healthcare Governance Committee

During discussion the following points were raised:

- In response to a query about the timescale for the refurbishment of Weston Park Hospital, the Director of Finance explained that the refurbishment was planned to take place in a phased approach over the next few years. Phase I was already underway with the refurbishment of the Assessment Unit and two wards and was due for completion by mid 2017. Further phases would take place over a number of years although funding had yet to be identified.
- The Chief Executive reported that he was making arrangements to secure delivery of the Cancer Strategy in terms of enhanced managerial capacity and capability.
- In response to enquiries about how the Trust planned to celebrate its achievement, the Chief Executive explained that the Trust Executive Group had

considered a number of ways of doing that and had consulted staff about what they would like to see. He stated that communications internally and externally had been sent out and every member of staff would receive a letter attached to their payslip. From discussions with staff, it was clear that they would prefer a visit from senior leadership to say a personal thank you. Therefore, a matrix was being drawn up for Board Members and Senior Managers to go around to departments over the next few weeks to meet staff to say "Thank You". The Trust Executive Group was also working through a plan to provide vouchers for staff to get a free meal.

(b) Length of Stay (LoS) Action Plan

(STH/114/16(a)) Further to discussions at the last Board meeting, the Director of Strategy gave a short presentation on the metrics to be used to track progress of the LoS action plan:

- **Metric 1** - Number of inpatients by length of stay band by month
Rationale - A focus on long LoS should lead to an overall reduction in the lengths of stay of all inpatients.
Metric - A contemporaneous position on the first of the month would identify how long each inpatient had been on the ward.
- **Metric 2:** Number of discharges by LoS
Rationale - A focus on long LoS should lead to an increase in the number of patients being discharged with a long LoS.
Metric - A retrospective data set identifying the total number of discharges by LoS band.
- **Metric 3:** Number of bed nights consumed by 3.6% of inpatients
Rationale - 3.6% of inpatients have accounted for circa 36% of bed nights. Over time the proportion of bed nights consumed by 3.6% of inpatients should reduce.
Metric - A retrospective dataset, for all patients over the 96.4 centile, describing the mean number of bed nights associated with this population

Board members recognised the challenge in setting appropriate metrics and including benchmarking as part of this work. However they felt it would be helpful to benchmark the Trust's performance against other organisations. The Director of Strategy and Operations stated that it was nationally available data and **AGREED** to present some benchmarking data at the July 2016 meeting.

Action: Kirsten Major

The Director of Strategy and Operations explained that the focus on reducing LoS had helped in identifying the care plans for long stay patients who were medically unfit for discharge.

(c) Short Term Intervention Team (STIT) Service

(STH/114/16(b)) The Chief Executive reported that there had been a series of meetings with the Sheffield City Council to discuss the recovery plan to manage the backlog of patients waiting for discharge by the end of July 2016.

As at 13th June, 2016, the Director of Strategy and Operations reported that there were 22 patients in hospital waiting to be discharged to STIT/CICS (Community Intermediate Care Service) and 12 patients in intermediate care beds waiting to be discharged to STIT/CICS.

The Plan was that the Sheffield City Council would provide 93 packages of care per week. However, only 73 packages of care had been delivered during the previous week. Despite that, the Director of Strategy and Operations reported that overall the plan was above trajectory as demand had fallen. She reported that the Local Authority was negotiating with a number of independent sector providers to create additional capacity.

Looking to the future, the Chief Executive reported that staffing reduction in STIT had been paused pending a system-wide review of a future management model of the service in which the independent sector would be incentivised to provide additional capacity.

The Board agreed that the Director of Strategy and Operations should be part of the review.

During discussion the following points were raised:

- As part of the independent review, the Board was keen to learn from others about what works well.
- Candace Imison pointed out that everywhere was struggling with this problem and that the Nuffield Institute was planning on undertaking a piece of work on it.
- Annette Laban reported that Tameside had started to look at this problem and although it was a much smaller organisation some good things had come out so it might be worth having a look at what they have done.

There needed to be some independence in the review.

- There needed to be some alignment of the risk with the Sheffield City Council as the Trust could not carry the burden if the independent sector cannot provide beds.
- The Board of Directors expressed its support for the Chairs of the Healthcare Governance Committee and the Finance, Performance and Workforce Committee to be engaged, if appropriate, in further meetings with the Sheffield City Council.

(d) Junior Doctors Contract

(STH/114/16(c)) The Director of Human Resources reported that since the May 2016 Board meeting an agreement on the new contract had been reached by all parties. A ballot would be held from 17th June to 1st July 2016 and the result would be announced on 6th July 2016.

Irrespective of the outcome of the ballot, the Trust was required to appoint a "Guardian of Safe Working". The post had been advertised and it was hoped to make an appointment before 26th July 2016 as there was a conference being held shortly afterwards for Guardians.

Governance

(a) Well-Led Review

The Assistant Chief Executive referred to his paper (Enclosure B) circulated with the agenda papers which set out the context and key issues to be addressed in stage two of the Well-Led Review as well as the timetable and costs involved.

The key points to note were:

- The two domains to be addressed were:
 - planning and strategy
 - capability and culture
- There were a range of possible providers and therefore there would be an inclusive Board-led competitive selection process led by a sub-group of the Board consisting:
 - The Chairman
 - A Non-Executive Director
 - An Executive Director: Director of Strategy and Operations/Director of Human Resources and Organisational Development (to be determined by availability for meetings of the sub-group)
 - Assistant Chief Executive

The Chairman reported that John O'Kane had agreed to be the Non Executive Director on the Group.

- The range of providers available divided up into three broad categories:
 - The big 4 (PwC, Ernst and Young, KPMG and Deloitte). They were well established in the field of well-led reviews and had been used by Trusts within the Shelford Group.
 - Specialist organisations (Capsticks, Good Governance Institute, GE Healthcare (formerly Foresight Consultancy). These were reasonably well established in the field and were utilised in stage one of the Trust's Well-led Review.
 - Small independents – there were a number of such organisations who provided such a service. That was the way Guy's and St Thomas' Foundation Trust had carried out their well-led review but was perhaps the least common way of commissioning such reviews.

It was proposed that the Board sub-group meet three organisations from the specialist organisations grouping to determine which organisation was best suited to carry out the review for STH. However, since producing the paper, and on reflection, the Assistant Chief Executive felt that one of the big 4 providers (such as Deloitte) should be included and that was a matter for consideration by the sub-group.

- Selection of the provider would take place by the end of July 2016 and the review would commence in September 2016.
- The anticipated costs were in the region of £30k.

The Board of Directors

- **NOTED** the context for the completion of the Well-led Review
- **APPROVED** the process and identify the remaining members of the Board sub-group
- **AGREED** the timetable
- **AGREED** the budget

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Chief Executive's Matters

The Chief Executive referred to the Integrated Performance Report (Enclosure D) circulated with the agenda papers and each Executive Director gave a report on their respective areas:

- Deliver the Best Clinical Outcomes

The Medical Director highlighted the following points:

- The final draft Quality Report had been approved and processes were in place to implement and monitor the Trust's quality objectives for 2016/17 including objectives for Weston Park Hospital and End of Life.
- One new serious incident had been reported relating to possible delayed treatment in A&E and an investigation was underway. Three serious incidents had been closed.
- The Trust had been ranked 197 out of 230 Trusts in The Learning from Mistakes League report which placed it in the 'significant concern' banding. The methodology was mainly based on the responses staff had given as part of the NHS Staff Survey. The Trust had received one Red Flag relating to "Staff feel able to contribute to improvements at work". By comparison six out of the 10 Shelford Trusts had fallen into the same category. The Healthcare Governance Committee had discussed the matter in detail and noted the apparently disproportionate impact of this staff survey question on the overall rating. That would be further reviewed by the Healthcare Governance Committee.
- Cyber Security in healthcare was becoming much more prominent and the Head of Information Governance and team had attended a number of national events. The Information Governance Toolkit has been revised and the Trust had demonstrated full compliance as at March 2016.
- The Emergency Preparedness, Resilience and Response Arrangements report highlighted that adequate contingency plans had been put in place during the junior doctors' industrial action.
- The NCEPOD report highlighted that new publications were being considered covering the care received by patients who had a severe gastrointestinal bleed (July 2015) and the process of care received by patients with sepsis (November 2015). A self-assessment checklist of 21 recommendations (17 applicable to acute trusts) had been issued by NCEPOD. Five studies were currently active and two were being considered covering tracheostomy patients and lower limb amputation due to vascular disease or diabetes. The Trust had achieved 100%, 95% and 100% compliance in returns for the three completed NCEPOD studies for 2015/16.

The Chief Nurse highlighted the following points:

- The Trust had had a disappointing start to 2016/17 in terms of infection control:
 - There had been 1 case of Trust assigned MRSA bacteraemia recorded for the month of April 2016.

- There were 6 Trust attributable cases of MSSA bacteraemia recorded in April 2016 which was more than the monthly trajectory of 3.5 cases that the Trust had set itself.
- The Trust had recorded 8 cases of C.Diff for April 2016 which was slightly more than the monthly internal threshold of 6.5 and an NHS Improvement (NHSI) threshold of 7.25.

In response to a question regarding nurse recruitment, the Chief Nurse stated that the Trust was in the process of appointing the newly registered nurses from the colleges and 200 had been shortlisted. The Trust also continued to recruit from overseas. It also continued to attract experienced nurses who had taken retirement to return to work on a flexible basis.

She also reported that there was no evidence of nursing staff taking retirement due to the revalidation process.

The Chief Nurse emphasised that the changes in HEE funding was a major concern and would have a significant affect on postgraduate training.

➤ Provide Patient Centred Services

The Chief Nurse highlighted the following points:

- 91% of complaints were responded to within 25 working days.
- FFT response rates inpatient – the response rate in April 2016 was 29% which was marginally below than the internal target of 30%.
- FFT response rates A&E– the response rate in April 2016 was 26% which was better than the internal target of 20%.
- FFT score inpatient – the score for April 2016 was 96% of patients recommending STH as a place for treatment which was better than the internal target of 95%.

The Director of Strategy and Operation highlighted the following points:

- New outpatient activity was 18.1% below target in April 2016 (further reconciliation of activity was currently underway).
- Follow up activity was 8.8% below target in April 2016 (further reconciliation of activity is currently underway).
- The level of elective inpatient activity was 1.0% below target in April 2016
- Non-elective activity was 2.4% below target in April 2016
- The number of operations cancelled on the day for non clinical reasons was 144, which was above the target of 75 and related directly to operational challenges.
- The number of patients on incomplete pathways rose from 51,435 at the end of March 2016 to 52,606 at the end of April 2016. The numbers waiting over 18 weeks had however declined slightly from 4294 at the end of March 2016 to 3755 at the end of April 2016. Of those 92.9% had a waiting time of less than 18 weeks and, therefore, the national target had been achieved.
- The performance against the cancer waiting time targets for quarter 4 were all met with the exception of 31 day first treatment at 95.1% (target 96%), 31 day subsequent treatment (surgery) at 91.5% (target 94%) and 62 day referral to treatment at 80.2% (target of 85%). The GP 62 day performance continued to be a consequence of late referrals from other organisations and the Trust continued to work closely with District General Hospitals to improve the timeliness of referrals. It was noted that the target was met for those patients whose pathway originated in the Trust. The other two targets related directly to

surgical capacity in urology and a comprehensive recovery plan was now underway.

➤ Deep Dive – Day Surgery Targets

The Director of Strategy and Operations referred to the Deep Dive section of the report which showed the rates of day case surgery in the Trust and for Directorates and compared them to the levels expected by the British Association of Day Surgery (BADS). BADS was a multidisciplinary organisation that was set up in 1989 to promote day surgery and they have developed a Directory of Procedures providing aspirational day surgery rates for all organisations for over 180 specific operations. Day surgery represented a unique opportunity to achieve both high quality and cost effective care as ‘best practice’, and as such, was being increasingly incentivised with enhanced tariff payments.

The table below set out the Trust’s performance in 2015/16 for 153 individual procedures in the directory.

Performance	Number of procedures
At or above target	46 procedures
1% to 5% below target	31 procedures
6% to 10% below target	19 procedures
11% to 15% below target	11 procedures
16% to 20% below target	14 procedures
More than 20% below target	32 procedures

The Director of Strategy and Operations emphasised that none of the targets were case mix adjusted.

The Trust was reviewing the areas where the biggest potential to improve performance existed.

For a case to be classified as a day case the ‘intended management’ had to be recorded as a day case with the patient having a zero length of stay. For some procedures there had been a number of cases which were recorded as inpatients. However, the patient did not stay overnight and the inclusion of those patients in some cases would have brought performance on or above target. Therefore the Trust would be reviewing administrative processes for admission to ensure that day case patients were being classified correctly

➤ Employ Caring and Cared for Staff

The Director of Human Resources highlighted the following points:

- There were early signs that the level of sickness was reducing month on month. Sickness absence in April 2016 was 4.45% against a target of 4%. The year to date (YTD) figure was 4.45% compared with 4.13% for the same period the preceding year. Those figures could be split into:
 - long term - 2.37% (YTD)
 - short term - 2.08% (YTD).
 There were 2694 episodes of sickness absence during April 2016 of which 497 were for more than 28 days of which 67 were for 6 months and longer.
- The engagement process with Managers on the current Managing Attendance policy had been completed and a formal process of consultation would now take place with Staff Side (30 days).

The Working Together programme partners were participating in a procurement process for an absence management system and a demonstration from the preferred supplier was due to take place in June 2016.

- As part of the Healthy Workforce agenda the Trust was taking part in two initiatives “Move More” Challenge and “Walk/Race to Rio” as part of this year’s Olympic celebrations. The Director of Human Resources stated that he had entered the Board as a Team in the “Move More Challenge”.
- The Trust saw a reduction in the number of appraisals which have been carried out in the preceding 12 month period with the rate at the end of April 2016 standing at 83.0%, failing to meet the target of 90%. Directorates had been asked to develop action plans in conjunction with their HR Business Partner to ensure that the target was achieved in 2016/17 by realigning the timing of appraisals to avoid peak operational pressures wherever possible.
- There was a slight increase in compliance levels for mandatory training with the figure of 87.7% at the end of April 2016.

➤ Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 1 position showed a £1,130.8k (1.4%) deficit against the plan (which was to deliver a full year £6.9m surplus).
- There was an activity under-performance of £1.4m in April 2016. Activity targets had increased for the new financial year but a significant amount of activity was lost due to 4 days of Junior Doctor industrial action.
- There was a £0.3m under delivery against efficiency plans for April 2016. Overall, Clinical Directorates reported positions £1.2m worse than their plans.
- The Financial Plan assumed neutrality on baseline contract income (tariffs, CQUIN, etc.) in the move from 2015/16 to 2016/17. Contract negotiations had been completed and there were risks to the income assumption from difficult CQUIN targets, potential non-receipt of System Resilience funding and consequences of commissioner QIPP proposals. No potential losses were reflected in the April 2016 position.
- The Financial Plan and current position assumed receipt of £19.3m of national Sustainability and Transformation (S&T) funding. In order to receive that funding the Trust had to meet conditions set by NHS Improvement on a financial “Control Total”, service target trajectories and an agency staffing cost “Ceiling”.
- The key risks for the year were delivery of activity/efficiency/financial plans; potential contract income losses and loss of S&T funding.
- The position at the end of Month 1 was disappointing although it was clearly early in the financial year and activity had been significantly impacted by the Junior Doctor industrial action.

It was agreed that there should be a detailed update on the financial position presented to the July 2016 meeting of the Finance, Performance and Workforce Committee by which time the Trust may know the control targets.

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Chairman and Non-Executive Director Matters

No matters were raised.

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Deliver excellent research, education and innovation

(a) Genomics Update

The Board of Directors noted the update (Enclosure E) on the Genomes Project circulated with the agenda papers.

(b) Research and Development Activities

Dr. Peter Sneddon, Clinical Research Office Director, gave a presentation on research activities. The theme of the presentation was around expanding opportunities for clinical research in the Trust and looking to the future.

Dr. Sneddon highlighted the following points:

- In 2014/15 the number of patients recruited by STHFT to NIHR adopted studies was 7786. In 2015/16 the Trust exceeded its target of 8600 patients.
- In 2016/17 the Trust's aim was to increase the number of patients that it recruited to trials to over 9,000. As host of the Yorkshire and Humber Clinical Research Network, the Trust had set a goal recruiting 65,000 patients from across the region into clinical trials which was about 10% of the NHS total.
- The following were examples of the expanding opportunities:
 - Research programme in cystic fibrosis treatments
 - A UK-wide consortium of cystic fibrosis clinicians and researchers led by Dr Martin Wildman of STHFT awarded a £2 million NIHR Programme Grant
 - Major investment in Diabetes research:
 - Professor Solomon Tesfaye awarded a £2.9 million NIHR Grant to study the optimal pathway for treating neuropathic pain in diabetes
 - Professor Simon Heller awarded a £2.7million NIHR grant for national Dose Adjustment for Normal Eating (DAFNE) programme helping type 1 diabetes patients better manage their condition
 - Stem cell treatment for Multiple Sclerosis
 - STHFT researchers developing an experimental treatment for Multiple Sclerosis. The Autologous Haematopoietic Stem Cell Transplantation (AH SCT) treatment is currently the subject of further clinical trials and was featured in a BBC Panorama programme earlier in the year.
- Sheffield Researchers had also received national recognition as listed below:
 - Healthcare Scientist of the Year - Professor Wendy Tindale (Scientific Director of Medical Imaging and Medical Physics at STHFT) named Healthcare Scientist of the Year
 - NIHR Senior Investigators - Professor Simon Heller and Professor Steven Goodacre awarded NIHR Senior Investigator status (NIHR's pre-eminent researchers)
 - NIHR CRN Leading Commercial Principal Investigators - Professor Basil Sharrack received an award for consistently delivering his commercial clinical trials on time and to recruitment target
 - Medipex Innovation Award - To STHFT staff for new mobile phone app designed to collect continuous feedback from doctors-in-training
- In terms of National Research and Development metrics the Trust was

- 6th best in the League 1 in terms of the 70 Day (valid application to First patient recruitment) metric.
 - 11th best in League 1 in terms of the Recruitment to Time and Target (RTT) Metric.
- Looking to the future the Trust had two major grant applications that were going forwards:
- Biomedical Research Centre in Neurosciences
 - Application submitted on 6th June 2016
 - Director Professor Dame Pamela Shaw
 - £4.5 million potential funding over 5 years
 - Interview - Cumberland Lodge, 20th July 2016

Professor Dame Shaw updated the Board on the enormous amount of work that had gone into drawing up the application and the preparation for the interview on 20th July 2016.

She also reported that the University had submitted an application on Tuesday 14th June 2016 to the Yorkshire Cancer Research for £3.8 m. The aim was to attract 8-10 very high quality senior Fellows in Oncology.

- Clinical Research Facility (Experimental Medicine)
 - Application to be submitted 22nd June 2016
 - Director Professor Chris Newman
 - £5.8 million potential funding over 5 years
- The Local Clinical Research Network (LCRN) share of English recruitment was 8.8% (although the LCRN had hoped to get 10%) and that equated to a loss in funding of £1.8m in 2016/17. As host of the LCRN the Trust would have to manage the reduction in funding working with the 22 partners.

Overall the level of research income funding was a sound basis for continuing to improve research activities. However the challenge for the LCRN was the delivery by partners receiving less funding.

The Board debated why some partners performance was not as good as others. Dr. Sneddon stated that a significant amount of work had been done in the last few months with those partners whose performance was not as good as it should be in order to understand the reasons for that position.

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Any Other Business

There were no additional items of business raised.

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Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 20th July 2016, in Seminar Room 1, Clinical Skills Centre. Royal Hallamshire Hospital, at a time to be confirmed.