



Minutes of the BOARD OF DIRECTORS held on Wednesday 18th March, 2015, in Undergraduate Common Room, Medical Education Centre, Northern General Hospital

PRESENT:

Mr. V. Powell (Chair)

Sir Andrew Cash	Ms. D. Moore
Professor H. A. Chapman	Mr. J. O'Kane
Mr. M. Gwilliam	Mr. M. Temple (part)
Mrs. S. Harrison	Mr. N. Priestley
Mrs. A. Laban	Dr. D. Throssell
Ms. K. Major	

IN ATTENDANCE:

Miss S. Coulson (Minutes)	Mr. N. Riley (Part)
Mrs. J. Phelan	

Professor B. Sharrack	} item STH/57/15
Mr. S. Storey (Patient)	

Ms. S. Carman - item STH/60/15

Dr. P. Sneddon - item STH/62/15(b)

APOLOGIES:

Mr. T. Pedder	Professor A. P. Weetman
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OBSERVERS:

2 Governors

The Chairman welcomed everyone to the meeting. The Chief Executive explained that at short notice Tony Pedder, Chairman, had to attend a meeting with the Chair of NHS England in London and four other Chairs to discuss the issue of the specialised tariff for 2015/16, therefore Vic Powell, Vice Chairman, would be chairing the meeting.

STH/53/15

Declarations of Interests

No declarations of interest were made.

STH/53/15

Minutes of the Previous Meeting

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

STH/55/15

Relevant Matter(s) Arising

(a) **Prime Minister's Challenge Fund**

The Chief Executive announced that the outcome of Sheffield's bid would be known on Saturday 21st March, 2015 and he hoped for a positive outcome as the Sheffield's bid was extremely strong.

Deliver the best Clinical Outcomes

(a) **Healthcare Governance Report**

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

- Duty of Candour – Work was ongoing in relation to the Duty of Candour which required Trusts to be open and transparent and share with patients and carers problems identified via incident reporting and investigation. STH patient safety incidents graded as moderate and above would be subject to Duty of Candour requirements.
- Care Quality Commission (CQC) Compliance - The planned mock inspections were taking place on 18th, 19th and 20th March with volunteers from across the Trust taking part. The purpose of the mock inspections was to ensure that staff were well informed about the processes which would be followed during the forthcoming CQC inspection. Any areas for improvement would also be identified so that action could be taken as a priority.
- Serious Untoward Incidents – The following three serious incidents had been recorded and were under investigation:
 - Bleed Post Liver Biopsy - Following admission for the procedure there was a delay in a patient undergoing liver biopsy and after it took place the procedure was complicated by bleeding. The patient deteriorated following the procedure and was transferred to ITU but unfortunately died as a result of post biopsy bleed.

In answer to a question, the Medical Director explained that bleeding was a recognised complication of liver biopsy and that a bleeding tendency was a feature of liver disease.
 - Pressure Ulcer - A patient was admitted following a fall at home. There was a delay in the provision of a pressure relieving mattress and Waterlow reviews were intermittent. The patient subsequently developed a necrotic heel.
 - Patient Fall - A patient had been transferred between wards. The patient had previously been using a Zimmer frame. However the frame was not transferred with the patient and the patient suffered a fall resulting in injuries.
- Discharge Safely by Midday - The 'Three As' programme had begun and included three workstreams:
 - **A**mbulatory care improvement
 - **A**cute assessment improvement
 - **A**cute workforce improvement.

The result would be a change from the usual approach of 'admit to assess' to a new approach of 'assess to admit'. More consideration was required around the space and workforce needed to implement it. The Medical Director was the Executive sponsor for the workstream.

As part of the Listening into Action initiative, safe discharge in a morning was being developed and promoted and was being led by Andrew Gibson, Deputy Medical Director. Early morning discharges would make a huge difference to patient flow and the timely movement of patients to appropriate clinical areas.

- Complaints - There had been a reduction in the number of formal complaints in December 2014 compared to previous years although there were still some challenges in relation to the response time to complaints.

The Medical Director emphasised that there was no national target for responding to complaints. STH worked to an internal target and therefore there were no comparative data against which the Trust could compare its performance.

- Maternity Friends and Family Test (FFT) response rates had shown a significant decrease from 21.5% in October 2014, 10.9% in November 2014 to 9.2% during December 2014. A significant amount of work was being undertaken to address that performance. An action plan had been developed which included ensuring staff were aware of their responsibility to provide an FFT card at the appropriate time and monitoring the stock level of FFT cards in all areas on Maternity Services to ensure that there was a constant supply.

FFT dissatisfaction ratings in A&E for December 2014 (10%) and over the last 12 months (10%) were higher than the national average (6%). An action plan had been developed and agreed with key A&E staff. The action plan included improvements to the signage and patient information, and the introduction of a new volunteer support role. The team were also hoping to work with the Design Council initiative which amongst other issues aimed to improve communication with patients and were also looking to apply for charitable funds to refurbish the waiting area to improve the patient experience.

The Board of Directors **RECEIVED** and **NOTED** the Healthcare Governance Summary.

STH/57/15

Providing Patient Centred Services

- (a) Clinical Update: The use of stem cell transplantation in patients with multiple sclerosis

Professor B. Sharrack, Consultant Neurologist, and Stephen Storey, patient were in attendance for this item. Professor Sharrack gave a presentation on the use of Stem Cell Transplantation in the treatment of Multiple Sclerosis which he had developed in collaboration with Dr. John Snowden, Consultant Haematologist, who unfortunately was not able to attend today. The key points to note were:

- He explained how and explained how the treatment works:
 - Blood is drawn from the patient
 - Stem cells are harvested from the blood
 - High dose of chemotherapy is administered to the patient
 - The stems cells are returned to the patient and lead to 'rebooting' of the immune system, thereby stopping the producing of the immune cells which were previously damaging nerves and causing the clinical features of MS.
- He reported that STH was one of four international sites involved in the randomised controlled trial in this area and the only one in the UK.

- The treatment was only suitable for patients with relapsing remitting disease who had had two or more significant relapses in the previous twelve months and had failed to respond to standard treatment and who had had the illness for no more than ten years.
- Age was not a bar to treatment.
- The initial results now needed to be confirmed in a larger randomised clinical trial in order to understand why patients got better. Due to the low number of patients transplanted in each centre it was essential to adequately collect and analyse biological samples in a larger cohort of patients under standardised conditions. The European Society for Blood and Marrow Transplantation Autoimmune Diseases and Immunobiology Working Parties had therefore undertaken a joint initiative to develop and implement guidelines for 'good laboratory practice' in relation to procurement, processing, storage and analysis of biological specimens for immune reconstitution studies in patients with autoimmune disease before, during and after stem cell transplantation.

To move to that next stage Professor Sharrack explained that he would require help from the Trust in terms of access to biobank facilities. The Chief Executive stated that he would pick up the issue of biobank facilities with Professor Sharrack outside the meeting.

Action: Sir Andrew Cash

- The cost of the treatment was approximately £30,000 per patient but that was a one off cost and set against the cost of treating an MS patient over the course of their life was considered to be cost effective.
- The treatment had received significant media coverage over recent weeks and Panorama had contacted the Trust to explore the possibility of making a "behind the scenes" documentary of a patient going through the treatment and patients who had already gone through the treatment.

Julie Phelan, Communications Director, reported that discussions with Panorama had gone well and that filming would probably start in the next month and would be done over a period of four months. The programme would probably be aired in November/December 2015.

Steven Storey provided the Board with the patient's perspective of the treatment. He explained that he had been diagnosed with MS in 2013 and had gone from being an extremely active person competing in sporting events to becoming wheelchair bound and unable to care for himself by September 2014. He explained that the treatment he had received had transformed his life and after only four months was able to stand unaided and now he could even bend down and touch his toes. He was now receiving physiotherapy and expected to continue to improve physically and gain more muscle control and strength in the coming months. He emphasised that the treatment had saved his life.

The Board posed many questions of Professor Sharrack and Mr. Storer on the treatment and its effect.

The Chairman thanked Professor Sharrack for an extremely interesting presentation and also thanked Steven Storey for taking the time to attend the Board to give the patient's perspective and experience and wished him well in the future.

Financial and Operational

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

The Director of Finance presented his report (Enclosure C) circulated with the agenda papers. The key points to note were:

- There was a deterioration in the Month 10 financial position given the difficult operational environment but the year end outturn position was still expected to be satisfactory.
- There were now just a small number of key variables which would determine the ultimate 2014/15 outturn position.
- Work continued to identify further significant efficiency savings for 2015/16 but the Trust's 2015/16 financial position was still looking extremely difficult given the latest developments on the 2015/16 National Tariff Payment System arrangements. However, along with other major providers of specialised services, the Trust was continuing to seek more appropriate funding arrangements.
- The Trust had not selected an option regarding the 2015/16 National Tariff Payment System and therefore by default would remain on 2014/15 Tariffs but without CQUIN funding (the Default Tariff Rollover or DTR option). Since not selecting an option, the Trust had heard very little from NHSE and Monitor. Also little seemed to be happening with NHS England in terms of contract negotiations.
- As a consequence of the tariff issue the Trust's likely to face an £18 million deficit in 2015/16.
- There was a lot of work to do locally in terms of contract negotiations and next year's efficiency delivery savings.

The Chief Executive emphasised that it was absolutely clear that the 2015/16 National Tariff Payment System placed a disproportionate hit on specialist services and it was unlikely that there would be a solution before the General Election.

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

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

The Director of Strategy and Operations presented the Activity and Access Report and highlighted the following points:

- The Trust achieved the target for non admitted pathways with a performance of 96.4% against the target of 95%. The target for incomplete pathways was also met, achieving 93.2% against the target of 92%. The target for 18 week admitted pathways was not met in January 2015 with a performance of 86% against a target of 90%. That was a slight deterioration from December 2014 (88.8%) and was also marginally lower than the trajectory of 88.8%.
- New outpatient activity was 1.0% above target in January 2015 and was 5.5% above for the year to date.
- Follow up activity was 2.8% below target in January 2015 and was 0.6% below target for the year to date. This reflected the heightened attention on timely 'first' pathways, but it remained important for Directorates to balance RTT and 'planned' activity for optimal patient care.
- The level of elective inpatient activity was 1.1% above target in January 2015 and 1.4% above for the year to date.

- In January, 2015, there were 84 operations cancelled on the day for non clinical reasons compared to the target of 75. The year to date total was 868 against a target of 750. This was 0.83% of all planned operations for the year to date.
- Non elective activity was 0.4% below target in January, 2015; this was surprising given the operational pressures and was being further investigated. The year to date position was 2.3% above target.
- At any one time in January, 2015, there were, on average, 79 patients whose discharge from hospital was delayed for non clinical reasons compared to 43 during December 2014. That was a direct reflection of the known capacity issues in social care that occurred in the period after 24 December 2014.
- Accident and Emergency activity was 7.5% below target in January 2015; that was surprising given the operational pressures in the month and was being further investigated. Performance was 0.5% above for the year to date. In January, 89.7% of attendances were seen within 4 hours, giving a year to date performance of 93.1%, against a target of 95%.
- The cancer targets for Q4 were on track apart from for the 62 days for GP referral to treatment target which was at 82% compared to the target of 85%. The complexity of pathways which start in DGHs continued to pose a significant challenge to STH teams.
- There were no cases of MRSA reported in January, 2015.
- There was 1 case of C Diff in January, 2015, compared to a target of 7, giving a total of 74 for the year to date compared to the target of 78. The annual target was no more than 94 cases.

The Board of Directors **RECEIVED** and **NOTED** the Activity and Access Report

18 Week Wait Performance

The Director of Strategy and Operations presented the update on 18 Week Wait Performance and highlighted the following key points:

- The average waiting time for patients receiving care at the Trust was 8 weeks.
- The Trust continued to meet all cancer treatment waiting time standards – the prioritisation of those urgent pathways could, at times, impact on the Trust's 18 week performance in non-cancer and non-urgent diagnoses.
- In January, 2015, the required national waiting time standard for non admitted patients was achieved again for the fourth consecutive month, with 96.4% of patients being seen within 18 weeks (target 95%). The target had not yet been achieved for admitted patients where 86% were seen within 18 weeks which was marginally below the target of 90%. That was a slight deterioration of the position in December (88.8%)
- The number of incomplete pathways remained above the national waiting time standards, with 93.2% waiting less than 18 weeks (target was 92%). That was an improvement on the performance in December 2014 which was 92.7%.
- The Trust had continued to receive more referrals than expected throughout the year and despite that had consistently delivered more inpatient and outpatient activity than target.
- The number of 18 week pathways that had been closed in the second quarter of the year was higher than those closed in the first quarter. In Q3, the number of pathways closed fell but was still higher than Q3 in the previous year. In January 2015 there were 16,080 pathways closed compared to 16,485 in December 2014 and 16,765 in January 2014. However, both elective activity

and outpatient attendances were lower in January 2015 than in the previous year.

- The Trust was confident about the systems and process in place to keep on track with 18 week target.
- The Waiting List Task and Finish Group had now moved from an overview position to undertaking a more forensic look at specific Directorate issues as they arose and was currently doing a deep dive into General Surgery. General Managers attended meetings of the Group and were fully aware of the numbers involved and the reasons behind the breaches of individual cases. The work undertaken in the Cardiac Services was an exemplar for the rest of the organisation.
- The revised Access Policy would be presented to the Board in April 2015 for ratification.

Action: Kirsten Major

- Orthopaedics was still a challenge and plans were being developed and the date by when the target would be achieved would be reported at a future Board meeting. There was pressure from NHS England to outsource orthopaedic capacity.

It was noted that the Trust's position was in line with the national position and was difficult to model due to the sub specialty arrangements.

A number of Board members had recently visited Barlborough and they felt that there were lessons the Trust could learn from them regarding how they manage patients and deliver their care through the system.

The Board of Directors **RECEIVED** and **NOTED** the update on 18 Week Wait Performance.

STH/59/15

Employ caring and cared for staff

(a) **Staff Survey Results**

The Director of Human Resources presented the Staff Survey Results as outlined in the paper (Enclosure F) circulated with the agenda papers. The key points to note were:

- The Trust's staff engagement score was 3.81% which was a significant improvement since 2013. The improvement had been driven by improvements in appraisal and the introduction of Staff Friends and Family Test. The Trust was now above average in comparison to other acute Trusts (which had been achieved prior to the introduction of Listening into Action).
- There had been considerable improvements across a range of indicators with 13 of the 29 Key findings now in the top 20% of acute trusts (up from 2 in 2013)
- A comparison of the survey results with the other Trusts in the Shelford group had been undertaken and were detailed in Appendices 2 and 3 of the paper.
- A staff engagement score would be calculated for each directorate and the directorate staff engagement action plans revised in light of the directorate survey results. Although the plans would include Listening into Action the

ongoing engagement work would be maintained. The action plans would be monitored via the Directorate performance review process.

- The Trust was ranked bottom in the following five areas:
 - Percentage of staff able to contribute towards improvements at work
 - Percentage of staff agreeing that their role makes a difference to patients
 - Percentage of staff agreeing that they would feel secure raising concerns about unsafe clinical practice
 - Percentage of staff receiving health and safety training in last 12 months
 - Percentage of staff agreeing that feedback from patients/service users is used to make informed decisions in their directorate/department

Those areas would be addressed through Listening into action, mandatory training and also by reviewing the Raising Concerns at Work Policy to reflect the requirements of the Freedom to Speak Up Report.

The Director of Human Resources explained that the Trust had become a national exemplar for the way it had carried out the Staff Family and Friends. The Trust was required to survey all its staff once per year using the Staff Family and Friends Test and rather than survey all staff in one go it had broken it down into quarters and had surveyed different sections of the organisation each quarter. Directorates with low results were provided with assistance to develop action plans.

The Chief Executive stated that he was pleased with the progress made and the aim was to build on it each year and he hoped by this time next year the Trust would not have any areas in the bottom percentage.

The Board of Directors **RECEIVED** and **NOTED** the Staff Survey results.

STH/60/15

Care Quality Commission (CQC) Preparation Update: Presentation

The Medical Director introduced the item and Sandi Carman, Head of Patient and Healthcare Governance gave a presentation on the on-going work to ensure that the Trust was ready for the forthcoming inspection by the CQC. The key points to note were:

- The inspection was expected to be towards the end of the year. The Trust would receive 14-16 weeks' notice and was expecting in the region of 80 inspectors. The CQC would be asking "Is the organisation safe, effective, caring, responsive and well-led?"
- Prior to the inspection the Trust would receive a Provider Information Request which would involve the gathering and collation of a massive amount of information. Therefore that information was being gathered now in order to save time later.
- In order to manage the inspection an operational team would be based in the Board Room at the Northern General Hospital. It would be led by Sandi Carman and would include the Deputy Chief Nurse, Chief Operating Officer, an analyst, loggists and staff from the Healthcare Governance Department. The CQC ask for one main contact from the Trust to liaise with one contact from the CQC team. The Trust contact was Sandi Carman.
- Communication with the organisation during the visit was critical and arrangements were in place.

- The announced visit would be over a 5-day period and following that there may be unannounced inspections usually out of hours and at weekends. The Trust were expecting the inspectors to visit tertiary services and community services in addition to the core service visits (urgent and emergency services; medical care (including older people's care) surgery; critical care; maternity and gynaecology; services for children and young people; end of life care and outpatients and diagnostic imaging).
- At the end of all the visits there would be a Quality Summit which would include Board members at which initial feedback would be given although no indication would be given of the final rating. The final rating would be communicated via the Final Inspection Report. Sandi Carman reported that she had picked up from other organisations who had been inspected there may be a delay in the production of the final report. If that was the case it would place the Trust in a difficult position and that uncertainty would have to be managed.
- Two new areas were Duty of Candour and the Fit and Proper Persons Test and she explained that the Trust had put in place measures to address those two areas.
- The Trust was in contact with other organisations who had already been inspected or were due to be inspected to share and learn from their experiences.
- Mock inspections were being carried out on 18th, 19th and 20th March. Those inspections would cover approximately 10-20% of the organisation. Each area inspected would receive a written summary of the inspection. Any patient concerns identified would be immediately escalated. Any general lessons learned would be communicated across the organisation.
- Briefing sessions would be held for Board members to brief them on their involvement.
- It was acknowledged that not all inspectors would be experts in healthcare so it was important that staff were open and honest and straightforward in their responses.

The Chairman thanked Sandi Carman for the update on the preparations for the impending CQC visit.

STH/61/15

Governance

(a) Assurance Framework

The Assistant Chief Executive presented the Assurance Framework (Enclosure G) circulated with the agenda papers. The key points to note were:

- Following established practice the Assurance Manager had held a series of meetings with Executive Directors to review and refresh their portfolio risks and the Assurance Framework had been updated accordingly.
- The normal practice would be for the Audit Committee to consider the Assurance Framework before it was presented to the Board. However due to unforeseen circumstances that had not been possible this year.
- In their last report on Risk Management, Internal Audit had advised further development of strategic risk management at the Trust and had identified scope for improvement of the Assurance Framework in both its format and in the way it was used.

- In order to strengthen coherence of Board risk management and Board assurance, the Assurance Manager will lead a major review of the Board assurance and risk management in 2015/16. A key proposal will be for the Board to receive an Integrated Risk and Assurance Report which will provide assurance about risk management and performance management and how the two interact. The proposed timetable for the introduction of the integrated report was set out in the paper.

The Board of Directors **RECEIVED** and **NOTED** the Assurance Framework.

(b) **Fit and Proper Persons Requirement**

The Assistant Chief Executive referred to Enclosure H circulated with the agenda papers which set out the Fit and Proper Persons Requirement. The key points to note were:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) came into force on 27 November 2014. Regulation 5 places a duty on the Trust to ensure new and existing directors were fit and proper persons.
- It was introduced in response to failings at Mid Staffordshire and Winterbourne and the Francis Inquiry recommended a statutory Fit and Proper Persons Requirement be imposed on all health service bodies.
- The regulation applies to all Directors – executive, non-executive, permanent, interim and associate positions, irrespective of voting rights.
- In the run up to the introduction of Regulation 5 there had been some important discussions with the Care Quality Commission (CQC) about how it could be successfully implemented and two principles were agreed:
 - The principle of self declaration. Directors would need to go through a process of self declaration.
 - It was for the Board to assess those declarations not the CQC. However there were clearly some areas that the CQC would concentrate on as part of their inspections such as whether procedures were in place for dealing with the matter.
- The paper set out how the Trust planned to implement the Fit and Proper Persons Requirement.

During discussion the following points were made:

- For the purposes of this requirement the Trust had taken a tight and narrow definition of the term 'Director' and had defined Directors as all members of the Board and the senior managers who regular attend the Board e.g. Julie Phelan and Neil Riley.
- If a Director was reported to the CQC, the Assistant Chief Executive's view was that the CQC would contact the organisation concerned to ask them about the systems and processes in place for dealing with the matter. They would not become involved in making a judgement of whether the individual was a fit and proper person. That was an issue for the Board.

The Board of Directors **NOTED** the issues and **APPROVED** the Action Plan.

(c) Declaration of Interest Register for Board Members and Senior Executives

The Board of Directors **RECEIVED** and **NOTED** the updated Declaration of Interest Register for Board Members and Senior Executives.

STH/62/15

Deliver excellent research, education and innovation

(a) Genomics Update

The Medical Director presented the update on the Yorkshire and Humber Genomic Medicine Centre as set out in Enclosure J circulated with the agenda papers.

The key points to note were:

- A collaborative bid for the creation of a Yorkshire and Humber Genomic Medicine Centre (YH GMC) was submitted in response to an Invitation to Tender from NHS England in November 2014. The bid involved Sheffield Children's NHS Foundation Trust, Leeds Teaching Hospitals NHS Trust and Sheffield Teaching Hospitals NHS Foundation Trust and was facilitated by the Yorkshire and Humber Academic Health Science Network.
- After discussion with NHS England, the decision to withdraw the bid was taken to allow time for further development of the relatively new collaboration in order to submit a stronger bid in Wave 2 of the Genomic Medicine Centre appointment process.
- NHS England has provided feedback on the original bid and offered support in developing a Wave 2 bid.
- An indicative timetable has been provided for the various stages of the Wave 2 process
- A key requirement will be the need to involve other provider Trusts in Yorkshire and Humber in order to ensure equity of access to patients across the region.

The Chief Executive emphasised that it was important that the bid was successful in Wave 2.

(b) Research and Development Activities

Dr. Peter Sneddon, Clinical Research Office Director, was in attendance and gave his quarterly update on research and development activities by way of a presentation (copy attached to the minutes) which covered the following areas:

- Implementation of the STH Research Strategy
- The Role of STH as host of the NIHR Clinical Research Network for Yorkshire and Humber (NIHR YH CRM)
- National Metrics

During discussion the following points were made:

- The 22 partner organisations of the NIHR YH CRM met on a quarterly basis to examine performance which provides an opportunity for the best performance partners to share best practice and to encourage and support those organisations with poor performance rates. Of the 22 partners STH was the best performing organisation.

- The Chief Executive emphasised that 2014/15 was a transition year and that the NIHR YH CRM had achieved all the key objectives.
- From April 2015, STH, as host may need to move a different role and become Performance Manager.

The Chairman thanked Dr. Sneddon for the providing the Board with the quarterly update.

STH/63/15

Chief Executive's Matters

The Chief Executive briefed the Board on the following items:

- Vanguard Bids - The Sheffield bid had been unsuccessful and the Working Together bid has been put on hold.
- 9th Care Group - The Trust was in the process of establishing a 9th Care Group which would consist of Musculo Skeletal Services (MSK). Substantative appointments for the Clinical Director and Nurse Director would not be made until 1st April, 2015 and therefore there would be some interim appointments in the meantime.
- The Teenage Cancer Unit at Weston Park Hospital was undergoing a £150,000 makeover.
- Listening into Action(LiA) - LiA was moving forwards and the 15 groups had started work on their particular area of focus and would continue that work over the next 20 weeks. At the end of that time some of that work would be passed on to the whole organisation.
- Budget Day - It was anticipated that a £14 million sports research pledge would be allocated to the Olympic Legacy Park at Sheffield's Don Valley site.

STH/64/15

Chairman and Non-Executive Director Matters

Annette Laban reported that she and other Directors had recently visited Barlborough Treatment Centre as part of an organised visit by the Trust. She had found it extremely interesting and had learned about their patient pathway and how it worked. She felt that there were things the Trust could learn from Barlborough about how they manage patients and deliver their care through the system.

STH/65/15

Any Other Business

There were no additional items of business

STH/66/15

Date and Time of Next Meeting

The next meeting of the Board of Directors in public would be held on Wednesday 15th April, 2015, in Seminar Room 1, Clinical Skills Centre, R Floor, Royal Hallamshire Hospital, at a time to be confirmed.