



Minutes of the BOARD OF DIRECTORS held on Wednesday 18th November, 2015, in Seminar Room 1, Clinical Skills Centre, Royal Hallamshire Hospital

PRESENT:

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

APOLOGIES:

Mr. T. Buckham	Sir Andrew Cash
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IN ATTENDANCE:

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

Dr. C. Bates - item STH/239/15

Revd. Dr. M. Cobb - item STH/244/15(a)

Ms. J. Adlington	} item STH/244/15(b))
Ms. C. Anderson	
Professor A. Loescher	

OBSERVERS:

7 members of the public/staff

Prior to the commencement of the meeting the Chairman explained that the Chief Executive was not able to be present as he was attending an assessment for the Genomic Centre for which STH was the prospective contract holder. Professor Hilary Chapman would, therefore, be Acting Chief Executive.

STH/236/15

Declarations of Interests

There were no declarations of interest made.

STH/237/15

Minutes of the Previous Meeting

The Minutes of the Meeting of the Board of Directors held on Wednesday 21st October, 2015, were **AGREED**, **APPROVED** and **SIGNED** by the Chairman as a correct record.

STH/238/15

Matters Arising

(a) Resuscitation Trolleys

(STH/209/15(a)) The Medical Director reported that audits were continuing. The Healthcare Governance Committee continued to monitor the situation on a regular basis.

(b) Mental Health

(STH/209/15(b)) The Medical Director reported that, following a recent meeting between the Chief Constable, the Chairman, the Chief Executive and the Medical Director, the Chief Executive had contacted colleagues at the Clinical Commissioning Group (CCG) and had highlighted the issues raised at that meeting. The discussion had helped the CCG to understand the agenda and CCG colleagues had agreed to proceed with a meeting with STHFT and Sheffield Health and Social Care to agree on a way forward to address the issues of concern. It had been agreed that the Chief Executive's office would set this up.

It was noted that there was a risk of developing parallel discussions in relation to the Crisis Care Concordat, cross-city work on liaison psychiatry and the new initiative involving South Yorkshire Police. The need to co-ordinate all those workstreams was agreed and the Medical Director agreed to 'hold the ring' on this issue on behalf of STHFT.

The Board agreed that the Trust needed to keep the pressure on Commissioners as this matter required their urgent attention.

The Director of Strategy and Operations reported that, as part of the Prime Ministers Challenge Fund, GPs were, as of that week, able to make telephone referrals direct to Psychiatric Liaison and time would tell if that was helpful. The Chief Operating Officer had also arranged to meet with the Planning Director of the Health and Social Care Trust about the out of hours psychiatry service

(c) Carter Review

(STH/211/15) The Director of Finance explained that there was nothing further to report at this stage other than the Department of Health were working with 20/30 Trusts to develop a methodology.

(d) T3 Programme

(STH/212/15) The Medical Director explained that the implementation of Lorenzo on 27th September 2015 had gone well from a technical perspective. However, in the post implementation stage two pieces of work were being taken forward:

- Technical issues - High level discussions with CSC (supplier) were taking place on a regular basis to resolve those issues and tracking was taking place to ensure that the changes requested had been made.
- Systems and Processes - a number of processes were taking longer post implementation and therefore they were being analysed to ascertain whether the processes in the departments concerned needed to be changed or whether modifications to Lorenzo were required.

The Medical Director emphasised that this had been a huge challenge for staff as it required major changes in how they worked. He reported that the implementation of Lorenzo was going as well as had been expected given the size of the challenges the change had brought.

STH/239/15

Deliver the best Clinical Outcomes

(a) Infection Prevention and Control (IPC Report)

Dr. Christine Bates was in attendance for this item and gave a presentation on Carbapenemase-producing Enterobacteriaceae (CPE) Infections (copy attached to the minutes). The key points to note were:

- She explained that such organisms were resistant to almost all available antibiotics and were already being detected within the UK including Sheffield.
- All people had large numbers of these germs in their gastrointestinal tract but they were also present in moist areas such as moist wounds.
- CPEs were much more common in some parts of the world than others such as Indian sub continent, China, Greece, South Europe, North America. In the UK the most significant pockets of high prevalence were in the North West and London.
- Screening was carried out on all patients from "high risk" areas from both abroad and within the UK.
- Pharmaceutical companies needed to be incentivised to develop new antibiotics as, from their point of view, it was not necessarily good business to develop new drugs which would only be prescribed on a limited basis.

During discussion the following points were made:

- Patients were usually admitted with some other medical condition and then were identified as having CPE, although they would not necessarily be ill with it.
- The screening of patients over the last year had improved significantly.
- Dr. Bates reported that, internally, drugs to treat CPE's could not be prescribed without the authorisation of a Microbiologist. GPs were not able to prescribe such drugs as they were administered intravenously.
- In terms of research into CPE's, Professor Weetman felt that it may be something that the Florey Institute in the University of Sheffield could help with in the future. Its current research was focused on MRSA and pneumonia.

The Board of Directors also **RECEIVED** and **NOTED** the 2014/15 Infection Prevention Control Annual Report.

In terms of performance, Dr. Bates reported that the Trust had not had any cases of MRSA bacteraemia to date this financial year and was well under the target for cases of C.Difficile. However the number of cases of MSSA was higher than last year but better than previous years.

Chief Executive's Matters

In the absence of the Chief Executive, the Chief Nurse presented the CEO report and highlighted the following matters:

- The Trust's Hysterosalpingography Team had won the title of Radiography Regional Team of the Year
- The Trust's Sheffield Breech Birth Service had been shortlisted for an RCM Annual Midwifery Award in the category of Excellence in Maternity Care.
- The Diabetes Foot Team had been given a national award for significantly reducing diabetes related amputation rates in Sheffield by almost 50%. The specialist team won the Best Initiative in Specialised Services category at the Quality in Care Diabetes awards.

The Chief Nurse referred to the Integrated Performance Report (Enclosure D) circulated with the agenda papers and invited each Executive Director to provide updates on their areas of responsibility:

- Clinical Outcomes

The Medical Director reported on the following matters:

- Care Quality Commission Inspection - The inspection was due to take place w/c 7th December, 2015. However there was a possibility that junior doctors may be taking industrial action on 8th December, 2015 and the CQC was aware of that possibility.
- The Trust was notified of concerns reported to the CQC regarding staffing and patient flow in the Emergency Department. Those concerns were being investigated and a response would be formulated.
- Serious Untoward Incidents (SUIs) - Four new SUIs had been reported during the period 16th September to 15th October 2015:
 - A baby delivered by elective caesarean section was found to have an injury to the left eye. An investigation was being undertaken to ascertain whether the injury was related to the caesarean section.
 - A patient attended A&E following an unwitnessed fall in a care home. An X-ray was performed and it was reported that no fracture was seen in A&E. The patient was admitted to a medical ward and discharged home the following day. On review of the X-ray report it was noted that a fracture was visible.
 - A patient was admitted from a nursing home with acute kidney injury (AKI). The patient received treatment for that condition but, whilst an inpatient, subsequently developed pneumonia and C.Difficile diarrhoea. The patient was discharged four weeks later but the patient's renal function was not re-checked at the time of discharge and the patient was re-admitted the following day with AKI and died five days later.
 - In July, 2014, a patient was referred to the gynaecology clinic with gynaecological symptoms. The patient was seen later that month and further investigations were undertaken and were found to be essentially normal. It was planned to undertake an endometrial biopsy in six weeks time but, due to an

administrative error, that procedure did not take place. In April, 2015, the patient's GP contacted the consultant as no appointment had been received. Subsequently the patient was found to have endometrial cancer. The patient has had the appropriate surgical procedure and has made a good recovery.

Seven SUIs were currently being investigated and no incidents had been closed since the previous report.

Of the five SUI reports not submitted within the timescales, three had now been submitted to the Clinical Commissioning Group and the remaining two had been completed and would be submitted by the end of November 2015

- Orthopaedic Pressure Ulcers – a report from the National Hip Fracture Database (NHFD) on pressure ulcers in hip fracture patients highlighted that 5.5% of patients admitted to STHFT following a hip fracture between January and December 2014 acquired a pressure ulcer. In 2013, that figure was 10%. The data from January to August 2015 showed the current rate was 2.8%. The data showed a marked improvement which was the result of a number of initiatives and further work was planned to continue to reduce pressure ulcer harm to hip fracture patients.

The Chief Nurse highlighted the following matters:

- The first group of Spanish nurses recruited arrive at the Trust this month.
- Provide Patient Centre Services

The Chief Nurse highlighted the following items:

- Complaints – In September 2015, 95.4% of complaints were responded to within 25 working days which was the third consecutive month the Trust had achieved the response time target. That performance had resulted in the Trust achieving the target for the quarter 2 (July 2015 to September 2015) with 92%.
- FFT response rates inpatient - the response rate in September 2015, was 34% which was above the internal target of 30%.
- FFT response rates A&E - the response rate in September 2015, was 21% which was above the internal target of 20%.

The Director of Strategy and Operations highlighted the following items:

- As previously reported the Trust transferred from Patient Centre to Lorenzo on 27th September 2015. The performance information generated for the September 2015 report was therefore from a combination of both systems and had been taken from a contract monitoring report run on 20th October, 2015. There were still a number of outstanding issues relating to the move over to Lorenzo that were being worked through. Whilst the report reflected the activity captured on Trust systems, data was being back loaded and therefore it was important to note that in some cases the data presented may not be the complete data set.
- Activity continued to be below target and 'Bronze Control' was meeting on a regular basis.
- In September 94.47% of A&E attendances were seen within 4 hours and the performance for quarter 2 was 94.43%.

- The percentage of referrals received through the e-Referrals service was 25.2% in September compared to 25.1% in August and 24.9% in July. The new referral process for the MSK service went live at the beginning of September and all referrals to this service have to be made through Choose & Book.
- All the cancer targets were met in quarter 2 with the exception of the 62 day referral to treatment target which was 81.0% against the target of 85%.
- There was still one patient who was waiting over 52 weeks for treatment. However that position was due to the patient's choice to defer their treatment on more than one occasion.
- There had been a sharp increase in the number of ambulance waits in the Emergency Department around the time of the implementation of Lorenzo as the time to clerk in a patient was taking longer. It was emphasised that there were no clinical risks to the patients by the delay as clinical handovers were still taking place even if the administrative process had not been completed.

During discussion the Board expressed serious concern at missing the cancer 62 day referral to treatment target. The Board had discussed the matter on many occasions in the past but had always managed to achieve the target until now. The Trust had pushed every boundary to try and reach a solution and had sorted out its own processes but District General Hospitals still sent in late referrals to the Trust and therefore patients were not receiving an appropriate service.

The Director of Strategy and Operations reported that the following actions were being taken forward by herself and the Chief Executive:

- The Trust was working with a South Yorkshire Cancer Waiting Times Task and Finish Group with the purpose of improving patient pathways and IPT.
- The Director of Strategy and Operations was working with the South Yorkshire Cancer Strategy Group regarding GP 62 day reallocations.
- The Chief Executive was in communication with the National Clinical Director for Cancer for NHS England and Medical Director, NHS Trust Development Authority regarding the appropriateness of the current Cancer Waiting Time policy.
- The Chief Executive was also holding teleconferences with secondary care Trusts regarding the development of a reallocation policy that incentivised all providers to improve the timeliness of care.

The possibility that following implementation of Lorenzo data may not have been captured was raised. The Director of Strategy and Operations assured the Board that she was confident that the Trust had not lost any episodes of data and that the emergency activity was correct.

- Employ Caring and Cared for Staff

The Director of Human Resources highlighted the following items:

- Sickness absence was a continuing concern and in September 2015 was 4.51% against a target of 4%. The year to date figure as at end of September 2015 was 4.32% compared with 4.03% for the same period the last year. An action plan had been produced and shared with the Trust Executive Group.

- A review of long term and intermittent sickness absences had been undertaken to determine whether the Trust's attendance policy was being adhered to. Every member of staff on long term sickness had an action plan leading to either returning to work or termination of their employment.
- Flu - the Trust was currently offering flu vaccinations to all front line staff. The uptake as at the end of October was 32% compared with an uptake of 40% at the same period last year. The programme was being actively promoted throughout the organisation. The low uptake was felt to be a consequence of the media report last year that the vaccination was not effective.
- The number of appraisals carried out in the preceding 12 month period remained fairly static with the rate at the end of September 2015 stood at 86.2%. The Trust had, therefore, reached the target for quarter 1 but had failed to reach the quarter 2 target of 90%. Focus was therefore on achieving the target by the end of November 2015.
- Mandatory Training was the topic of the deep dive. There continued to be steady progress in compliance levels for mandatory training with the figure at 81% as at the end of September 2015. However that meant the quarter 2 target of 90% had not been achieved. Focus was therefore on achieving the target by November 2015 although that would be challenging. Monthly summits chaired by the Chief Executive continued to take place with regard to both appraisals and mandatory training.

Notifications to line managers and individual members of staff flagging expiry dates had been introduced in November 2015 and were sent out two months prior to the expiry date.

Originally there were 24 core subjects for mandatory training but in April 2015 that number had been reduced to 10.

During discussion the following points were made:

- Board members welcomed the development of action plans for each member of staff on long term sickness and noted that they would be monitored through the Finance, Performance and Workforce Committee.
 - It was suggested that those Clinical Directorates who had failed to achieve the mandatory training target should look at how others such as the Ophthalmology Directorate as a front line directorate had managed to achieve it.
 - Board members expressed concern at the low uptake of the flu vaccination.
- Spend Public Money Wisely

The Director of Finance highlighted the following points:

- The Month 6 position showed a relatively flat position of a £4,457.5k (1.0%) deficit against plan after contingencies had been applied. That represented a deterioration of just £59.1k on the month 5 position.
- There was a significant year to-date activity under-performance of £7.7m, which was a deterioration of £2.5m in September 2015. The under-performance was largely in respect of elective activity, out-patients, critical care and a larger than expected deduction for emergency readmissions within 30 days. Some income was

missing from that position due to data issues following the implementation of the new Lorenzo PAS towards the end of September 2015.

- There was a pay overspend of £2.0m (0.7%) in the first 6 months of the year, largely due to medical staffing pressures (£3.5m overspend). The position had stabilised in recent months and there was a particular focus on reducing bank and agency staffing costs.
- There was a £2.6m under delivery against efficiency plans at Month 6. Overall, Clinical Directorates reported positions over £10m worse than their plans. However Directorates were forecasting an improved position for quarter 4 although that would be challenging to deliver.
- Discussions were on-going with Sheffield City Council about the contract for the Sexual Health Service which had not been agreed given that the Council had now requested further savings from the Sexual Health Service.
- The key risks for the year remained contract challenges, performance penalties, delivery of the Local Quality Incentive Schemes, delivery of activity/efficiency/financial plans, service/cost pressures and consequences of the T3 Electronic Patient Record project.
- There were no issues of concern at this stage in respect of the working capital position, balance sheet or capital programme. However, there were concerns over the growing level of overdue debts in respect of a number of local Foundation Trusts where there were financial difficulties. The Trust continued to seek payment plans and had now raised the issue with Monitor, given that those FTs were seeking funding support.
- The position at the end of Month 6 remained a concern, although relatively positive. Action was still required to improve the delivery of activity, efficiency and financial plans and to mitigate risks and maximise contingencies. Quickly resolving data issues following the Lorenzo implementation was critical.

Discussion centred around the following three areas:

- Agency Spend – It was agreed that this would be the topic of the deep dive in the next month's Integrated Performance Report and that it should include a breakdown of Directorates linked to the service pressure "hot spots" within the Trust.

It was noted that some of the agency spend related to the difficulty in recruiting specialist staff. It was also noted that the Trust would always have some level of agency spend.

- Theatre Performance – It was agreed that it was crucial to increase elective activity and improve theatre utilisation. The Director of Finance reported that the September 2015 figures were worrying as were the October figures. He also reported that the Operations Director of OSCCA had started to build up some good information reporting on theatre activity and that data would be presented to the Clinical Management Board and Operational Board. It was also agreed that consideration should be given to setting up a Task and Finish Group on theatre productivity which included a Non Executive Director.
- Bad Debts – The Director of Finance reported that the outstanding debt for Barnsley and Doncaster FTs were £3 million and £1 million respectively. However he was

confident that the problem would be resolved and the Trust would receive payment in due course. The difficulties had been raised with Monitor

STH/241/15

Caring and Cared for Staff

(a) Raising Concerns at Work

(i) Overall Approach and Update

The Assistant Chief Executive introduced the item and referred to his paper (Enclosure E) circulated with the agenda papers. The paper set out the current position on the implementation of the Freedom to Speak Up recommendations and sought approval:

- to the appointment process for the Freedom to Speak Up Guardian
- to establish a network of Directorate-based Advocates
- of the overall implementation plan.

He emphasised that the Trust had deliberately taken a strategic approach to the matter in order to place it in the best position to create a culture and environment where such issues were well handled.

The key points to note were:

- Due to the size and nature of the organisation the local managers would be supported by the appointment of two Freedom to Speak Up Advocates in each Directorate. Those members of staff would be nominated to represent the professional staff groups within their relevant Directorate and would receive appropriate training to ensure that they were prepared and equipped with the skills to undertake the role. The role would not attract additional payment however Directorate support would be required for a reasonable time commitment from the individuals.
- The appointment of Advocates would be undertaken through a managed nomination process.
- A small number of Trust-wide Advocates would be appointed to support staff who did not feel comfortable raising concerns within their own Directorate.
- A rolling programme of development would be put in place for senior Directorate and Corporate leadership teams to better equip them to both create the right conditions to enable staff to raise concerns; support those staff members that do and to ensure the wider staff of the Trust were able to learn from the findings.

The Assistant Chief Executive explained that the proposed structure had been implemented within Guys and St. Thomas and was working well and therefore it was considered worth replicating it within STH. He acknowledged that the structure would need to be reviewed in due course as it was unknown territory for the Trust.

(ii) Raising Concerns at Work Policy and Procedure

The Assistant Chief Executive referred to the updated Raising Concerns at Work Policy and Procedure (Enclosure F) circulated with the agenda papers which following ratification by the Board would be implemented on 1st April 2016 by which time the above structure for raising concerns would be in place.

The Policy had been through the Partnership Forum.

The following points were raised during discussion:

- It was important that Advocates were appropriately supported in their development.
- The policy was there to support staff. It was important that staff feel able to raise concerns without fear of reprisal and that issues were dealt with at a local level.
- Mark Gwilliam, Director of Human Resources, was the Executive Lead.
- It was noted that not all concerns raised would be Whistleblowing concerns.
- It was important that staff were encouraged to talk about issues during their everyday work.
- Professor Weetman raised the matter of medical students who would have a few different routes available to them through which to raise concerns (e.g. Universities, Regional Bodies, Postgraduate Deanery) . It was **AGREED** that it would be helpful to share the policy with the two Universities and the Postgraduate Deanery to ensure policies and procedures were streamlined.

Action: Mark Gwilliam

The Board of Directors:

- **APPROVED** the appointment process for the Freedom to Speak Up Guardian
- **APPROVED** the establishment of a network of Directorate-based Advocates
- **APPROVED** the overall implementation plan
- **RATIFIED** the Raising Concerns at Work Policy and Procedure to be implemented from 1st April 2016.

STH/242/15

Data Quality Baseline Assessment

The Director of Strategy and Operations referred to the Data Quality Baseline Assessment (Enclosure G) circulated with the agenda papers. The report outlined the approach and methodology that would be used to assess data quality in line with the Trust's Data Quality Policy ratified by the Board in October 2015. It also set out the progress of undertaking a self-assessment of the data quality of the performance indicators within the Integrated Performance Report (IPR).

All 71 indicators in the IPR had been self-assessed. The current findings indicated that there were three indicators where there was an element of data quality rated as red:

- Serious Untoward Incidents - Number of serious untoward incidents (SUI)

- Serious Untoward Incidents - Approved SUI Report submitted within timescales
- Complaints - Percentage of complaints answered within 25 working days

The stage 1 assessment had been completed and all areas that were red rated would be followed up with indicator leads to develop improvement actions. The stage 2 and 3 assessment would be completed by March 2016.

STH/243/15

Chairman and Non-Executive Director Matters

Dawn Moore reported that she had attended a meeting of the Health and Wellbeing Group on 23rd October 2015 at which the following two actions were agreed:

- A short survey on health and wellbeing would be circulated to staff in January 2016
- Work would be undertaken to progress the champions approach developed by Sheffield Hallam University.

The next meeting would be held in February 2016 and she would keep the Board updated on progress.

STH/244/15

Providing Patient Centred Services

(a) End of Life Pathway/Palliative Care

Revd Dr Mark Cobb, Clinical Director of Therapeutics & Palliative Care, was in attendance for this item and gave a presentation on the End of Life Pathway/Palliative Care (copy attached to the Minutes). The emphasis of the presentation was on how to improve end of life care and experience of patients who were in the last few weeks or days of life by developing a co-ordinated system wide palliative care pathway. Discussion also took place on how links between the Trust's Palliative Care Services and St. Luke's Hospice could be more effective.

It was noted that in Sheffield 53.5% of patients die in hospital and was a downward trend.

The Trust was developing a new set of guidance to be followed throughout the whole organisation - "Guidance for the care of the person who may be in the last hours to days of life". An education package for staff would also be implemented around the guidance based on SBAR conversation:

SITUATION	Describe how the person is today
BACKGROUND	Recap of events
ASSESSMENT	Because of what you have discussed today you believe the person is: 1. dying (you have to be specific with this) 2. in the next few hours to days (give your best estimate)
RECOMMENDATION	Develop a palliative care plan

It was felt that Sheffield should aspire to be an exemplar city for end-of-life care across the whole city. It was agreed that the Trust should arrange to have an in depth conversation with St. Lukes about developing an improved service for patients who were at the end of their life and also to discuss the opportunities that

St. Luke's recent purchase of Clifford House may offer. It was agreed that the Chief Nurse would take those discussions forward.

Action: David Throssell

(b) Clinical Update: Community Dental Service

Professor Alison Loescher, Professor/Honorary Consultant, Oral and Maxillo Facial Surgery, introduced her two colleagues Carry Anderson and Jo Adlington who gave a joint presentation on the work of the Community and Special Care Dentistry Service. The key points to note from the presentation were:

- The Community Dental Service came to the Trust as part of Transforming Community Services
- Multidisciplinary Clinics were held in a number of different locations such as Special Schools, Spinal Injuries Unit, Charles Clifford Dental Hospital, Cathedral Archer Project, Secure Accommodation (Aldine & Forest Lodge), Residential and Nursing Homes and the following treatments were undertaken:
 - Surgical Extractions
 - Full mouth radiographs
 - Extractions
 - Fillings
 - Scaling
 - Examination
- The services offered included:
 - Behaviour therapy
 - Acupuncture
 - Inhalation Sedation
 - Intravenous Sedation
 - Comprehensive Dental Care under general anaesthetic
 - Oral Health Promotion Team
- The groups of patients treated by the Community Dental Service included frail older adults, children and adults with moderate to severe learning disabilities, medically compromised children and adults, physically disabled patients, patients unable to attend the surgery, homeless and vulnerable people, prisoners, children with profound and multiple disabilities and patients with severe mental illness.
- In extreme cases arrangements were made to anaesthetise the patient at home and then to transfer them to the appropriate clinic to receive treatment.
- The Team's current objectives were:
 - Getting prepared to respond to the tenders for Oral Health Promotion and Community and Special Care Service
 - Changes to primary care following oral health assessment pilot
 - Quality measures in new contract.

The Team were unsure whether there was another provider who would be able to submit a tender for the service. The Chairman queried whether there was any benefit in going out to tender especially considering the work and cost

involved in preparing a tender submission. The Board agreed and asked that that the Trust look into that matter.

Action: Kirsten Major

The Chairman thanked the Team for an extremely interesting and information presentation.

STH/245/15

For Approval/Ratification

(a) **Terms of Reference**

The Board of Directors **APPROVED** the updated Terms of Reference of Board of Directors and the Nomination and Remuneration Committee (Board of Directors).

(b) **Common Seal**

The Board of Directors **APPROVED** the affixing of the Corporate Seal to the Lease for 275 Glossop Road for the Diabetic Eye Screening Team.

(c) **Medicine Code**

The Board of Directors **RATIFIED** the amended three sections of the Medicine Code.

STH/246/15

To Note

(a) **Annual Safeguarding Children Report**

The Board of Directors also **RECEIVED** and **NOTED** the Annual Safeguarding Children Report.

STH/247/15

Any Other Business

There were no other items of business

STH/248/15

Date and Time of Next Meeting

The next meeting of the Board of Directors would be held on Wednesday 16th December 2015, in the Undergraduate Common Room, Northern General Hospital, at a time to be confirmed.