



**Unadopted Draft Minutes of the Board of Directors meeting held in public on 26 July 2022 by Video Conference**

**Present:**

**Members:**

Annette Laban	Chair
David Black	Medical Director (Development)
Tony Buckham	Non-Executive Director
Mark Gwilliam	Director of Human Resources and Staff Development
Jennifer Hill	Medical Director (Operations)
Gul Nawaz Hussain	Non-Executive Director
Kirsten Major	Chief Executive
Chris Morley	Chief Nurse
Maggie Porteous	Non-Executive Director
Neil Priestley	Chief Finance Officer
Rosamond Roughton	Non-Executive Director
Toni Schwarz	Non-Executive Director
Mark Tuckett	Director of Strategy and Planning

**Participating Directors:**

Sandi Carman	Assistant Chief Executive
Vicki Leckie	Interim Chief Operating Officer
Julie Phelan	Communications and Marketing Director

**In Attendance:**

Louise Bringloe (STH/70/22)	Lead Nurse for Quality and Practice Development
Andrea Galimberti (STH/69/22)	Deputy Medical Director / Interim Clinical Director for Obstetrics, Gynaecology and Neonatology (OGN)
Sue Gregory (STH/69/22)	Operations Director for OGN
Paula MacDonald (STH/70/22)	Lead Clinical Nurse Specialist Tissue Viability
Laura Rumsey (STH/69/2022)	Interim Midwifery Director
Julie Sheldon (STH/79/22)	Mental Health Professional Lead
Roxanne Maritz	Business Manager (Minutes)

**Apologies:**

Chris Newman	Non-Executive Director
John O'Kane	Non-Executive Director
Shiella Wright	Non-Executive Director

**Observers:**

Nine Governors  
Two members of staff  
Five members of public

*From 1 June 2022 Michael Harper commenced the role of Operations Improvement Director for a period of four months. During this time Vicki Leckie would cover the role of Chief Operating Officer on an interim basis. Michael would not routinely attend the Board of Directors during this period*

Minute	Item	Action
<b>STH/65/22</b>	<b>Welcome and Introductions</b>	
	Annette Laban, Chair welcomed Board members and those in attendance to the meeting. Annette also introduced Gul Nawaz Hussain QC and welcomed him to his first Board of Directors' meeting following his appointment as Non-Executive Director.	
<b>STH/66/22</b>	<b>Declarations of Interests</b>	
	In relation to STH/77/22, Gul Nawaz Hussain QC, Non-Executive Director noted his role as a Commissioner with the Sheffield Race Equality Commission.	
<b>STH/67/22</b>	<b>Minutes of the Previous Meeting Held in Public on 24 May 2022</b>	
	The Minutes of the meeting held in public on 24 May 2022 were <b>AGREED</b> and <b>APPROVED</b> as a correct record of the meeting.	
<b>STH/68/22</b>	<b>Matters Arising and Action Log</b>	
	There were no open actions requiring review by the Board of Directors.	
<b>STH/69/22</b>	<b>Maternity and Neonatal Safety Report</b>	
	Chris Morley, Chief Nurse introduced the Maternity and Neonatal Safety Report, and on behalf of the Board welcomed Andrea Galimberti, Deputy Medical Director / Interim Clinical Director for OGN, Laura Rumsey, Interim Midwifery Director and Sue Gregory, Operations Director for OGN, in attendance to support discussion of the paper and provide additional updates.	
	With reference to the key points outlined within the cover sheet of the report, key risks and improvement actions were highlighted by the OGN Triumvirate relating to:	
	<ul style="list-style-type: none"> <li>• A thematic review of stillbirth rates undertaken by the Maternity Improvement Advisor (MIA), the results from which were being reviewed in advance of agreeing conclusions and recommendations.</li> <li>• Progress in relation to Health and Safety Investigation Branch (HSIB) reporting.</li> <li>• Additional governance support secured for Serious Incident (SI) investigations. The Triumvirate was also exploring thematic clustering of incidents to allow early learning and to reduce incident closure delays.</li> <li>• A suite of guidance to support the implementation of the Birmingham Symptom-specific Obstetric Triage System (BSOTS), was anticipated to launch on 5 September 2022. This is a CQC 'Must Do' action and the Board of Directors would receive an update after the launch.</li> </ul>	

- A Fetal Surveillance Matron role was being introduced which would further support embedding of fetal monitoring and surveillance and staff training.

Post-Partum Haemorrhage rates were identified as high. A response was still outstanding following the Trust's request to the Local Maternity and Neonatal System (LMNS) regarding standardisation of blood loss used to measure post-partum haemorrhage rates.

Ros Roughton, Non-Executive Director asked how rapid learning was drawn from SIs. Andrea described the process, noting between 24 to 48 hours following an incident, the multidisciplinary team (MDT) involved would meet to outline critical details required for escalation to the Triumvirate /appropriate leads for action and future mitigation.

Tony Buckham, Non-Executive Director queried the Directorate's current position on training compliance. Sue Gregory confirmed compliance at the end of June 2022 stood at:

- Fetal Monitoring training (Cardiotocography (CTG)) – 93.8% compliance for midwives and 97% compliance for obstetricians
- Obstetric Emergency Drills (Practical Obstetric Multi-Professional Training (PROMPT)) – 85.2% compliance for midwives and 84% for obstetricians
- Resuscitation (Neonatal Life Support (NLS)) – 78.3% compliance for midwives

Responding to a request from Ros Roughton for an update on implementation of a Maternity Information System (MIS), Andrea confirmed that, as one option, the MIS developed by the supplier of the Electronic Patient Record System currently being procured by the Trust (Cerner) was being assessed against both the national and regional specifications for maternity services.

A discussion took place regarding inequalities across maternity services which noted that:

- A newly developed dashboard demonstrated at a recent meeting of the Equality, Diversity and Inclusion (EDI) Board provided a breakdown of live activity data by EDI metrics. In future, this would support the OGN Directorate to identify inequalities and implement mitigations / improvement actions.
- The Trust has developed plans to roll out Continuity of Carer within the maternity services, with an initial focus on women experiencing the highest levels of deprivation and women who are members of black, Asian and ethnic minority communities. Considering the current workforce challenges presented by midwife vacancies, the aim is to have the first continuity teams in place by the end of Quarter 4 23/24

Annette Laban, Chair thanked the OGN Triumvirate for their update to the Board.

### **Maternity Champion Feedback**

Ros Roughton, Non-Executive Director and Maternity Champion provided the Board with the following update for June 2022:

- Upon visiting wards Norfolk and Willow, feedback received had been optimistic from both nurses and midwives. Additionally, students within placement roles on those wards had submitted feedback citing positive experiences.
- There was still a regular redeployment of staff onto the labour ward, causing occasional strain on post-labour wards.
- It was confirmed that matters relating to response rates from the Estates Directorate when contacted on matters concerning infection, prevention and control were being addressed at the Maternity Safety Champions meeting.

### **STH/70/22 Clinical Update – Tissue Viability**

Chris Morley, Chief Nurse welcomed Louise Bringloe, Lead Nurse for Quality and Practice Development and Paula Macdonald, Lead Nurse Specialist Tissue Viability, and invited them to present a clinical update to the Board of Directors on the Tissue Viability Service. The presentation outlined the following:

- A timeline of key strategic drivers and national programmes relating to wound care.
- The impact of Covid-19 in terms of additional challenges relating to tissue viability and the Service's response through new ways of working.
- The inclusion of Pressure Ulcer Prevention as a Trust Quality Objective and quality improvement programmes / actions to deliver this objective, including Intentional Rounding, wound photography, piloting of an electronic risk assessment system and Pressure Ulcer Review Meetings (PURM).
- On-going collaboration with Sheffield Children's NHS Foundation Trust through a Service Level Agreement to provide a Tissue Viability Service for children presenting with complex health needs.

Louise confirmed in response to a query raised by Kirsten Major, Chief Executive that whilst the service had improved its data collection on pressure ulcers on heels, and had added root-cause analysis to data of patients presenting with pressure ulcers, analysis was not currently being undertaken on pressure ulcers appearing on patients medically fit for discharge.

Toni Schwarz, Non-Executive Director noted a general reflection that one of the reasons that Intentional Rounding may not be completed is due to pressures on staff time and queried what had been done to mitigate this. Paula explained that since moving to digital recording staff were finding the completion of Intentional Rounding far swifter, however it was noted that further improvements could be made through further availability of electronic handheld devices.

The Board of Directors thanked Louise and Paula for their presentation and all the efforts that their team contributed to improved patient care.

### **STH/71/22 Chief Executive's Matters**

Kirsten Major, Chief Executive highlighted the following points:

**STH/72/22 a) Covid-19 Update**

Kirsten provided an update on the Trust's position in relation to Covid-19. The following points were highlighted:

- As of 25 July 2022, the Trust had 227 Covid-19 positive inpatients, of which six were being care for in Critical Care. Covid related staff absence was at approximately 3%.
- The operational position of the Trust was challenging due to backlogs in elective care and cancer services, pressurised emergency pathways and the impact of the recent heatwave.
- The drive-through PCR testing service at the Northern General Hospital site, for staff at the Trust, Sheffield Children's and Sheffield Health and Social Care, had delivered its 40,000<sup>th</sup> test since being established.

**STH/73/22 b) Integrated Performance Report**

The following matters were highlighted from the Integrated Performance Report (IPR) for May 2022:

**Deep Dive – Cancer Waiting Times**

Mark Tuckett, Director of Strategy and Planning presented a Deep Dive on performance against Cancer Waiting Times and highlighted the following key items:

- Despite a previous good track record, since the pandemic the current Cancer performance was below national standards, however the Trust was focused and committed to improving this position.
- By way of comparison against Large Northern Acute Trusts, Sheffield Teaching Hospitals' performance was either on par or better than peers, therefore indicating that the challenges within Cancer services were not isolated to Sheffield.
- Conversations were being conducted with primary care organisations and District General Hospitals (DGHs) to ensure referrals received were of a high quality and timely.
- Drivers of performance and improvement actions had been identified and work continued with operational teams to ensure the Trust had a robust hold on pathway operations.
- The Trust had been placed in tier two oversight by NHS England (NHSE) in relation to Cancer Waiting Times. NHSE had received an overview of the Trust's current performance and position to confirm that performance was not deteriorating. A paper would be brought back to the Board of Directors to describe the data improvement trajectory for the remainder of 2022/23.

Tony Buckham, Non-Executive Director noted the challenges faced by the Trust when referrals were received close to the target waiting time standard and queried if anything was being done differently with partners to improve the timeliness of referrals. Mark noted that while there was improvement work to be done with partners, this was not the sole reason for Cancer Waiting Times underperformance.

Annette Laban, Chair proposed that the Board of Directors were sighted on the risks relating to Cancer Waiting Times on a monthly basis.

Kirsten Major, Chief Executive acknowledged that parts of the service model still required focus and suggested that the identification of a sustainable service model through the Cancer Alliance would be important.

MT

### **Deliver the Best Clinical Outcomes**

Jennifer Hill, Medical Director (Operations) highlighted an improvement in performance relating to prevention of falls. Jennifer added that there had been five Never Events reported in May 2022, the details of which would be outlined within the CQC Action Plan Update item on the agenda.

Chris Morley, Chief Nurse noted that performance had improved against the metric for pressure ulcers during May 2022. Compared with an above Trust threshold performance of 111 Trust attributable pressure ulcers for April, in May 2022 this had decreased to 82, which was one below the Trust threshold. A review was being undertaken of the model for assessment and care planning to sustain and further improve the Trust's position.

### **Providing Patient Centred Services**

Chris Morley, Chief Nurse highlighted the following key points relating to patient centred services:

- Patients recommending the Trust for Maternity Treatment (Maternity Friends and Family Test (FFT)) was at 69% in April 2022, however had increased to 86% in May 2022 and 83% in June 2022.

Vicki Leckie, Interim Chief Operating Officer provided an update on operational performance, noting the following:

- Performance against the four-hour wait standard within Accident and Emergency (A&E) was 74.6% in May, the national performance was 73% and when benchmarked with Large Northern Acute Trusts, the Trust ranked second highest in performance.
- 37.15% of Ambulance Handovers occurred within 15 minutes in May 2022. Work was ongoing to improve escalation frameworks.
- There had been 16 breaches of the 12-hour trolley wait standard in May 2022. Eleven of these patients had been awaiting specialist Mental Health beds, the remaining five patients required beds within our services. Work continued to relieve pressures within patient pathways.
- There had been an increase in the Patient Treatment List and there were 2122 breaches of patients on an incomplete pathway for 52 weeks.

Toni Schwarz, Non-Executive Director queried how many of the 11 patients who had been waiting to receive a specialist mental health bed were children and it was confirmed by Vicki that all patients were adults.

In response to a query raised by Annette Laban, Chair Vicki said that areas of focus were 104 and 78 week waiters but there was also work being undertaken to review data quality.

Kirsten Major, Chief Executive added that she chaired the South Yorkshire and Bassetlaw Elective Oversight Group and that from a national perspective, the Trust's performance was above average.

### **Employ caring and cared for staff**

Mark Gwilliam, Director of Human Resources and Staff Development provided a brief update and reported that appraisal rates had improved by 2% and were at 85%, mandatory training was at 92% and the staff turnover rate was below the 10% threshold at 9.8%.

Chris Morley reported that the actual level of Nurse and Midwifery staffing compared to the planned level was above the Trust threshold of 85% for April and May 2022.

### **Spend Public Money Wisely**

Neil Priestley, Chief Finance Officer provided an update on the financial position for Month 2 of the 2022/23 financial year and highlighted the following key points:

- The Trust was positioned at a deficit in relation to the breakeven financial plan for the year.
- Activity for the months of April and May 2022 was at 95% of 2019/20 activity levels. The target for activity levels was 104%, however due to a nationally high prevalence of Covid, it was assumed that the funding allocation would remain unaffected for the months concerned.
- There continued to be challenges with Medical and Dental staff pay. Additionally, national pay awards had been announced early in July 2022 and confirmation had been received that these would be fully funded.
- It was confirmed that the challenges highlighted would be the primary focus for improvement in the coming months.

### **Deliver Excellent Research, Education and Innovation**

David Black, Medical Director (Development) provided a brief update on work being undertaken including ongoing research by surgical and non-surgical oncologists that was a result of concerns they held that were due to capacity restraints existing within Cancer research.

## **STH/74/22 c) Research and Innovation Strategy**

David Black, Medical Director (Development) noted that a new Research and Innovation Strategy was being developed which would build on

consultation with staff across the Trust. This was scheduled to the Board of Directors in November 2022.

In response to a query raised by Ros Roughton, Non-Executive Director David explained that the intention was for the Research and Innovation Strategy to align to the Trust's other five Strategic Aims. A key objective was to deliver a focused and ambitious strategy that would also pull on the strengths of partner organisations.

Annette Laban proposed that in order to ensure that the Research and Innovation Strategy built on the strengths of the Board of Directors, this should be added to the workplan for the Board of Director's Strategy sessions.

SC

#### **STH/75/22 d) Communications and Awards Updates**

Amongst the several achievements listed within the report, specific attention was drawn to the Trust becoming the first centre in the world to order the latest model of Gamma Knife (the Espirit) which would be installed at the Royal Hallamshire Hospital later in the year.

#### **STH/76/22 Chair's Report**

Annette Laban, Chair presented attachment D which provided detail on all activities that she had been involved in throughout the months of June and July 2022.

Annette also highlighted that, along with Chris Morley, Chief Nurse, she had attended an event to celebrate the Trust's Volunteers and their receipt of the Queen's Award.

#### **STH/77/22 Sheffield Race and Equality Commission**

Kirsten Major presented attachment E, the Sheffield Race Equality Commission report.

Kirsten highlighted that the Sheffield Race Equality Commission had been established in 2020 and had comprised of 24 commissioners. These included both Shiella Wright, Non-Executive Director and newly appointed Non-Executive Director Gul Nawaz Hussain QC.

The Trust had participated in the 'Call for Evidence'.

The report identified that racial disparities continued within Sheffield. Kirsten noted that as an anchor institution, the Trust had a significant role to play in operating and participating as an Anti-Racist organisation.

Officially launched on 14 July 2022 the report had been brought to the Board for information and to signal the Trust's commitment in enacting the spirit of the recommendations within the report.

The Board of Directors unanimously **APPROVED** the Trust's participation in making Sheffield an Anti-Racist city and taking the required action under each of the seven key recommendations.

#### **STH/78/22 Out and About Feedback**



Sandi Carman, Assistant Chief Executive presented the item which outlined the feedback received following Out and About visits undertaken in May and June 2022.

Sandi expressed that the most valuable use of the feedback would be in the identification of 'quick wins' and those actions that could be carried forward to assist with the Trust's current 'Getting Back on Track' programme. Caution was needed to ensure that these actions were not a duplication of any CQC action plan work that was already underway.

It was noted by Ros Roughton, Non-Executive Director that Chris Sterry, Governor had accompanied herself and Jennifer Hill, Medical Director (Operations) on their visit to Laboratories at the Royal Hallamshire Hospital.

Chris Morley, Chief Nurse, whilst acknowledging that logistics may be more complex to coordinate, highlighted that more of the community services should receive visits, noting the importance of reflecting on the work being carried out in those areas. Sandi said full consideration would be given to additional community visits as well as how to support alternative methods, such as virtual visits.

SC

The Out and About visits feedback was **NOTED** by the Board of Directors.

#### **STH/79/22 Child and Adolescent Mental Health Services CQC Review Action Plan**

David Black, Medical Director (Development) introduced the item and the Board of Directors welcomed Julie Sheldon, Mental Health Professional Lead to the meeting; in attendance to support discussion of the paper.

An overview was provided of the announced visit undertaken by the Care Quality Commission (CQC) in April 2022, relating to Child and Adolescent Mental Health Services in Sheffield that covered the following three Trusts; Sheffield Children's NHS Foundation Trust, Sheffield Health and Social Care NHS Foundation Trust and Sheffield Teaching Hospitals NHS Foundation Trust. Sheffield Children's was the lead organisation and submitted a detailed action plan to the CQC that had been reviewed by all three trusts prior to submission and addressed key points from the final report.

Annette Laban, Chair asked Julie where the key areas of focus were following the report. Julie confirmed that many of the actions referred to sharing of findings but that other key areas included the management of violent and aggressive behaviour through restraint techniques and ensuring medication for mental health patients was detailed and included risks.

In response to a query raised by Ros Roughton, Non-Executive Director Julie explained that the Becton Centre was establishing a department that could safely accept admissions of 16/17-year olds, however in the interim this patient cohort would be required to be admitted to the Northern General Hospital.

A discussion, prompted by David Black, was held regarding accountable partners relating to the care of 16/17-year-old patients. It was proposed that, following the recent establishment of the Integrated Care Board (ICB), discussions should be held between the ICB and the organisations involved in the review to ensure that the care of these patients was appropriately prioritised by the ICB in the future.

DB

The Board of Directors thanked Julie for her time and attendance at the meeting.

### **STH/80/22 Universities' Update (Sheffield Hallam University)**

Toni Schwarz, Non-Executive Director gave a presentation on updates from Sheffield Hallam University.

The following points were highlighted:

- The results following the National Student Survey went from 70% to 69% and the Post-Graduate Taught Experience Survey was positioned at 84%.
- Significant work was being undertaken to ensure that 2019 student cohorts all received individual practice placements.
- The University was establishing new ways to create a vibrant campus.
- A £450k grant had been awarded through a National Institute of Health Care Research (NIHR) funding bid and this work would align with workforce initiatives at Sheffield Teaching Hospitals and Sheffield Children's.

Chris Morley, Chief Nurse added that in terms of student experience feedback in South Yorkshire, analysis was being undertaken to determine if a sufficient number of placements were being made available and to ensure that these were being filled. Additionally, a dashboard was available which provided feedback on student experience by individual trust.

The Board thanked Toni for her presentation.

### **STH/81/22 CQC Action Plan Update**

Jennifer Hill, Medical Director (Operations) presented attachment H, an update of the progress made against the Care Quality Commission (CQC) Action Plan following the publication of the CQC Inspection Report and receipt of the Section 29A warning notice earlier in the year.

The CQC action plan update report highlighted:

- Progress against the 17 outcomes in June 2022, including an overview of findings for each outcome which had been rated red, amber or green (RAG) following Quality Support Visits to wards.
- To ensure continued progress a CQC Compliance Oversight Group had been established. Separately, a weekly meeting comprising of Sisters, Matrons, Deputy Nurse Directors and Nurse Directors had been initiated to support the sharing of themes following Quality Support Visits.

- Progress against the two Trust-wide priority workstreams was outlined in Appendix 1 of the report.

In response to a query raised by Ros Roughton, Non-Executive Director Jennifer indicated that the staff response to Safety Huddles had been positive but the speed of adoption and embedding was varied. It was emphasised that offering additional support to some wards would be key.

Reflecting on the report, Tony Buckham, Non-Executive Director noted that steady progress had been made and queried whether Quality Support Visits would be applied outside of priority areas. Jennifer explained following the two priority workstreams being embedded within the initial 12 wards identified as key focus areas, a further 12 would be chosen where the same embedded learning would be applied.

Jennifer apprised Board members of five Never-Events that had been reported in May 2022. A description was provided for each of the five Never Events and mitigating actions were outlined as measures taken for future prevention. It was highlighted that there was no link between the occurrence of the Never Events and specific medical teams involved.

The Board of Directors **NOTED** the progress achieved with the CQC Action Plan and the proposed areas of future work.

#### **STH/82/22 Learning from Deaths Report**

Jennifer Hill, Medical Director (Operations) presented attachment I, the Learning from Deaths Report covering quarter three of 2021/22.

The following points were highlighted:

- The total number of adult deaths at the Trust had been 742, 33 of which were subjected to Structured Judgement Review (SJR).
- Of the deaths that were subject to an SJR, zero were judged as more likely than not to be due to a problem in care.
- 33 of 36 referrals for SJR in quarter three had been completed and one case had scored below three.

The Board of Directors **APPROVED** the contents of the report.

#### **STH/83/22 Update on 5 Year Capital Plan and Capital Programme**

Neil Priestley, Chief Finance Officer presented attachment J which gave a detailed update on the five year Capital Plan and quarter one of the 2022/23 Capital Programme.

The following key points were highlighted:

- Progress had been made on planned works, with a number of business cases already received by the Board of Directors.
- There was currently an overcommitment of £6 million against the plan. This was due to the procurement of the Gamma Knife, however it was expected that this would, in part, be funded by a separate source that was awaiting national guidance.

- Significant slippage, with specific reference to larger schemes such as Emergency Generators for the Royal Hallamshire, was considered the main risk. Mitigating actions were identified and outlined.
- The position over the next two years was expected to prove challenging on the basis of the expected expenditure for the new Electronic Patient Record system, as well as other schemes that had been committed to.

Noting the inflationary risk, Kirsten Major, Chief Executive queried if there was a sense of what the impact might be. Neil explained that whilst tenders had returned with little difference from what had been expected there was still an opportunity for inflation to become more aggressive and for the increase in energy costs to have an impact.

In response to a question from Tony Buckham, Non-Executive Director, Neil stated that the Trust was progressing programmes in relation to Weston Park as and when possible, within the identified constraints. Mark Tuckett, Director of Strategy and Planning confirmed that whilst in conversation with members of the Integrated Care Board it was noted that improvements required for Weston Park were on their radar.

The Board of Directors **NOTED** updates given relating to the 2022/23 Capital Programme and five-year Capital Plan.

#### **STH/84/22 Covid-19 RIDDOR Report**

Sandi Carman, Assistant Chief Executive presented attachment K which was the provision of a final summary of the Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR) in relation to staff cases of Covid-19, which is a legal obligation of the Trust.

Sandi gave a brief overview of the patterns of reporting that had been implemented and highlighted that despite the uncertainties and volume of guidance received, the Trust had, and continues to, ensure that risks to staff in relation to Covid-19 were mitigated as much as possible

Due to the low level of new cases the RIDDOR expert group had been stepped down in August 2022, so it was proposed that this was the final RIDDOR report and the future reporting on Covid-19 was carried out by individual directorates.

The Board of Directors **NOTED** the work undertaken, **APPROVED** the proposed next steps and confirmed that the Trust had complied with the requirements of RIDDOR reporting.

#### **STH/85/22 Board Committee Annual Reports**

Sandi Carman, Assistant Chief Executive presented attachment L which provided the Annual Reports, Terms of Reference and Workplans for 2022/23 for each of the Board Committees and the Board of Directors. The report also included the Terms of Reference for the Trust Executive Group.

Detailed within each of the Annual Reports was meeting attendance, Committee effectiveness in 2021/22, Committee activities for 2021/22, an assessment of Committee performance against 2021/22 objectives and Committee objectives for 2022/23. The report was presented to the Board for approval.

The Board of Directors **APPROVED**:

- The terms of reference, annual reports and workplans for the Board of Directors and the Board Committees.
- The terms of reference for the Trust Executive Group.

#### **STH/86/22 Application of the Corporate Seal**

Sandi Carman, Assistant Chief Executive presented attachment M, which sought approval from the Board of Directors to apply the Corporate Seal to the following documentation:

- a) Contract documentation relating to the refurbishment of Ward H1 at the Royal Hallamshire Hospital.
- b) Contract documentation relating to the reconfiguration of the Breast Screening Services at the Royal Hallamshire Hospital.
- c) Contract documentation relating to the redevelopment of the A-Floor Theatres (Phase Five) at the Royal Hallamshire Hospital.
- d) Contract documentation relating to the lease renewal for the Diabetic Screening Department at 275 Glossop Road.
- e) Contract documentation relating to the lease renewal for space at the Northern General Hospital and Weston Park Hospital for Saba Parking Services United Kingdom Limited.

The Board of Directors **APPROVED** the application of the relevant signatures and Trust seal to the requested documentation.

#### **STH/87/22 Counter Fraud, Bribery and Corruption Policy**

Sandi Carman, Assistant Chief Executive presented attachment N, the Counter Fraud, Bribery and Corruption Policy which was noted as a policy reserved for approval by the Board of Directors.

The policy had been updated to align with the new Counter Fraud Functional Standards issued by the National Counter Fraud Authority, however there had been no material changes made with regard to the principles, accountabilities or responsibilities defined within the policy. The policy had been reviewed by the Trust Executive Group on 20 July 2022, and was being recommended for Board approval.

The Board of Directors **APPROVED** the Counter Fraud, Bribery and Corruption Policy.

#### **STH/88/22 Outcome of Chair's Appraisal**

*Annette Laban, Chair left the meeting for the item.*

Tony Buckham, Senior Independent Director presented attachment O, which provided a summary of the outcome of the Chair's appraisal. Tony confirmed that this had been previously received by the Council of

Governors' Nomination and Remuneration Committee in May 2022 and the Council of Governors in June 2022.

The Chair had been made aware of the outcome and it had been brought to the Board for information on the process undertaken.

The Board of Directors **NOTED** the outcome of the Chair's Appraisal Process for 2021/22.

**STH/89/22 Non-Executive Director Matters**

*Annette Laban, Chair re-joined the meeting.*

No additional matters were raised by any of the Non-Executive Directors.

**STH/90/22 Any Other Business**

There were no additional items of business raised.

**STH/91/22 Date and Time of Next Meeting**

The next Board of Directors' meeting held in public is scheduled for 27 September 2022, at a time to be confirmed.

Signed ..... Date .....

Chair