

Board of Directors - Open

Minutes of the 129th Board of Directors of Sheffield Health and Social Care NHS Foundation Trust, held on Wednesday 11 March 2020 at 10 a.m. in the Board Room, Old Fulwood Road, Sheffield S10 3TH

Present:

1. Ms. Jayne Brown, Chair
2. Mr. Richard Mills, Non-Executive Director, Chair of Finance & Performance Committee
3. Mrs. Ann Stanley, Non-Executive Director, Chair of Audit & Risk Committee
4. Mrs. Sandie Keene, Non-Executive Director, Chair of Quality Assurance Committee
5. Ms. Heather Smith, Non- Executive Director, Chair of Workforce & Organisation Development Committee
6. Ms. Jan Ditheridge, Chief Executive
7. Mr. Clive Clarke, Deputy Chief Executive
8. Mr. Phillip Easthope, Executive Director of Finance
9. Dr. Mike Hunter, Executive Medical Director

In Attendance:

10. Prof. Brendan Stone, Associate Non-Executive Director
11. Ms. Michelle Fearon, Interim Chief Operating Officer
12. Ms. Andrea Wilson, Interim Chief Operating Officer
13. Mr. Dean Wilson, Director of Human Resources
14. Ms. Samantha Harrison, Interim Director of Corporate Governance (Board Secretary)
15. Mrs. Sharon Sims, Personal Assistant to Interim Chief Executive (Minutes)
16. Mr Nick Bell, Director of Research and Development (Item 6)

Apologies:

Ms. Liz Lightbown, Executive Director of Nursing and Professions

Public/Staff:

Ms Holly Cubitt, Head of Communications
Mr David Walsh
Ms Natalie, Service User

Item
<p>Service Users Story</p> <p>Dr Hunter introduced Nichola who is receiving care from the Early Intervention Service (EIS). Nichola was asked about her personal experience as a service user. She was supported by Sarah from the EIS team.</p> <p>Nichola considered herself, her partner and two children as a “normal” family. She was a Dispenser in a local Pharmacy, she suffered extreme back pain which affected her work and home life, and she began hearing voices and responding and acting negatively. She took sick leave from work, and eventually had to give up work as the symptoms continued. Following a GP appointment, she was referred to Northlands in 2016 where she saw a Psychiatrist on a couple of occasions and was prescribed medication. She felt she deteriorated and became more paranoid and afraid of doing everyday activities including taking the children to school or shopping. She called Northlands on a number of occasions and shared her anxieties which included suicidal thoughts.</p>

	<p>She was referred to Single Point of Access and eventually to EIS in 2018. She had also tried to get support for her brother through SPA which had proved extremely difficult.</p> <p>Nichola believed EIS has significantly changed her life, Nichola is grateful for the support received including access to benefits, changes in medication and Cognitive Behavioural Therapy (CBT). Evidence suggests that early trauma can lead to psychosis and Nichola fully engaged in the process and relived extremely traumatic childhood episodes. The CBT has helped Nichola manage her psychosis and return to a “normal” existence and she is keen to share her experience and support others.</p> <p>In reflecting her time as a service user and what could be better, Nichola believed the two year wait to get to EIS was excessive. She personally would have liked a Support Worker present at the CBT sessions as emotional support.</p> <p>The Chair on behalf of the Board thanked Nichola and Sarah for attending, and for sharing her story. It was acknowledged that two years’ wait was not acceptable and demonstrates there is a need for change.</p> <p>Prof Stone, in his capacity as a lecturer at the University believed that Nichola’s story could be used in training sessions with Psychology students and he offered to make contact with her to discuss options, which Nichola welcomed.</p>	
	<p>Welcome & Apologies: The Chair welcomed members of Sheffield Health and Social Care NHS Foundation Trust Board and those in attendance. Ms Ditheridge was attending her first meeting as the Chief Executive and Mr Walsh, incoming Director of Corporate Governance (Board Secretary) was observing.</p>	
1/3/20	<p>Declarations of Interest: Prof Stone is a Lecturer in the University and a Director on the board of Sheffield Flourish, a mental health charity. It was determined the items on the agenda were non-pecuniary and did not cause a conflict of interest. No further action would be taken in this regard. No further declarations were made.</p>	
2/3/20	<p>Minutes of the Board of Directors meeting held on 12 February 2020 The minutes of the Open Board of Directors’ meeting held on 12 February 2020 were agreed as an accurate record.</p>	
3/3/20	<p>Matters Arising & Action Log Members reviewed and amended the action log accordingly, confirming that they agreed that all actions noted as complete were appropriate. Updates on outstanding actions were noted.</p>	
Quality		
4/3/20	<p>Care Quality Commission (CQC) Well-Led Inspection update Members received the report for assurance and approval.</p> <p>Dr Hunter reported that the CQC issued an intended enforcement notice under Section 31 of the Health and Social Care Act 2020 on 11 February 2020, citing concerns for the provision of care of 16 and 17 year olds on the Decisions Unit. The unit has stopped admitting this age group. The CQC did not issue the enforcement notice.</p> <p>The CQC issued a warning notice under Section 29A of the Health and Social Care Act 2020 on 17 February 2020, citing a number of areas for significant improvement. Each area has Executive Director leadership and the actions relating to nursing skill mix and physical health monitoring require completion by 31 March 2020 and mandatory training, supervision and leadership require completion by 29 May 2020. The physical environment to address the elimination of dormitories is also progressing.</p>	

Daily exception reporting has commenced and Quality Assurance Committee (QAC) and Board will receive monthly updates on progress,

MH

The In-Patient Consultants are changing their practice in relation to prescribing and advising and monitoring side effects of medicines. Dr Rob Verity, the newly appointed Clinical Director for Crisis and Emergency Network has put a number of assurances in place, and is supported by the senior clinical leadership team.

The Chair asked what changes the CQC would see if they re-inspected. Dr Hunter responded that the nursing skill mix has been reviewed and registered nurses are being moved across wards, physical health assessment has improved and supervision and training is back on track to deliver against requirements. There is also more understanding of the governance of these areas.

The following examples were given. Supervision (line management and professional) is monitored and recorded for all clinical staff and they will have received four face to face sessions by 31 May 2020. Mandatory Training is on trajectory to achieve 80% across all teams by 31 May 2020.

Mrs Keene believed some of these areas had previously been identified and questioned why they had not been addressed. Dr Hunter believed that there had been focus on process and there should have been similar emphasis on undertaking the changes effectively to achieve improved care. Ms Fearon added that in our recent response co-production has been key in assuring safety. Mr Clarke added that sustainability is also key to quality improvement and better experiences. Ms Ditheridge believed a number of activities, either governance or at point of care, are not evident and therefore the opportunity to identify any early warning signs is missing. A refresh of the drivers for good practice needs to take place.

Mr Mills asked if Covid19 emergency planning will affect delivery of mandatory training. He also asked for clarity on mechanical restraint and whether the Trust are supporting 16-17 year olds. Mr Clarke advised that mandatory training will continue and that further discussions may be required with the CQC as Covid19 escalates. Ms Ditheridge advised there have been national and System discussions with CQC in relation to emergency situations and their key message is to continue and ensure safety.

Dr Hunter described the mechanical restraint that had occurred whilst a patient was in seclusion, and involved a blanket being placed over the service user, to give staff time to retreat from the room safely. This is not an approved form of restraint, but also mindful of clinical need, it was escalated through to the directorate. Mrs Keene would like clarity on the thresholds for escalation to QAC and/or Board.

The Chair and NEDs expressed their concerns that current reporting is not giving them assurance. Dr Hunter advised that exception reporting will be through QAC and Board to enable the independent discharging of responsibilities. The Chair advised she will be reviewing the structure of the Board agenda to ensure there is a focus on the key CQC areas. Mrs Stanley was mindful there were also risk issues that may fit into Finance & Performance Committee (FPC) and Workforce & Organisation Development Committee (WODC). Ms Ditheridge believed QAC needed to hold responsibility in the interim and a Quality Report will be presented to Board in future. Mr Easthope advised governance reporting will be reviewed and require a refresh.

The Chair, noting that admission of 16-17 year olds has ceased, asked what services they are now receiving. Dr Hunter responded that this will fall to Sheffield Teaching Hospitals NHS FT (STHNHSFT), and anyone presenting will be held in Accident & Emergency. The Commissioning of services has been expedited by STHNHSFT. Whilst unable to support, our clinicians have offered expert advice and have been involved in discussions in relation to a future service model for young people. Ms Ditheridge will be speaking with John Somers, Chief Executive of Sheffield Children's NHS FT (SCNHST).

Strategy		
5/3/20	<p>Strategy Refresh Members received the Strategy Refresh for approval.</p> <p>Mr Clarke reported the Strategy Refresh has been discussed in a number of forums and presented to Board for approval. There was agreement from Board in February 2020 to refresh the strategic objectives for 2020/21 and alignment to the Board Assurance Framework whilst developing a new strategy into the Autumn 2020.</p> <p>It was agreed that there had been agreement to include a number of points relating to governance in the document, and that delivering evidence base was not an objective.</p> <p>The Strategy Refresh could not be approved as the amendments had not been made, and was deferred to April 2020.</p>	CC
6/3/20	<p>Research Strategy Members received the Research Strategy for approval.</p> <p>Dr Hunter reported the Research and Development (R&D) Team are research active and seeking approval to expand and move in the direction of travel as outlined in the recommendations.</p> <p>Mr Bell reported R&D has grown over the last five years and projects have focused on the Trust's objectives, and where possible been co-produced with service users,. The department is now well established and delivering its Key Performance Indicators and further benefits are outlined in the report.</p> <p>Mr Mills noted the next steps outlined in the report refer to a business plan for July 2020 and would like to understand how it aligns to the Financial Plan for 2020/21. Mr Bell responded that the department is currently self-funded and employs a number of core staff and in order to expand further this resource needs to be reinvested into research activity.</p> <p>Mrs Keene was concerned that the clinical staff undertaking research was taking them away from their day to day role of caring for patients. Mr Bell responded that backfill is sought for the majority of projects. Ms Ditheridge asked if a research facility was an incentive and attracted Clinicians to apply to work here. Dr Hunter believed it was a benefit and also supported development.</p> <p>Board received the proposal and supported the direction of travel, with the caveat that the business case align to the Trust's Financial Plan.</p>	
7/3/20	<p>Increasing Psychological Practitioners and Allied Health Professions to inpatient services. Members received a proposal for funding to support the creation of therapeutic environments, for assurance and approval.</p> <p>Ms Fearon reported that following February's update to the Board a number of actions have been taken to identify funding. Reallocation of internal resources and recurrent investment from NHS Sheffield Clinical Commissioning Group (NHSSCCG) has identified £735k towards the £2m estimated costs. The development to Full Business Case will continue through April 2020 and be presented to May Board and will identify the residual funding gap.</p> <p>Mr Easthope noted the Commissioner has made an offer, but this is subject to finalisation of the Financial Plan on 27 March 2020.</p> <p>Board received the proposal and agreed to support its development.</p>	

8/3/20**Service Performance Dashboard (inc Safer Staffing) for the period ending 31 January 2020**

Members received the Dashboard for the period ending 31 January 2020 for information and assurance.

Ms Fearon reported the content has been revised in line with the continued development of the Performance Quality Framework and input from the QAC NEDs.

Key highlights include;

- Inclusion of NHS benchmarking data against bed occupancy
- Improved position for Increasing Access to Psychological Therapies (IAPT), Early Intervention Service (EIS) and 7 Day Follow Up
- Concerns continue for bed occupancy and length of stay on the Assessment & Treatment Service (ATS) at Firshill Rise
- Details of high occupancy and acuity on the Acute In-Patient wards
- Details of out of area usage and patient overview
- Staffing pressures and reliance on lower grade Nurses and Support Workers.

The safer staffing data has recently been integrated into the performance dashboard. As this is not providing the assurance Board require, a review of how other trusts present their data is being undertaken.

A review of KPI's is also required to identify the key reporting areas.

The Chair asked for clarity on staffing levels and if services are safe, mindful that there has been a reliance on preceptorship and lower band Nurses and Support Workers. Ms Fearon advised that services were safe as each shift has two Band 6 Nurses which meets minimal staffing requirements. Dr Hunter added that numbers alone do not give assurance and there needs to be triangulation with sickness, complaints, serious incidents, restricted interventions and feedback from senior leaders on the ward.

Mr Mills noted the recent incidents on Endcliffe and Maple Wards and use of the 136 Suite and asked if the relationships with outside agencies eg: South Yorkshire Police could be strengthened. Ms Fearon advised that a number of issues have been escalated and reviewed by the Chief Superintendent and further discussion has taken place in relation to management of violent individuals.

Dr Hunter advised that the Quality Report will focus on key issues to give assurance and use benchmarking for comparison. Mrs Keene supported this approach and the need for comparators and transparency. Ms Smith would like the inclusion of internal targets and information down to team level.

Prof Stone asked for an update on the long term segregation of a patient on ATS. Ms Fearon responded that ATS is not a suitable environment for the patient, he has been in segregation since Autumn 2019 and a challenge has gone to the national and regional commissioners to source an alternative. The Chair was not aware of this case and believed it had not been escalated to Board. Ms Wilson advised that the patient has received an external assessment and is supported by a Senior Psychologist whilst he has been in ATS.

Mrs Stanley raised concerns in relation to a compliance rate of 45% for moving and handling training. Mr Clarke advised he has received assurance that significant progress will be made to reach the target by 29 May 2020. There are plans to reach target levels on the remaining nine areas where training compliance is below 80%.

Mrs Stanley asked for an update on Care Programme Approach (CPA) noting this had been rated red for a considerable period. Ms Ditheridge asked whether there is a plan and if it was discussed at QAC. Ms Fearon advised there is a plan, and staff not adhering to policy will be appropriately performance managed. She was mindful there is

	<p>a degree of tension between some staff and managers following the Community Mental Health Team Dispute.</p> <p>The Chair noted that there has been conflicting information in reports presented across Board agenda items and that in future there is read across the reports.</p> <p>Board received the report for information and were assured.</p>	
<p>9/3/20</p> <p>9a/3/20</p>	<p>The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 - Equality Objectives 2020 – 2024 Members received the Equality Objectives for approval.</p> <p>Mr Wilson reported there is a statutory duty to present and publish the Equality Objectives by 31 March 2020.</p> <p>Key highlights on the objectives in the report;</p> <ul style="list-style-type: none"> • Flexible working – a key element in the interim People Plan, it was noted this cannot be supported in all areas • Disability – this matrix does not score highly and is below average, it is measured against staff survey and requires an action plan to feed into the Disability staff network group • LGBTQ - some elements reported highly in relation to low underdefined staff, the LGBTQ staff network group lead on this area. • Workforce Race Equality Standard (WRES) – some evidence of good work, mindful of high number of disciplinaries of BAME Bank staff. A high metric links to bullying and harassment, which is service users against staff. Staff are supported when they report incidents, the Trust has a Zero Tolerance policy and Police may be involved. • The Working Together Conference had a session focused on bullying and harassment. The Chair added she has received a number of comments from BME staff in relation to them not being released to attend staff network groups, which relates more to cultural issues. <p>Mrs Keene referenced the service objective relating to improving the experience of access to services by BME groups and asked if it was ambitious enough and the Service User Experience Group were engaged. Mr Clarke reported the Trust have contributed to a BME event to be held in April 2020 bringing BME communities together to talk about mental health from a service user perspective. There will also be an opportunity to discuss career pathways.</p> <p>Board received and approved the objectives, with a caveat for more ambition in relation to access to services for people from a BME background. The action plan will be monitored through WODC.</p> <p>Gender Pay Gap Annual Report Members received the report for approval.</p> <p>Mr Wilson reported there is a statutory duty to publish the Gender Pay Gap Report by 31 March 2020. Improvements have been made, the median pay gap has reduced slightly and more female Consultant Psychiatrists received a bonus payments (Clinical Excellence Awards - CEAs). Dr Hunter added that the scoring was reviewed to take into account staff who worked less than full time and workshops held for under represented applicants have proved successful.</p>	<p>DW</p>

	<p>Ms Ditheridge asked if CEA panel members receive unconscious bias training. Mr Wilson did not believe they did, there is recruitment training and recruitment panels should include BME representation.</p> <p>Board received the report, were assured and approved it for publication.</p>	
<p>10/3/20</p>	<p>NHS Staff Experience Survey 2019 Members received the survey results for information and assurance.</p> <p>Mr Wilson reported the number who completed the survey has increased, but the results remain disappointing. All themes have scored below average, the lowest three are; quality of appraisals, quality of care and safety culture and a suggestion is to focus on these three areas. The lowest group to respond was Crisis and Emergency Care Network. Ms Ditheridge asked how results are shared with staff and how leaders are engaged to focus on the priorities. Ms Wilson reported from a safety perspective, “Lets Talk Safety” sessions have been taking place, a forum for staff to feedback, share concerns and work collaboratively on improvement plans. Ms Fearon added the two care networks have had their results and will be working with the teams to identify objectives and a current theme emerging is quality improvement. Mr Clarke noted that Listening into Action (LiA) are also working with teams on quality indicators.</p> <p>Mr Mills noted the high return rate for Finance/Facilities/IMST, with a below average score for safety culture and team working and asked if there are underlying issues. Mr Easthope responded that there are some historical team working issues in IMST, which may bring the average down. He will also explore team working in Facilities, both within the directorate and the relationships with other directorates.</p> <p>Ms Ditheridge believed a wrap-around supportive approach was needed, to make staff feel good and want to come to work. She asked Mr Wilson to find out how Organisation Development are supporting leaders to engage with their teams.</p> <p>Mrs Stanley, mindful of the initiatives and additional effort to improve staff morale this year that had not changed the results significantly, asked if there should be a stock take and for a different approach taken. She asked if it was possible to undertake a “Pulsecheck” between completion of the survey and publication of results. Mr Wilson believed the LiA “Pulsecheck” was an option. Dr Hunter believes low response rates map onto staff not being heard or feeling safe to speak out. Medical Workforce has offered staff coaching which has been successful.</p> <p>The Chair asked if the Executive could lead this, agreeing priority areas and next steps.</p> <p>Board received and approved the report.</p>	<p>DW</p> <p>Exec</p>
<p>11/3/20</p>	<p>Frontline Health care worker Flu Vaccination Programme 2019/20 Members received the report for assurance</p> <p>Mr Wilson reported there is a statutory duty to report progress against the Flue Vaccination programme. The overall uptake for frontline staff was 51% - well below average and close to the bottom of the national league table.</p> <p>The Flu Programme Planning Group has met and is considering options for the 2020/21 plan. The CQUIN has been increased to 90% of frontline staff. There is strong support for Peer Vaccination and the number of individuals volunteering has increased significantly.</p> <p>Mrs Keene reported one of the Staff Governors had fed back to her that a number of trusts have an incentive scheme, she asked if this was a consideration. Ms Ditheridge responded that her previous trust also had poor results and had significantly improved its performance in one year, without rewarding staff who receive a vaccination.</p>	

	<p>She will be speaking to Mr Wilson who is leading on the plan. She was mindful Operations also play a key role in delivery and Dr Hunter will be the Board Champion.</p> <p>Board received the report and were assured a plan is in development to deliver the 2020/21 programme and significantly improve uptake.</p>	JD/DW
Governance		
12/3/20	<p>Corporate Risk Register (CRR) Members received the CRR for assurance.</p> <p>Ms Harrison reported the Executive Directors Group (EDG) have discussed and updated the CRR, referencing changes as outlined in the report. The closed risks include Risk 4328 relating to connectivity to SKYPE platform comprising patient safety, reduced from a risk rating of 12 to 9 and Risk 4329 relating to seclusion facilities under the Mental Health Act which has been merged with Risk 3679.</p> <p>A total of five new risks were noted: Risk 4324 relating to the telephony system in Recovery Teams. Risk 4325 relating to provision of Moving & Handling training. Risk 4326 relating to IMST Out of Hours provision. Risk 4327 relating to Patient records not stored on Insight and Risk 4330 relating to capacity to Triage.</p> <p>The risks outlined in the section of the report on reduced, escalated or amended risks include those updated in response to CQC feedback received by the Trust: Risk 3679 relating to risk management on in-patient wards increased from a risk rating of 10 to 15; Risk 3831 relating to lack of Registered Nurses (Band 6) has been updated but the risk remains 12; Risk 4078 relating to lack of engagement in staff survey will be reviewed by the Director of HR. For Risk 4190 relating to service provision for 16 & 17 year olds, the EDG recommendation is to close the risk. Risk 4276 relating to lack of Physical Health checks increased from a risk rating of 16 to 20. Risk 4284 relating to further action by CQC increased from a risk rating of 16 to 20.</p> <p>Mrs Stanley referenced the governance work being undertaken as part of CQC actions and advised that the Risk Management Strategy held by Audit and Risk Committee (ARC) should be revisited as part of this review.</p> <p>Board received the CRR and were assured.</p>	
13/3/20	<p>Board Assurance Framework (BAF) Members received the BAF for assurance.</p> <p>Ms Harrison reported the BAF was presented to Board Committees through January 2020 and updated by EDG to reflect CQC feedback.</p> <p>An increase risk rating to four risks was highlighted, all of which have low or zero risk appetite. There are also increased levels of assurance in a number of areas.</p> <p>A further iteration will be presented to Board Committees prior to closedown.</p> <p>Following the Board Development Session on the BAF held on 19 February 2020 it was agreed to take forward the development of risks for 2020/21 with the Chairs of Committees and Lead Executives.</p> <p>Board received assurance on the management of the BAF and that the risks were accurately rated.</p>	
14/3/20	<p>Preparation of Financial Accounts 2019/2020 - Adoption of "Going Concern" Members received the report for approval.</p> <p>Mr Easthope reported the Board are asked to approve the adoption of "going concern" principles for the preparation financial accounts. Mrs Stanley in her capacity as Chair of</p>	

	<p>ARC reported the Committee received and endorsed the report.</p> <p>Board received and approved the preparation of accounts on a “going concern” basis.</p>	
Board Stakeholder Relations & Partnerships		
15/3/20	<p>Chair’s Update</p> <p>The Chair reported the Governors have raised concerns in relation to Trust performance and holding the NEDs to account. Terry Proudfoot, Lead Governor has a number of suggestion which will be considered, including appointing a Deputy Lead Governor and a review of the Council of Governors meeting agenda.</p>	
16/3/20	<p>Governor & Membership Matters</p> <p>Members received an update for information.</p> <p>The Chair reported she has been in discussion with Terry Proudfoot, Lead Governor and Sam Stoddart, Deputy Board Secretary in relation to refreshing the Membership Strategy and supporting governors in their membership activity.</p>	
Executive Management Updates		
17/3/20	<p>Deputy Chief Executive’s Update</p> <p><u>Covid-19</u></p> <p>Emergency Planning has been mobilised and as of today Covid-19 is in containment phase. The leads are the Emergency Planning Officer, Lead Nurse for Infection, Prevention and Control and Mr Clarke and they are meeting daily. Action to date includes a review of business continuity plans, staffing scenario planning for reduction in workforce, preparedness of isolation wards, and updating Staffside. There has also been wider engagement across the ICS and regional and national webinars and guidance cascades. Ms Fearon added that mobile testing has been set up at Lightwood and will be managed by STHNHSFT. The acute trusts are priority areas to receive Personal Protective Equipment (PPE) and there is agreement that should the need arise STHNHSFT could supply PPE. The Communications Team have also been engaged and are briefed and messages have been cascaded to staff.</p> <p>Prof Stone asked how patients, carers and families are being communicated with, mindful there is growing media coverage. Mr Clarke responded that Sheffield City Council area are leading on cascading message and linking with the Director of Public Health. There is also engagement with Clover Group. Dr Hunter added he believed a categorisation of patients at risk will need to be undertaken.</p>	
Papers for Information and Assurance		
18/3/20	<p>Board Committees – Significant Issues Reports:</p> <p>a) Quality Assurance Committee (QAC)</p> <p>Members received the minutes of the meeting held 27 January 2020 and the Significant Issues Report from the meeting held 24 February 2020.</p> <p>Mrs Keene reported on a number of key points:</p> <ul style="list-style-type: none"> • A number of reports presented to the Committee did not provide assurance and it was agreed to review the summary report • Re-establishment of NED visits to be managed through QAC. 	
19/3/20	<p>Any Other Urgent Business</p> <p>No other urgent business was raised.</p>	

20/3/20	Chair's Announcement to Exclude Members of the Public and the Press from the Remainder of the Meeting <i>In accordance with Standing Order 3.1 of the Board of Directors' Standing Orders, members of the public and press were excluded from the remainder of the meeting for reasons of confidentiality and business sensitivity of matters to be discussed.</i>	
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Date and time of the next Board of Directors meeting
Wednesday 8 April 2020 at 10am
Tudor Boardroom, SHSC Headquarters, Old Fulwood Road, Sheffield, S10 3TH

Samantha Harrison, Interim, Director of Corporate Governance (Board Secretary)
Sharon Sims, Board Support Sharon.sims@shsc.nhs.uk