

Board of Directors

SUMMARY REPORT

Meeting Date: 26 July 2023

Agenda Item: 28

Report Title:	Governance Report	
Author(s):	Deborah Lawrenson, Director of Corporate Governance	
Accountable Director:	Deborah Lawrenson, Director of Corporate Governance	
Other Meetings presented to or previously agreed at:	Committee/Group:	Council of Governors Audit and Risk Committee People Committee
	Date:	22 June 2023 (elements were received at Council of Governors) 27 June 2023 and 18 July 2023 (Audit and Risk Committee) 11 July 2023 (People Committee)
Key Points recommendations to or previously agreed at:	<p>The Governance report was received at the Audit and Risk Committee on 18 July 2023 and has been updated following that meeting. Additional items have been added to provide updates on board actions with regard to the Well Led self-assessment, Board Freedom to Speak Up self-assessment, the Board review of effectiveness, and the COVID-19 Inquiry.</p> <p>The changes to the Constitution are presented for approval following agreement at the Council of Governors meeting in June. This was provided to Audit and Risk Committee for completeness and feedback from the Committee is provided.</p> <p>The Modern Anti-Slavery statement for 2022/23 is presented for approval following approval at People Committee on 11 July and receipt at Audit and Risk Committee.</p>	

Summary of key points in report

Key areas covered in this report are outlined in below with further information attached in a summary paper:

Modern Anti-Slavery Statement for 2022/23 - The statement is presented for approval - **Appendix 1**

Updated declarations of Interest

- Declarations of Interest for the Board of Directors - presented for **approval - Appendix 2** – the declarations of interest and Fit and Proper Persons declarations will be updated to include those pending from Professor Brendan Stone who is currently on leave.
- Declarations of Interest for the Council of Governors are presented **for assurance** following approval at the June Council of Governors - **Appendix 3**
- Declarations of Interest for Staff below Board level are presented **for assurance - Appendix 4** – small number of declarations remain outstanding and are being followed up with Executive support.
- Following approval, the registers will be uploaded to the website and any further declarations added in due course.

Updating of the Constitution - The Board is asked to **receive, comment upon and approve** the updated Constitution following agreement at the Council of Governors and discussion and feedback received from Audit and Risks Committee - **Appendix 5**. The Audit and Risk Committee have asked that the document be double checked to ensure all references to 'initial' Trust arrangements have been removed; that consideration be given as to the most appropriate use of gender terms; to make it clear that the re-appointment terms for Governors is up to a maximum of 9 years; and that the naming of the electoral wards be checked and updated where required. The Board of Directors is asked for any further amendments. Any changes will be conveyed to the Council of Governors in advance of the final version being presented to the Annual Members Meeting for endorsement on 19 September 2023.

The Board is asked to **note for assurance** updates received on the following matters:

- Council of Governors elections due to conclude on 28 July. There are six uncontested seats, one seat which is contested and some seats which will remain vacant. When the results of the election have been published this will be reported to Governors via email in August. New Governors will go through due diligence (completion of the declarations of interest and fit and proper persons test processes) before being formally appointed.
- Plans for updating the Risk Management Strategy and additional support put in place to support delivery of planned improvements.
- Plans for undertaking a gap analysis against the new Code of Governance.
- Plans for developing the process for the Annual Report and Accounts 2023/24 which will follow a similar approach as taken in 2022/23. The Annual Report and Accounts 2022/23 have been laid before Parliament. If there is any feedback on these it will be shared with the Board.
- The Use of Seal Register 2022/23 - **Appendix 6**

The Board is asked to **note and comment upon** the following updates provided:

- Progress against the Well Led – Board assessment actions – and progress with Board self-assessment actions - **Appendix 7**
- Updated Freedom to Speak Up Board self-assessment proposed areas of focus following approval of the Strategy in March 2023.
- Update on the COVID-19 public inquiry and steps being taken by SHSC in preparing for any request for evidence should it come at any stage.

Appendices 1, 2 and 6 are attached

Appendices 3,4,5 and 7 are provided for Board members in a separate folder in IBABs and Google drive and available on request for members of the public

Recommendation for the Audit and Risk Committee to consider:

Consider for Action		Approval	✓	Assurance	✓	Information	✓
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The Board of Directors is asked to:

- Receive and approve the Modern Anti-Slavery statement for 2022/23
- Receive and approve the updated Declaration of Interests for the Board of Directors, noting one declaration for a Non-Voting Board member is pending due to annual leave and is expected to be added in July.

- Receive for assurance confirmation of compliance with the Fit and Proper Persons Test for Board members and the Council of Governors noting an updated declaration is pending as noted above.
- Receive for assurance the updated Council of Governors declarations of interest and declarations of interest for staff below Board level.
- Note for assurance and comment updates provided on the Council of Governors elections; development of the updated Risk Management Strategy; drafting of the Gap Analysis against the new Code of Governance; planning underway for delivery of the Annual Report and Accounts 2023/24 and updates on Board of Directors Well Led and Freedom to Speak up self-assessment actions and the COVID-19 inquiry.

Please identify which strategic priorities will be impacted by this report:

Recover Services and Improve Efficiency	Yes	✓	No	
Continuous Quality Improvement	Yes	✓	No	
Transformation – Changing things that will make a difference	Yes	✓	No	
Partnerships – working together to make a bigger impact	Yes	✓	No	

Is this report relevant to compliance with any key standards? State specific standard

Care Quality Commission	Yes	✓	No		Health and Social Care Act 2022 Code of Governance 2022
Data Security Protection Toolkit	Yes		No		

Have these areas been considered ? YES/NO

If Yes, what are the implications or the impact?
If no, please explain why

Service User and Carer Safety, Engagement and Experience	Yes		No	✓	Reflected in: <ul style="list-style-type: none"> • Modern Slavery Statement • Review of Constitution • Plans for review against the new Code of Governance
Financial (revenue & capital)	Yes		No	✓	
OD/Workforce	Yes		No	✓	
Equality, Diversity & Inclusion	Yes	✓	No		
Legal	Yes	✓	No		
Environmental sustainability	Yes		No	✓	

Summary Governance Report – July 2023

1. Modern Anti-Slavery Statement for 2022/23 – for approval

The statement is presented for approval following receipt at the Safeguarding Committee followed by the People Committee and Audit and Risk Committee prior to endorsement at the July Board of Directors. This is a retrospective statement for 2022/23 and is required to be published on the website – **Appendix 1**.

2. Registers of Interests – for approval and assurance

- The updated Board of Directors Declaration of Interests is attached for **approval at Appendix 2** following receipt at Audit and Risk Committee noting one declaration is pending.
- The updated Council of Governors declarations register of interest following approval at the June Council of Governors meeting attached **for assurance at Appendix 3**
- The updated register of interests for staff below Board level is attached **for assurance at Appendix 4**. There are now less than 5 outstanding declarations which are being followed up at Executive level.

Following approval, the registers will be uploaded to the website and any further declarations added in due course.

3. Fit and Proper Persons declarations – for assurance

Declarations have been received for all Board members. Professor Brendan Stone has confirmed his declaration of interest is unchanged from last year and paperwork is awaited as he is currently on leave and was unwell during the initial call for declarations. Declarations have been received for all Governors currently serving on the Council of Governors with the exception of one Governor who is currently unwell and due to step down at the end of July 2023.

4. Council of Governors Elections – for information

The election is currently underway and will conclude on 28 July. Seven nominations were received in total. Six seats were uncontested, some seats will remain vacant in this round of elections. Voting is in underway for one contested seat. Following publication of results the outcome will be reported to Governors via email in August. New Governors will go through due diligence (including completion of the declarations of interest and fit and proper persons test processes) before being formally appointed.

5. Updated Constitution – for approval

Proposed changes to the Constitution are provided **for approval at Appendix 5** following agreement at the Council of Governors. The document was updated to reflect requirements of the NHS Health and Social Care Act (2022) and the Updated Code of Governance (2022) and has been through external expert legal review. Proposed areas for review by the Audit and Risk Committee will be followed up alongside any further changes proposed by the Board. The final version will be presented to the Annual Members Meeting for endorsement on 19 September 2023. The document is provided in IBABs and on Google Drive for Board members given its size and available upon request for other attendees at the committee.

6. Risk Management Strategy – note for assurance

The strategy is going through further review and refinement particularly around presentation of risk appetite and interpretation of this following attendance by the Director of Corporate Governance at an NHSP meeting on learning around risk appetite in July and the NHSP Governance conference. It will be taken through Executive Team and Risk Oversight Group

in August with the aim of taking it through e-governance with Audit and Risk Committee (with agreement from the Chair of Audit and Risk Committee) followed by presentation and final endorsement at the September Board of Directors.

An interim Corporate Risk Officer will join the team from mid-August whilst recruitment to a fixed term contract takes place. The Interim will support work already in train to deliver actions from the Risk Review and Annual audit on Risk Management systems and processes. Good progress has been made with the Board Assurance Framework; with closure of Internal Audit Actions with updating the Corporate Risk Register and with improved governance through the Risk Oversight Group.

7. New Code of Governance Gap Analysis – note for assurance

A gap analysis against the new Code of Governance will now be provided to the Audit and Risk Committee meeting in October and Board of Directors in November. It will be shared in advance of this with Board members for comments.

8. Annual Report and Accounts 2023/24 – note for assurance

Following successful completion of the process for 2022/23 the plan put in place for 2022/23 will be updated to reflect any learning for planning for the 2023/24 process and shared with the Audit and Risk Committee off-line for assurance following agreement of any changes in approach with External Audit. It will be shared with the Audit and Risk Committee in October with progress monitored at each meeting. The Annual Report and Accounts 2022/23 have been laid before Parliament. If there is any feedback on these it will be shared with the Board. The statements of compliance approved by the Board at the end of June will be published on the website.

9. Register of Sealings 2022-2023 – note for assurance

As required under the Standing Orders, a register of sealing is kept by the Trust Secretary (managed by the Executive Assistant to the Chief Executive). The register for 2022/23 is provided **for noting at Appendix 6**. The Seal was used on 4 occasions during 2022-23. It identifies the signatories and entry number of each transaction.

10. Well Led – Board assessment – for noting and comment

The Board is asked to **note and comment upon** an update provided below on progress with Board Well led Actions. NHSE provided support to the Board in assessing the self-assessment scores.

KLOE	Board assessment score	NHSE score	Proposed summary action to be overseen by the board	Update to Board July 2023
KLOE 1 – Leadership Capacity and Capability (self-assessment GOOD, NHSE score RI/Good)	Good	Requires Improvement (RI)/Good	None specifically however we will <ul style="list-style-type: none"> ensure continued focus through the performance reviews of local well led reviews and quantify impact of these on improving services. 	Has continued through the performance review process.

			<ul style="list-style-type: none"> maintain Board and Exec development. Ensure skills audit takes place annually. 	Board development has been in place and to be updated for 2023/24
			<ul style="list-style-type: none"> continue to focus on leadership development and skills review throughout the organisation. 	Good range of opportunities in place and reported through People reports.
KLOE 2 – Vision and Strategy (self-assessment GOOD, NHSE score Good)	Good	Good	None specifically however we have noted there is more work to do to ensure staff understand how to articulate our strategy at every level	Strategies on a page in place. More work to do to support understanding.
KLOE 3 – Culture (self-assessment GOOD, NHSE score RI/Good)	Good	RI/Good	None specifically however we will <ul style="list-style-type: none"> continue with workforce transformation work demonstrated through improved recruitment and retention, reduction in agency usage 	Improvements demonstrated through reports received at Board and ongoing.
			<ul style="list-style-type: none"> continue making the workplace a great place to be through: <ul style="list-style-type: none"> Recruitment and retention Team development Working in partnership across teams to improve pathways and reduce frustrations OD approach to staff engagement 	Initiatives in place and reported to Assurance Committees and Board through People reports.
KLOE 4 – systems of accountability to support good governance and	Good	Good	None specifically however we are undertaking continuous refinement work on our governance structures.	Ongoing – updated governance structure diagrams will be

management (self-assessment GOOD, NHSE score GOOD)				available to shared by September
KLOE 5 – processes for managing risks, issues and performance (self-assessment GOOD, NHSE score GOOD)	Good	Good	None specifically however we recognise there is more work to do around: <ul style="list-style-type: none"> risk management at directorate level and around performance management and 	Risk Training has been provided to teams (via a presentation) face to face and individually with more sessions planned. Performance Management Reviews pick up actions required for each area
			<ul style="list-style-type: none"> triangulating information e.g. risks and complaints and having less data and more information; improving benchmarking and put in place integrated systems and functionality 	Lessons learned report received at QAC. New confidential report will be received from September and Quality Assurance Report coming to Board in public from July replacing Back to Good reporting. Review underway on the IPQR.
KLOE 6 – Is appropriate and accurate information being effectively processed, challenged and acted upon?	RI	RI/Good	Action - Put in place revised Digital governance for 2023/24 including Data Quality Group (embedding); Review of Performance Framework and IPQR to facilitate exception reporting.	Data Assurance Group established. Review underway on the IPQR – timing for receipt at Board of the new approach to be confirmed.
KLOE 7 – engagement and involvement to support high quality sustainable	RI	RI	Action - Demonstrate how feedback is used to drive change and evidence impact – ‘you said/we did’.	

services				
			Action - Put in place a refocussed board visits programme ensuring communication and interaction with people who use services/carers and families.	Completed
KLOE 8 – Continuous learning, improvement and innovation	RI	RI	Action - Embed approach to Quality Improvement aligned to our Quality strategy and annual milestones.	Improved Quality Improvement reporting received bi annually at Board New Quality Assurance Board report from July 2023.
			Action - Improve Duty of Candour reporting as evidenced in the learning lessons report.	Via - Lessons learned report and via a new confidential report to be received from September 2023.

11. Board Self-Assessment actions 2022 – for noting and comment

The Board is asked to **note and comment upon** an update provided on progress with actions agreed against the annual Board Self-Assessment (from September 2022) - **Appendix 7**. The Board is currently undertaking the 2022/23 annual review of effectiveness for receipt at the Board of Directors in September 2023.

12. Freedom to Speak Up – Board self-assessment – for noting, comment and approval

The Board of Directors received and discussed its self-assessment on Freedom to Speak Up in the confidential session held in January 2023. At that time 8 actions were identified however, it was agreed these should be refined post approval of the Freedom to Speak Up Strategy to support delivery of the strategy’s four priority areas – Speak Up – Listen Up – Follow Up – Always Learning.

Areas of proposed focus for the Board of Directors adapted from actions received in January are:

- Approval of the strategy – with monitoring taking place at assurance committees and at Board of Directors – completed March 2023 with reviews underway.
- Review of the Freedom to Speak Up – Raising concerns (whistleblowing) policy – this has been developed using a nationally prescribed template and approved through assurance committees – completed.
- Ensure the new Non-Executive Director lead is supported with appropriate training and guidance – a Standard Operating Model will be put in place to support the

Board Non-Executive and Executive leads in understanding steps required where support is needed on investigating any concerns raised about board members.

- Give consideration to further work, or assurance needed, to support the organisation to more clearly 'see and feel' the Board's commitment to Speaking Up (including through role-modelling).

Operational updates and progress with delivering the strategy are received at People and Quality Assurance Committees and at the Board of Directors.

13. Update on the COVID-19 Public Inquiry – for noting

The Inquiry was launched on 10 March 2022 and following a four-week consultation period, the terms of reference were set and include a focus on health and social care, including:

- Preparedness;
- the management of the pandemic in hospitals, and care homes and other care settings;
- procurement and distribution of supplies;
- the development and delivery of vaccines and therapeutics;
- the impact of the pandemic on the delivery of non-COVID services; and
- the provision for Long COVID.

The Inquiry follows a number of modules. These are not exclusive and further modules will be added in due course.

- Module 1 – UK's pandemic preparedness and resilience.
- Modules 2, 2A, 2B and 2C – in to core political and administrative decision making by the UK (including Scottish, Welsh and Northern Irish Governments).
- Module 3 – the impact of the pandemic on healthcare systems in the UK.

Future modules will consider issues including vaccines, therapeutics.

All the above module investigations have been opened, the most recent being Module 3 on 28th February 2023.

In advance of this, the Inquiry sent out a questionnaire to be completed by NHS trusts in November 2022 with a deadline of February 2023 for these to be submitted which the Trust submitted on 20th February 2023. This was not evidence but was designed to gauge some of the issues affecting the NHS in responding to the pandemic before launching the formal investigation.

There has been reporting in the media recently on some of the evidence being heard in respect of Module 2 from politicians.

Hearings in respect of Module 3 are scheduled to take place from summer 2024.

In advance of this, some trusts have received Regulation 9 requests for evidence, and it is anticipated there will be more over the coming months although, not every trust is expected to receive one.

In preparation for this, an inventory has been compiled in SHSC of all the documents generated during the pandemic and where they are, should we receive a request for evidence. We are also being advised to keep a log of senior staff / key individuals who have left or are leaving SHSC who have led aspects of the Covid-19 response.

The latest briefing from NHS Providers is provided in the following link [Covid-19 briefing from NHS Providers](#)

End

Modern Slavery and Human Trafficking Statement for the financial year ending March 31 2023

This statement is made in pursuant to section 54 of the Modern Slavery Act 2015 and sets out the steps that Sheffield Health and Social Care NHS Foundation Trust has taken and continues to take to ensure that modern slavery or human trafficking is not taking place within our business or supply chain.

The definition for offences covered by the Modern Slavery Act 2015 can be found by clicking [here](#).

We take a zero tolerance approach to Modern Slavery and Human Trafficking and have taken a number of steps to ensure that it does not take place in any part of our supply chains and within our own business.

Any identified concerns regarding Modern Slavery and Human Trafficking are escalated as part of the organisational safeguarding process working in conjunction with our partner agencies.

SHSC has taken the following action in accordance with the Home Office statutory guidance:

a) The organisation's structure, its business and its supply chains

- Adhering to the National NHS Employment Checks / Standards (This includes employees UK address, right to work in the UK and suitable references).
- Continuing to follow NHS Agenda for Change terms and conditions to ensure that staff receive fair pay rates and contractual terms.
- Ensuring that Agency staff are procured through approved frameworks and put internal systems in place to check that appropriate pre-employment clearance has been obtained for agency staff.
- Ensuring that International recruitment takes place under the Code of Practice for International Recruitment (updated March 2023) and the Code of Practice for the international recruitment of health and social care personnel in England – Gov.UK (www.gov.uk)

b) Its policies in relation to slavery and human trafficking

- Maintaining our policies and systems to report of concerns including Freedom to Speak Up and whistleblowing; and in respect of safeguarding, volunteering international recruitment and procurement.

c) Its due diligence processes in relation to slavery and human trafficking in its business and supply chains

- Continuing to review of all safeguarding referrals via our incident reporting system and sharing data at our Safeguarding Assurance Committee.
- Continuing to provide assurance from the Corporate Safeguarding Team to the Safeguarding Assurance Committee, Quality Assurance Committee and Sheffield Children and Adults Safeguarding

- Partnerships that the SHSC Safeguarding Adult Policy and South Yorkshire Safeguarding Adults Procedures are fully implemented.
- Working in partnership with multi-agency partners leading on this agenda in South Yorkshire and ensuring that we are represented on these committees.
- Working in partnership with sector partners on the approach to international recruitment.

d) The parts of its business and supply chains where there is a risk of slavery and human trafficking taking place, and the steps it has taken to assess and manage that risk and e) its effectiveness in ensuring that slavery and human trafficking is not taking place in its business or supply chains, measured against such performance indicators as it considers appropriate

- Building long standing relationships with our suppliers and making clear our expectations of business behaviour. Ensuring that with regard to the supply chain that the majority of our purchases utilise existing supply contracts or frameworks which have been negotiated under the NHS standard terms and conditions of contract, which all have the requirement for suppliers to have modern slavery and human trafficking policies and processes in place. We maintain professional practices relating to procurement and supply and ensure that procurement staff attend regular training on changes to procurement legislation. All suppliers are requested to confirm their compliance with the provisions of the Modern Slavery Act (2015), through agreement of purchase orders and tender specifications.
- Participating in the multi-agency Sheffield Adult Safeguarding Partnership and its associated sub-groups to support the South Yorkshire Safeguarding Adult Procedures, including links to the referral process for adults at risk in our Safeguarding Adults Policy.
- Work in partnership with statutory and voluntary agencies across the Integrated Care System who lead on this agenda in South Yorkshire and ensure that SHSC is represented at relevant groups.
- As an NHS organisation, SHSC staff are not a designated first responder organisation. Only organisations listed as designated first responders can make referrals to the National Referral Mechanism (NRM). The list of referrers is on the link below. If SHSC staff have a concern about a person being subject to Modern Slavery, we have a responsibility to complete a safeguarding concern and refer to the Local Authority requesting that they report to the NRM. The Duty to Notify is also only for first responders but can be used when an adult does not consent. Further information can be found here:
<https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales>

f) The training about slavery and human trafficking available to its staff

- Modern Slavery and Human Trafficking is available to staff, including the board of directors and is included within SHSC Level 3 safeguarding adult training.

Register of Interests 2023-24 as at 12 July 2023

BOARD OF DIRECTORS

Personal Details	Details Of Declared Interest	Identified potential for conflict of Interest and action taken by Trust	Date From	Date To	Date Notified/ Registered
Trust Board					
Sharon Mays (Chair)	<p>NHS provider board/ trustee member (exact details to be confirmed once documentation reviewed)</p> <p>Chair of the South Yorkshire MHLDA provider collaborative board</p> <p>As Chair I represent the Trust on various committees including the MHLDA provider collaborative board and Sheffield Place Chair's Forum.</p> <p>Relative is employed by Tees Esk Wear Valley NHS FT in the role Head of Digital delivery</p>	<p>Non-Financial Professional</p> <p>Non-Financial Professional</p> <p>Non-Financial Professional</p>	<p>1 July 2023</p> <p>12 July 2023</p>	<p>30 June 2023</p> <p>ongoing</p>	<p>11/07/2023</p>
Anne Dray, Non-Executive Director (Senior Independent Director)	<p>Non-Executive Director with Nottingham CityCare Partnership CIC.</p> <p>Managing Director of Adaptive Ideas Ltd</p>		<p>2018</p> <p>2013</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>05/04/2023</p>
Heather Smith, Non-Executive Director	<p>Director of FoodWorks Sheffield, a not-for-profit organisation highlighting waste food and food sustainability issues (voluntary)</p>		<p>March 2020</p>	<p>Ongoing</p>	<p>05/04/2023</p>

Register of Interests 2023-24 as at 12 July 2023



Sheffield Health
and Social Care
NHS Foundation Trust

Personal Details	Details Of Declared Interest	Identified potential for conflict of Interest and action taken by Trust	Date From	Date To	Date Notified/ Registered
Olayinka Monisola Fadahunsi-Oluwole, Non-Executive Director	Governor on the remuneration Committee at SCFNHSTRUST Unitary Board Stakeholder panels for the race equality group SCFNHSTRUST Trustee for the Steel City Choiresters		Oct 2020 July 2022 March 2021	Ongoing Ongoing	05/04/2023
Owen McLellan, Non-Executive Director	Director of Company Shop Ltd Director of Community Shop Community Interest Company		December 2022 August 2022	present	05/04/2023
Mark Dundon, Non-Executive Director	Director and Owner of Inversion Consultancy & Solutions Ltd	Finance – no conflict currently as no business with the NHS	April 2015	Ongoing	05/04/2023
Brendan Stone, Associate Non-Executive Director (non-voting)	Trustee, Sheffield Flourish Professor, University of Sheffield		2010 2004	Ongoing Ongoing	06/05/2022

Register of Interests 2023-24 as at 12 July 2023



Sheffield Health
and Social Care
NHS Foundation Trust

Personal Details	Details Of Declared Interest	Identified potential for conflict of Interest and action taken by Trust	Date From	Date To	Date Notified/ Registered
Salma Yasmeen, Chief Executive	Member of the board of Thirteen Housing Group (Charitable Community Benefit Society registered under the Co-operative & Community Benefits Society Act 2014), including remuneration committee Advisory board member for School of Business, Huddersfield University Spouse employed in management capacity at Leeds & York Partnership NHS Trust	Non-Financial personal	Ongoing January 2022 current	Ongoing Present ongoing	12/07/23
Jan Ditheridge, Chief Executive	None declared (left the Trust end of June 2023)		N/A	N/A	05/04/2023
Mike Hunter, Executive Medical Director (Interim Deputy CEO from January 2023)	National Specialty Advisor, NHSE/I Spouse is consultant at Sheffield Teaching Hospitals		2017 2017	Ongoing Ongoing	05/04/2023
Phillip Easthope, Executive Director of Finance	None declared		N/A	N/A	05/04/2023
Caroline Parry, Executive Director of People	Owner/Director of Caroline Parry HR Consultancy LTD	Financial – no work undertaken through the company since 2017	2011	Ongoing	05/04/2023

Register of Interests 2023-24 as at 12 July 2023



Sheffield Health
and Social Care
NHS Foundation Trust

Personal Details	Details Of Declared Interest	Identified potential for conflict of Interest and action taken by Trust	Date From	Date To	Date Notified/ Registered
Salli Midgley, Interim Executive Director of Nursing and Professions	Trustee for the Restraint Reduction Network		July 2022	ongoing	04/05/2023
Neil Robertson, Interim Executive Director of Operations and Transformation (non-voting)	None declared		N/A	N/A	05/04/2023
Pat Keeling, Director of Strategy (non-voting)	Director/Governor Box Hill School Ltd	Director/non-financial	March 23	March 27	05/04/2023
Deborah Lawrenson, Director of Corporate Governance (non-voting)	Unpaid Trustee (Director of Corporate Affairs) for Friars Multi Academy Trust (now known as Better Together Learning Trust)	Non-Financial	01/09/2021	Ongoing – term duration 4 years	05/04//2023



Register of Sealings 2022-23

Register Entry No.	Date Signed / Sealed	Item	Signed by
0216	28 July 2022	Intermediate Building Contract Burbage/Stanager	P Easthope – Executive Director of Finance J Ditheridge – Chief Executive
0217	1 December 2022	Shepcote Lane Lease Unites 1 & 2	P Easthope – Executive Director of Finance B Murphy – Executive Director of Nursing, Operations and Transformation
0218	11 January 2023	Deed of Variation Contract Fulwood House	P Easthope – Executive Director of Finance J Ditheridge – Chief Executive
0219	22 February 2023	Stanager Contract	P Easthope – Executive Director of Finance [this contract only required one signature]