

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 12 May 2021** via Video Conference

Present:

Name	Initials	Job Role
Prof Sir Jonathan Montgomery	JM	Trust Chair, [Chair]
Dr Bruno Holthof	BH	Chief Executive Officer
Mr Jason Dorsett	JD	Chief Finance Officer
Ms Claire Flint	CF	Non-Executive Director
Ms Sam Foster	SF	Chief Nursing Officer
Ms Paula Hay-Plumb	PHP	Non-Executive Director
Ms Sarah Hordern	SH	Non-Executive Director
Ms Katie Kapernaros	KK	Non-Executive Director
Prof Ash Soni	AS	Non-Executive Director
Prof Meghana Pandit	MP	Chief Medical Officer
Ms Sara Randall	SR	Chief Operating Officer
Mr Terry Roberts	TR	Chief People Officer
Prof Tony Schapira	TS	Non-Executive Director
Prof Gavin Screaton	GS	Non-Executive Director
Ms Anne Tutt	AT	Vice Chair and Non-Executive Director
Mr David Walliker	DW	Chief Digital and Partnership Officer
Ms Eileen Walsh	EW	Chief Assurance Officer

In Attendance:

Ms Marilyn Rackstraw	MR	Corporate Governance Manager
Ms Katy White	KW	Corporate Governance Manager
Ms Cecilia Gould	CG	Public Governor, Oxford City
Ms Janet Knowles	JK	Public Governor, South Oxfordshire
Ms Nina Robinson	NR	Public Governor, South Oxfordshire
Mr Christos (Chris) Kotanidis	CK	GTC Management in Medicine Shadowing Programme (Shadowing BH)
Mr Peter Saunders	PS	Grant Thornton (Attending as part of Financial Governance Review)
Dr Rob Stuart	RS	Guardian of Safe Working (Item 8)

Ms Louise Johnson	LJ	Deputy Divisional Head of Nursing and Governance (item 6)
Ms Natasha Walker	NW	Ward Sister (item 6)
Ms Heather Talbot	HT	Matron (item 6)

Apologies: None

TB21/05/01 Welcome, Apologies and Declarations of Interest

1. In opening the meeting the Chair welcomed Ash Soni to his first meeting since joining the Trust as a Non-Executive Director.
2. Cecilia Gould, Janet Knowles and Nina Robinson were welcomed to the meeting as observers on behalf of the Council of Governors.
3. Anne Tutt declared an interest as a trustee of Oxford Hospitals Charity.

TB21/05/01 Minutes of the Meeting Held on 10 March 2021 [TB2021.26]

4. The minutes were accepted as a true and accurate record of the meeting subject to the amendment of a typographical error under para 37.

TB21/05/02 Matters Arising and Review of the Action Log

5. There were no open actions on the action log for discussion.
6. At the Trust Board in March, under the MIS report, the Board noted that trainee feedback was a new inclusion in the report and highlighted some concerns in relation to educational or training opportunities being lost due to gaps in the rota. MP confirmed that this would be picked up under the Guardian of Safe Working Hours report.

TB21/05/03 Chair's Business

7. The Chair informed the Board that in addition to the appointment of Ash Soni, a second NED appointment was in train and that they would join the next meeting of the Trust Board in July.
8. The Chair reported that the Board was keen to return to doing site visits and had undertaken visits with a select number of Board colleagues. He noted that the Board did not wish to overwhelm busy clinical areas and so were limiting numbers participating in visits.

TB21/05/04 Chief Executive's Report [TB2021.27]

9. The Chief Executive noted he would provide update on events that had taken place since his report was published.

10. It was reported that over the previous weekend, there had been no Covid patients across the Trust which was a milestone in the pandemic.
11. BH reported that the CQC had attended the Trust on 5 May 2021. A draft inspection report was awaited, but a letter issued on 7 May provided initial feedback. This contained positive points regarding hand hygiene and wearing of personal protective equipment, and improvement points around signage, displaying cleaning schedules and storage. He reported that action was already being taken in relation to the points raised. The Infection Prevention and Control team, Divisional Colleagues and Executive Colleagues were thanked for their contributions.
12. SF noted that significant changes were to be made to soft facilities management to strengthen this. In terms of signage, wider work was needed in terms of digital options with DW echoing the significant opportunity to look at digital solutions and look at better wayfinding options for both patients and staff.
13. A new respiratory unit had opened on level 5 at the JR. It was noted that this unit could be used for Covid patients / Infectious Diseases in addition to the John Warin ward if necessary.
14. Three levels of the Critical Care building had been built, with two floors remaining. This could provide additional capacity in the event of any surges related to the pandemic.
15. KK asked about the Critical Care building and respiratory rooms and asked how many additional beds in total the Trust would have in comparison with the previous year once the buildings were in operation. BH reported that he could not confirm the numbers as the Trust was still engaging in ICS and regional discussions around staffed capacity going forward.
16. The Horton General Hospital's [HGH] hip fracture team was named one of the best in the country for hip fracture treatment for the eighth year in a row following publication of the annual National Hip Fracture Audit, which compared the performance of 174 trauma units in England, Wales, and Northern Ireland.
17. CF asked about best practice across the Trust and whether learning from this team was being applied to other areas. MP noted that a series of actions had been put in place at the JR when reviewing the issues with pathways, such as the time between admission to theatre / ward. Numbers had steadily improved over the last 18 months and both teams continued to come together to learn.
18. It was reported that Ariel Lanada, a senior nurse who is chair of the Black, Asian and Minority Ethnic (BAME) Staff Network at OUH had won BAME Nurse of the Year in the National BAME Health and Care Awards.

19. The remainder of the report highlighted the many positive achievements across the Trust, and success in terms of research and development.
20. The Trust Board noted the Chief Executives report, and the updates received.

TB21/05/04 Patient Perspective: Learning from a Serious Incident Requiring Review (SIRI) [TB2021.28]

21. LJ, NW and HT were in attendance for this item.
22. SF presented the paper which detailed the story of a patient who was reported to have been discharged home with multiple areas of significant Hospital Acquired Pressure Ulceration (HAPU). In response to this, the ward team, alongside senior nurses, identified areas of practice that required improvement and subsequent change to help prevent recurrence.
23. Following this SIRI investigation, four areas of learning had been identified, namely Training, Communication and Teamwork, Safety Huddles and Fotoapp. The Harm Free Group had set themselves an ambition to reduce pressure ulcers by 25%, which was a challenging trajectory but had been embraced by divisional nurses.
24. TS took the opportunity to commend the team on an excellent report and noted that this was an important area that would always be challenging but was worth persisting with. He added that maintaining the training and actions put in place was key. He asked how much the reorganisation of pressure ulcer management had been driven by staff on the front line.
25. SF noted that the patient safety response team had been initiated not only in response to never events, and moderate harm or above, but also tissue damage. The ability to be immediately able to discuss cases had been well received and was where the list of improvements had largely emerged from.
26. LJ confirmed that she felt this had been a hugely positive introduction and had welcomed the opportunity to put realistic actions in place in a timely way, with an achievable action plan. Following this the teams had been able to build on existing actions to further safeguard other patients.
27. PHP concurred that it was great to hear and asked how confident the team was about the transfer of learning across all of the hospital wards and sites. LJ confirmed that when looking at cases, the learning applied from previous lessons was apparent. It was noted that learning was regularly shared at the Harm Free Assurance Group and through divisional governance and clinical governance meetings.
28. Fotoapp and digitisation in patient care were highlighted as a very positive improvement. JM asked whether this could be used outside of a hospital

setting, and for follow up appointments. LJ confirmed that she would be supportive of this and would be happy to explore it.

29. SR asked about learning across the wider divisions and the training of staff, and how this would be sustained through changes in the team. NW confirmed that that link roles were used to provide staff members with specialised knowledge so that they could then teach each other. It was confirmed that link roles were not just registered nurses but across all roles.
30. MP noted that the ethos of the Patient Safety Response Team was providing multi-disciplinary holistic care and was keen that that medical colleagues be involved in these meetings and was happy to provide support if necessary.
31. Consideration was given to when to look at this again to see progress and how embedded the process had become. SF confirmed that she was due to launch the new nursing and midwifery strategy which included this area and suggested that feedback on improvements against the trajectory come back to the Board as part of reporting on this.

TB21/05/04 Integrated Performance Report M12 [TB2021.29]

32. The Board received its regular report based on key metrics in relation to operational performance, quality, workforce, finance and digital. The report was taken as read and comments and questions were requested.
33. KK referred to the 31 security and protection breaches and noted that the number felt a high. She also referred to the Priority 1 incident [P1] highlighting that there were quite rare and enquired what had happened.
34. DW concurred that that the number was higher than desirable but noted that it was not unexpectedly high for an organisation of this size with a high number of transactions. Only one was a level one incident that was reported to the ICO, for which feedback was awaited. It was noted to be a failure in process rather than a data breach so there wasn't a high level of concern.
35. In terms of the P1 incident, this was in regard to an incident where there was no dual power feeds. The phasing of electricity meant that two feeds could not work at the same time. The UPS (Uninterruptible Power Supply) had come into operation in this case and options for dual power were currently being investigated.
36. DW confirmed that this was the first time that there had been a power cut of this type within that area. The UPS system was providing back-ups so a degree of confidence could be placed that this incident would not be repeated.
37. AS asked for information about the reporting of medication errors. MP confirmed that currently two metrics were reported on within the IPR however she added that there was a business case to increase staff cover over the weekend within the pharmacy department as it had been evident that

weekend cover was causing issues. She further confirmed that any incidents were routinely reported to the Clinical Governance Committee. One of the Trust's selected Quality Priorities for the coming year was medication safety – insulin and anticoagulation.

38. AT noted the M12 summary on p12 and added that the forecast was helpful and easy to understand, and the outcome was pleasing. She asked for clarity regarding the pay variance which highlighted an adverse position of £57.4m, £18.7m of which was related to Covid, and asked what the remainder related to.
39. JD explained that the other significant issue was that the Trust currently did not plan for a DH central contribution for the staff pension increase from 14 to 20%, which was around £27m. He added that he would instruct the finance team to revise reporting to include 1/12th each month to make the actual plan to variance materially correct.
40. TS noted that he was pleased to see OUH compared to peers, which provided an understanding which was helpful. He asked about 52-week waiters and asked if, once clinicians had seen the patient in the clinic, it was possible to audit the process to ensure that there was no slippage in timescales. He further enquired about the process for non-surgical 52-week waiters.
41. SR confirmed that the Royal College prioritisation was to do with the surgical waiting list as a whole and totalled around 8000 patients across all specialties all together. This was currently captured within EPR. An audit hadn't yet been undertaken but this could be done and linked into the harm review process. Non-surgical patients were captured in harm review process and were presented within the quality part of the report.
42. MP reported that a Shelford CMO group meeting had taken place inviting other colleagues to look at harm review amongst the Shelford group. The consensus was that prioritisation should be done at the point of entry into system and that there was a need to contact patients waiting longer and then follow up by call to ensure that nobody was missed. The aim was to create a joint system at ICS level and a Standard Operating Procedure to explain the approach was due to be developed.
43. TS noted that the radiology numbers were increasing and asked about the reason for this and whether it related to capacity. SR confirmed that diagnostic waits for MRI were the biggest waits for the Trust currently. The Trust was currently undergoing an MRI replacement programme. There were also workforce issues, with additional capacity having been bought in. A robust workforce plan for recruitment of radiographers had been developed, but it was noted that there were recruitment issues nationally.

44. PHP referred to the 52ww and reflected that it was positive to see the total number decreasing for the first time. She asked for an interpretation of how this was being managed and the progress.
45. SR confirmed that an increase in activity had been seen since March/April. A lot of work had been done with divisions to plan capacity in line with workforce. Teams were ensuring that available capacity was fully utilised. There were a lot of high volume specialties, so some insourcing support had been procured.
46. MP reported that the Trust was now operating 491 theatre lists per week. The pre-Covid baseline had been 390-400, and the baseline during the pandemic 100. Teams were working in collaborative manner, which was positive and was demonstrated by the increase in activity.
47. In relation to the finance section SH suggested that it was good discipline to talk through the full-year accounts in a reasonable degree of detail as a Board.
48. She also enquired about waiting times, and in particular breast cancer waits and whether the system could provide any support to the Trust. SR confirmed that the numbers for March had improved. The Team had asked the Thames Valley Cancer alliance for additional support in terms of connected clinics, but the main issue remained staffing. Independent sector support via mammographers was currently being investigated.
49. AT noted that data security training was currently at 79%, and added that for the toolkit return at end of June, the Trust need to meet 95%. She asked whether DW was confident in getting back up to 95% in time for submission. DW confirmed that this was a challenge and that he felt that it was unlikely that the Trust would achieve this in time. He added that there was a broader conversation to be had around statutory and mandatory training and the need to address cultural issues.
50. JM asked about progress in non-medical appraisal rates. TR explained that he had seen that compliance had dropped and added that this had been recognised within the IPR and that focus was being given to the issue. A new system had been put in place with some teething problems to be worked through. Further work needed doing in terms of performance managing Divisions and Corporate to make sure that all were compliant and understood the importance of delivery.
51. JM referred to the bank and agency spend and noted that the narrative did not particularly highlight what the underlying risk was. JD confirmed that where there were a lot of incentive schemes, there tended to be a lag. In monitoring the number of shifts per week, April figures had come down to below Q4 levels. He confirmed that the Board should see a resumption of the underlying trend due to the rapid decline in spend.

TB21/05/08 Guardian of Safe Working Q4 Report [TB2021.30]

61. Dr Rob Stewart attended to present this item.
62. MP noted that this was an independent report but wanted to provide an update relating to the action related to trainees in obstetrics. It was noted that the survey of trainees reported in the MIS paper was due to delays in the GMC survey taking place, and reported on trainees working in the obstetric department in 2018. Exception reporting for 2019-2020 had been looked at and there had been two examples. Recently all rotas had been fully staffed and compliant except during the pandemic. However it was noted that due to Covid, training had suffered nationally. Certain specialties were due to extend the period of training. It was noted that in relation to the action specified, there were no concerns and this could be closed.
63. RS presented his report, noting that there was an error contained within labelling of the table in appendix two, but that the data contained within the table was correct.
64. RS noted that there were three overriding themes within the paper which he was going to report on.
65. **People** - In response to the pandemic, areas of good practice had been seen involving the CMO, CPO and JR Drs. Benefit had been seen in the clinical response but had also highlighted how trainees could provide excellence in leadership. RS felt that this should be embraced going forward.
66. Conversely, at the beginning of the pandemic there had been examples of rewriting rotas. Although this was done with good intentions, the changes were not communicated with central medical staffing, which meant that in terms of oversight, new hours were not registered with payroll for example which did lead to issues.
67. **Communication** - Trust wide communications had improved significantly using a number of different tools. The Trust's rapid adoption of MS teams had worked well and had enabled meetings to happen that were challenging beforehand. A common theme that had been highlighted was messages not reaching trainees, which highlighted a need for more targeted communications. There was currently no way of accessing all junior doctors at the Horton, for example. It was rare that communications reached the whole of the stakeholder group, which was a challenge.
68. **Information** – it was recognised nationally that sources of data that relate to working depended on each other but did not always communicate with each other and required human intervention and was then subject to interpretation. TR and MP had put a task and finish group in place to address some of these

issues. The chair of the group had recognised the challenges and risks but also the opportunity for an overriding intelligent network.

69. MP agreed that it was particularly challenging to contact all junior doctors and locally employed trainees. Many did not look at OUH email as they often had their own email accounts. TR and MP were working though this to create a central mechanism, although it was acknowledged to be a complex task.
70. JM asked if there was an opportunity to develop recognition and embed opportunities, which could identify and foster leadership ambitions going forward. MP noted that there were mechanisms in place currently, such as the junior doctor awards, which would be repeated this year. Also there were many national fellowship schemes which were run through the faculty and there was plenty of opportunity to support applications. A number of junior doctors also engaged with the Management in Medicine Programme through Green Templeton College.
71. TR added that the Growing Stronger Together programme also was looking at recognition opportunities with recommendations expected to feed through to EDs, TME and the Board.
72. JM suggested that the Board acknowledge the work done with junior doctors annually, perhaps alongside the Safe Working Hours report and the annual Medical Education report so as not to fragment the reporting cycle.
73. RS confirmed that improvements had taken place in relation to incorrect payments which were recognised to have been a problem nationally. He added that this more commonly affected trainees working less than full time, but the Trust had appointed a champion for flex working and there were steps in place to make further improvements which would be reported back in future.

TB21/05/09 Freedom to Speak Up Update [TB2021.31]

74. EW presented the paper which updated the Board on the current status of the service.
75. After three years of leading the Freedom to Speak Up function in the Trust, Jane Herve had decided to step down from her role as Lead FTSU Guardian, from 30 April 2021.
76. Following individual discussions with the members of the Freedom to Speak Up Team, and with the Chair, Chief Executive and with Claire Flint, Non-Executive lead for FTSU, it was proposed that, before commencing the formal recruitment process for a new Lead Guardian, the Trust should take the opportunity to reflect on the success of the service to date and to build on this by reviewing the needs of the Trust and the resources needed to strengthen the service.

77. Whilst considering the next steps for the development of the service, The Chief Assurance Officer will be working closely with the local FTSU Guardian and three FTSU Champions to maintain the service.
78. The Executive team had agreed to support the implementation of an eight-week project to determine options available for the service. NEDs asked to be advised of the listening sessions so that they could attend.
79. The Trust Board noted the arrangements to maintain an effective FTSU service during the transition period and endorsed the decision to implement an eight-week project to review the FTSU service.

TB21/05/10 Amendments to Scheme of Delegation [TB2021.32]

80. JD presented the report which set out proposals to update the Limits of Delegation Policy to ensure that it was aligned with the controls built into the “Fusion” system and to incorporate a number of other changes required. It also proposed an amendment to the Scheme of Delegation in relation to policy determination.
81. The amendment proposed to the Scheme of Delegation in relation to policy determination reserved power to the Board to determine which policies would require its approval, defined by reference to the Policy Management Framework in force at the time in the Trust.
82. The Audit Committee (at its meeting held on 21 April) has confirmed its support for this amendment, in alignment with an update to the Policy on Developing and Managing Policies and Procedural Documents that was approved by TME at its meeting held on 8 April.
83. The Trust Board approved the proposed changes to the Limits of Delegation Policy and the amendment to the Scheme of Delegation.

TB21/05/11 NHS Staff Survey Results 2020 [TB2021.33]

84. The Chief People Officer presented this report, which set out the key results for OUH compared to the average score within the benchmarking group. The Board had previously received and discussed these results while the report was under embargo.
85. TR reported that work had been ongoing with Divisions to develop an action plan linked to the Growing Stronger Together programme. Pulse surveys had been developed and benchmarking had provided useful information.
86. CF noted that the involvement of staff in these initiatives was positive so that they could help to create solutions. TR agreed and noted that the Trust was currently looking at staff networks.
87. The Trust Board noted the 2020 staff survey findings and next steps.

TB21/05/12 Learning from Deaths Report Q3 [TB2021.34]

88. The Chief Medical Officer presented the report which provided an overview of mortality reviews undertaken in quarter 3 of 2020/21.
89. During quarter 3 of 2020/21 there were 661 inpatient deaths reported at OUH. There were 577 (87%) cases reviewed within eight weeks. Of these reviews, there were 253 (38%) comprehensive Level 2 reviews and 11 (2%) structured mortality reviews which include nine structured reviews for patients with learning disabilities.
90. There were no deaths judged more likely than not to have been due to problems in the care provided.
91. The Summary Hospital-level Mortality Indicator (SHMI) for the data period December 2019 to November 2020 was 0.90 and remained rated 'as expected'.
92. The Hospital Standardised Mortality Ratio (HSMR) was 89 for the data period January 2020 to December 2020 and remained rated 'lower than expected'.
93. The Medical Examiners (MEs) had started regular monthly meetings to review progress and discuss cases. It was noted that there were seven in post.
94. The Trust Board noted the update provided.

TB21/05/13 Response to CQC report: Protect, respect, connect - decisions about living and dying well during COVID-19 [TB2021.35]

95. The Chief Medical Officer presented the paper to the Board.
96. The CQC published an interim report: Do not attempt cardiopulmonary resuscitation (DNACPR) in November 2020 in response to national concerns that DNACPR orders were not appropriately established during the pandemic.
97. In October 2020 the DNACPR lead presented a report to CGC and CQC detailing an in-depth review of DNACPR documentation focusing on decision making and patient consultation during March-June 2020. This identified that DNACPR decisions were documented electronically on standardised templates.
98. Within each individual patient record there was a reason and discussion of the conversation for that person. There were many excellent examples of compassionate conversations. In some cases, the rationale and discussion were brief, and this was any area for improvement. There was no evidence that decisions were made inappropriately during COVID-19 within OUH.
99. The CQC published their final report in March 2021. The report emphasised the need for people and their representatives to be included in their advance care planning, including DNACPR. There were recommendations contained

within the report to be considered within OUH around information, training and support. Planned actions had been identified to address these recommendations. The Chair suggested that it might be helpful to consider what analysis of the use of DNACPR during the pandemic might be helpful.

100. SF noted that the patient experience delivery plan was due to be relaunched and that this included a proposal relating to equality. She explained that this would be brought to a future meeting of the Trust Board.
101. The Trust Board noted the CQC Protect, Respect and Connect report and the recommendations with planned actions.

TB21/05/14 Maternity Incentive Scheme [TB2021.36]

102. The Chief Nursing Officer presented the report providing an update on the status of OUH compliance with the NHS Resolution Maternity Incentive Scheme year 3.
103. The deadline for the Board declaration of compliance with all ten standards to reach NHSR was extended, in light of the Covid-19 pandemic, to noon on Thursday 15 July 2021.
104. After a pause on the scheme during the first wave of the pandemic, NHSR relaunched it on 1 October 2020. This relaunched scheme included the addition of elements aiming to ensure key learning from important emerging Covid-19 themes were considered and implemented.
105. The report outlined the two areas of high risk of non-compliance for the Board to consider. There was a high risk of noncompliance within the neonatal nursing workforce. Whilst currently the Trust was compliant with the scheme's requirements for neonatal medical workforce, this was due to temporary staff members. To mitigate this risk, a business plan to recruit four additional Neonatal doctors had been developed.
106. There was a high risk of non-compliance for in house neonatal resuscitation training and newborn life support training within the neonatal directorate, with two staff groups being non-compliant. An action plan/trajectory to achieve compliance was awaited. The Maternity dept was compliant with 90% of each staff group having completed their training.
107. The CNO reported that she had been assured by the directorate that they would reach the required trajectory by the deadline of 15 July 2021.
108. The Trust Board noted the update.

TB21/05/06 Regular Reporting**Integrated Assurance Committee Report including Annual Report [TB2021.37]**

109. The Chair presented this report from the Integrated Assurance Committee.
110. An overview of the requirements prescribed to OUH within the National Vaccination Programme rollout was provided along with assurance to the Committee on how the Trust had met these directives. The Committee sought and received assurance that there was no significant variance in vaccination levels of staff on the basis of ethnicity.
111. The Committee received an update on the planning timetable for 2021/22 following the publication of planning guidance on 25 March. Priority areas were outlined to the Committee and the strong focus on workforce priorities was noted.
112. The Committee received feedback from the Month 10 Divisional Performance Review meetings took place in March. Under normal reporting arrangements, Monthly Divisional Performance Review meetings are not reported to the IAC. However, since the Q3 Performance Review meetings did not go ahead due to COVID-19 related operational pressures, the M10 summary was reported to the Committee to fill a gap in reporting.
113. The Chair also presented the IAC annual report to the Board, noting that further work was needed on the approach to deep dives for the coming year.
114. He further added that there was the need to look at how to use the IPR and the different ways of using the information at Board meetings and IAC meetings to make better use of time and allow more constructive challenge.
115. The Trust Board noted the updates from IAC.

Trust Management Executive Report including Annual Report [TB2021.38]

116. Dr Holthof presented his report as Chair of the Trust Management Executive.
117. He reported that TME had continued to hold good discussions around culture and leadership, and had agreed the recommendations within the Culture and Leadership Delivery Plan 2021/22 which were due to be discussed in more detail with the Trust Board at an upcoming seminar session.
118. The report provided an overview of key decisions that TME had taken since the last report to the Trust Board, including approving several key contracts to support the elective care recovery programme, and approving the value-based appraisal policy for non-medical staff.
119. The annual report was also presented to demonstrate the extent to which TME had met its terms of reference during the 2020/21 financial year.

120. The Trust Board noted the updates from TME.

Consultant Appointments and Signing of Documents [TB2021.39]

121. The Board received its regular report on Medical Consultant appointments made by Advisory Appointments Committees and recent signing and sealing of documents.

Fit and Proper Persons Annual Assurance [TB2021.40]

122. The Trust Board noted that the fit and proper persons test had been conducted for the period September 2020 to September 2021 and that all Board members satisfied the requirements.

Declarations of Interests, Gifts and Hospitality [TB2021.41]

123. The Trust's Standing Orders require members of the Board to declare any personal interests that may bear on their duties as Directors of the Trust.

124. The Register containing Board members' declarations for the year 2020/21 will be submitted to the Trust Board and these declarations will be included in the Annual Report 2020/21.

125. The Board reviewed the register noting that this would be contained within the annual report. Minor corrections were noted which would be reflected before publication.

TB21/05/06 Any Other Business

126. EW noted that a formal letter providing feedback from the CQC visit would be circulated to colleagues once it had been received.

TB21/05/06 Date of Next Meeting

127. A meeting of the Trust Board was to take place on **Wednesday 14 July 2021**.