

Trust Board Meeting in Public

Minutes of the Trust Board Meeting in Public held on **Wednesday 14 May 2025**, George Pickering Education Centre, John Radcliffe Hospital

Present:

| Name | Job Role |
|------------------------------|---------------------------------------|
| Prof Sir Jonathan Montgomery | Trust Chair, [Chair] |
| Mr Simon Crowther | Acting Chief Executive Officer |
| Mr Ben Attwood | Chief Digital and Partnership Officer |
| Prof Andrew Brent | Chief Medical Officer |
| Ms Yvonne Christley | Chief Nursing Officer |
| Mr Paul Dean | Non-Executive Director |
| Mr Jason Dorsett | Chief Finance Officer |
| Ms Claire Feehily | Non-Executive Director |
| Ms Claire Flint | Non-Executive Director |
| Mr Mark Holloway | Chief Estates and Facilities Officer |
| Ms Sarah Horden | Vice Chair and Non-Executive Director |
| Mr Terry Roberts | Chief People Officer |
| Prof Tony Schapira | Non-Executive Director |
| Prof Gavin Screaton | Non-Executive Director |
| Ms Felicity Taylor-Drewe | Chief Operating Officer |
| Ms Joy Warmington | Non-Executive Director |

In Attendance:

| | |
|--------------------|---|
| Dr Neil Scotchmer | Head of Corporate Governance |
| Ms Joan Adegoke | Corporate Governance Officer [Minutes] |
| Chris Cowie | Peer Program Manager for the Hepatitis C Trust [Item 6] |
| Ms Elizabeth Sims | Community Hepatology Nurse Manager [Item 6] |
| Mr Lindley Nevers | Freedom to Speak Up Lead Guardian [Item 12] |
| Ms Milica Redfearn | Director of Midwifery [Item 7] |
| Dr Robert Stuart | Guardian of Safe Working Hours [Item 13] |

Apologies:

| | |
|---------------------|------------------------|
| Ms Katie Kapernaros | Non-Executive Director |
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TB25/05/01 Welcome, Apologies and Declarations of Interest

1. The Chair welcomed attendees including governors.
2. Mr Simon Crowther was welcomed in his Acting CEO role while Professor Pandit was on secondment to NHSE for 18 months.
3. Apologies were noted as recorded above.

TB25/05/02 Minutes of the Meeting Held on 12 March 2025 [TB2025.32]

4. The minutes of the previous meeting were approved as an accurate record.

TB25/05/03 Action Log and Matters Arising [TB2025.32a]Actions for report:

TB25-003 - Medical Education Annual Report – The Chief Medical Officer confirmed that 15 consultants were serving military personnel. Each service had business continuity plans in place, factoring in the possibility of personnel being called up for duty.

TB25-004 Integrated Performance Report M10 (including Tier 1 Action Plans) Elective Performance Standards – The Chief Operating Officer confirmed that a seminar session on waiting list management was planned for July.

5. It was noted that the Trust had been formally removed from Tier 1 for elective care due to the progress made. While further efforts were needed to meet the 2025/26 operating plan targets, the removal from tiering was noted to be a positive milestone.

Cybersecurity Update

6. The Chief Digital and Partnership Officer noted that recent cyberattacks indicated a persistent threat, emphasising that it was a matter of when, not if the organisation was targeted. Within the NHS, attacks currently focussed more on the supply chain than individual trusts but maintaining a consistent cyber posture along with partners was important.
7. The Board noted that cybersecurity preparedness was resourced in line with the DSPT toolkit return and acknowledged that the existence of vulnerabilities was inevitable. The Chair noted that broader business continuity plans were in place, including contingencies for cybersecurity alongside other eventualities such as power disruptions.

TB25/05/04 Chair's Business

8. The Chair briefed the Board on the Annual Plan which had been approved. It was to be presented to the Council of Governors (CoG) meeting later in the day.
9. The NHS Ten-Year Plan was expected but had not yet been released.
10. The Chair had taken on the role of Chair of the Acute Provider Collaborative (APC), with increasing clarity on which organisations were collaborating on specific issues. Efforts

were underway to establish a coordinated briefing mechanism across all boards and to clarify responsibilities between the Acute Provider Collaborative (APC) and the Strategic Recovery and Transformation Board (SRTB).

11. The Chair had also agreed to join the Health and Wellbeing Board (HWB) in Oxfordshire as Vice Chair.
12. The Chair expressed appreciation for achieving earlier submission of the Annual Plan than in previous years.

TB25/05/05 Chief Executive Officer's Report [TB2025.33]

13. The Acting CEO highlighted the annual and quarterly staff recognition events to celebrate colleagues' hard work.
14. The NHS Staff Survey 2024 results were scheduled for discussion later at the Board meeting.
15. Achievements from the last financial year included improvements in waiting times and a 65-week backlog reduction, exceeding projections. The agreed financial forecast had been successfully delivered.
16. In relation to the Annual Plan, meeting core organisational standards remained demanding. While most compliance requirements were projected to be met, areas like 62-day cancer care waits and 52-day elective waits remained challenging.
17. The financial plan included nearly £100 million in savings, aligning with NHS-wide financial trends. Service reviews and workforce adjustments would be necessary, supported by strong pay controls. Clear communication and honesty about the organisation's financial and operational position would remain a priority.
18. Efforts to streamline costs were expected to lead to fewer Integrated Care Boards (ICBs), with discussions ongoing about their function and responsibilities. Performance Management was expected to shift to NHSE regional teams. Place-based and neighbourhood working presented an opportunity for more direct organisational engagement.
19. Following the recent Cybersecurity and Risk Assessment, the organisation was evaluating its approach to risk and threat assessment, and Cybersecurity measures would be reviewed to ensure they were appropriately reflected in the Board Assurance Framework (BAF).
20. Mr Crowther confirmed the concept of anchor institutions remained relevant but was not an explicit focus of current work. He emphasised the importance of partnerships and autonomy in managing responsibilities, aiming to reduce duplication across acute care, ICBs, and regional systems. Greater autonomy for provider boards in discharging partnership duties was highlighted.
21. The Chair noted a shift towards fewer national targets and increased local autonomy and suggested committing to this approach when opportunities become clearer.

22. The Board recognised the need to evaluate the organisation's strategic direction over the next five years, ensuring alignment with central priorities while optimising local autonomy and operational efficiency in response to evolving policy landscapes.
23. The Board noted that recent shifts indicated functions like medicines optimisation were moving from ICBs to providers, though clarity was needed on how responsibilities would be distributed among providers under the ten-year plan. The Trust needed to identify ways to contribute meaningfully to discussions regarding these transitions.
24. Mr Crowther assured the Board that discussions were already happening at the Place-based and Acute Provider Collaborative (APC) levels.
25. The Board noted the report.

TB25/05/06 Patient Perspective

26. The Chief Nursing Officer introduced the Community Hepatology Service supporting Chelsea. Chelsea was invited to share her personal journey, offering insights into the challenges she faced and the role of healthcare professionals in her recovery.
27. Chelsea reflected on her experience with substance misuse, which began at a young age and led to involvement in sex work, incarceration, and multiple detox programs. She described how she had lost all trust in society but found support within the community nursing teams. A pivotal moment occurred when she was offered a £5 voucher to take a Hepatitis C test despite believing she was immune. The results revealed an active infection, and she credited the nurses as the only safe and trustworthy network she had at the time.
28. Following successful treatment, Chelsea engaged with the Hepatitis C team and later accepted voluntary work with the Hepatitis C Trust. Despite initial reluctance, she found purpose in supporting others, helping to break down barriers and stigma surrounding Hepatitis C and healthcare access. She spoke about how this experience gave her purpose, confidence, and a sense of community having never held paid employment before.
29. The Chair acknowledged Chelsea's inspiring full-circle journey, from patient to advocate, and commended her perseverance. The Chief Medical Officer praised her resilience, noting the remarkable progress in Hepatitis C treatment. He highlighted that Hepatitis C was once an untreatable disease but that medical advances had enabled effective cures. He encouraged Chelsea to continue sharing her story and exploring wider outreach opportunities to help others overcome barriers to care.
30. The Board expressed deep appreciation for the transformative power of volunteering and recognised the significance of Chelsea's impact. In response to inquiries about improving services, Chelsea urged the Trust to continue its current outreach efforts, recognising their positive impact on vulnerable communities.
31. The discussion then shifted toward the broader benefits of prevention, including its role in reducing severe disease cases and improving NHS efficiency. The importance of

maintaining patient-centred care despite organisational challenges was underscored, alongside the need for collaboration among multiple healthcare entities. The role of anchor institutions was highlighted, with a focus on balancing financial pressures with societal responsibilities

32. The Board noted that efforts toward Hepatitis C eradication, though not widely publicised, remained invaluable within healthcare.

TB25/05/07 Maternity Items

33. The Director of Midwifery, Ms Redfearn, joined the Board for this discussion.

Maternity Service Update Report [TB2025.34]

34. The Chief Nursing Officer informed the Board that a comprehensive NHSE rapid quality review had been completed, involving all regulators. The Trust had been able to demonstrate strength and improvement, with the learning committee highlighted as an example of good practice.
35. The visit highlighted improvements in service delivery and morale, with highly positive feedback. The insight report following the review and based on a large information request and detailed analysis, was expected within six weeks.
36. Exit from the Maternity Safety Support Programme was planned for June, with no concerns about quality and safety beyond those on which work was ongoing.
37. The Board heard that 27 of 36 Antenatal and Newborn Screening recommendations had been closed, with the remainder on track.
38. Ms Redfearn noted that full staffing was expected by Q2, with international midwives arriving in July. The birth-to-midwife ratio remained stable at 1:23, aligning with recommended staffing levels while turnover had significantly slowed.
39. Bereavement support had expanded to a seven-day service, fully staffed with suite improvements. Training for Maternity Support Workers had been implemented to support sensitive conversations.
40. There had been an improvement in PPH and 3rd/4th degree tears following interventions while postnatal breastfeeding support had been strengthened, particularly in postnatal wards to prevent hospital readmissions. The focus was on measuring key indicators beyond mandatory requirements.
41. Data analytics were utilised to project service demand and optimise staffing flexibility. Plans were in place to integrate local support to improve care during the first 1-2 days at home.
42. The emphasis had shifted towards decision-making based on data, while also focussing on maintaining a strong culture and effective leadership. The importance of recognising pressure points beyond focus areas was emphasised, such as the chaplaincy service. Feedback from the insight visit indicated that the service felt "radically different," with staff returning and engagement levels increasing. Additionally, the involvement and engagement strategy were being co-designed with clinical teams and the OMNVP.
43. No maternal deaths were reported. There had been notable progress in reducing induction of labour delays, with a six-hour target to be included in future tracking. Efforts

were ongoing to address care disparities for Asian and Asian British women, building on previous initiatives aimed at improving care for Black women.

44. The Board noted the report.

Perinatal Mortality Review Tool [TB2025.35]

45. The Board noted the summary of the perinatal deaths that occurred during Quarter 4.

Perinatal Quality Surveillance Summary Report [TB2025.36]

46. The Director of Midwifery reported that induction of labour delays had reduced from 71 to 20 cases. There were sustained improvements in postpartum haemorrhage, severe tears, and neonatal admissions, all below national averages.
47. Feedback from the Friends and Family Test had improved, with 20% of births providing responses (April data pending).
48. Seven perinatal deaths were reviewed, with none due to care issues. Sixteen perinatal deaths were reported, an increase from Q3, with a thorough review planned. Eight babies were transferred to OUH due to tertiary centre status.
49. High compliance with 1:1 care for all women was achieved. Recommendations for the incentive scheme and compliance were currently being addressed.
50. The Board noted these updates.

TB25/05/08 Learning From Deaths Report Q3 [TB2025.37]

51. The Chief Medical Officer (CMO) presented the Q3 report following previous detailed Board briefings which had provided necessary background information. He explained that the paper was streamlined by moving detailed information to an appendix, summarising mortality review outcomes, including SHMI and HSMR. The unique position of the Trust having two hospices had previously influenced HSMR data; new reporting would exclude hospice figures.
52. The Board sought assurance that actions from Section 6, "Learning and Actions from Mortality Reviews" were followed up and monitored. The CMO noted that summarising learning raised further questions but was intended to provide insight, with actions sitting within divisions and monitored through divisional governance systems. The CMO acknowledged the lack of a formal process for monitoring this and agreed to review it. The Chair suggested addressing this in the annual Learning from Deaths (LfD) Report.
53. Inquiries were made about the effect of the paused Holmium Laser Enucleation of the Prostate (HoLEP) procedure on patient choice. The CMO explained that the paused procedure was a single option for prostate cancer with generally low mortality. Following two deaths, this had been escalated and paused to assess systemic concerns. It was noted that the circumstances of the cases differed, but improvements in patient selection had been identified while collaboration with partners was ongoing to decide whether to resume the procedure.
54. On Charitable Funding for Bereavement Services, the Board inquired whether bereavement support funded by charities should transition to mainstream funding. The

CMO confirmed that the current funding was ongoing. He noted that financial pressures limited the ability to support from core budgets.

ACTION: The CMO to identify services supported by charities for clarity.

55. The Board noted the report.

TB25/05/09 NHS Staff Survey Results 2024 [TB2025.39]

56. The Chief People Officer summarised the Staff Survey results, areas for further work and specific actions to be taken.
57. The survey indicated that 48.21% of staff (7211) had completed the survey, a 2.26% increase from previous year. The Trust performed above average in seven out of nine NHS People Promise elements, including compassion, inclusivity, recognition, safety, and teamwork with a decline in performance in four out of nine elements compared to 2023.
58. 77% of staff agreed patient care was a top priority for the Trust with recommendation rates for friends and family treatment higher than the national average. A strong appraisal completion rate was also recorded.
59. Work environment and EDI-related discrimination were identified as focus areas for improvement.
60. Next steps included aims to foster collaboration, inclusion, and active participation while enhancing the experience of work through establishment of the Growing Stronger Together Programme designed to enhance staff engagement. The intention was to use a collaborative approach and to co-create solutions.
61. The Chair flagged an issue in the Race Equality Standards, noting an incorrect use of the word "believe" in section 7.2, making the data appeared inconsistent. The Chief People Officer clarified the increase in section 6.3 was due to more people responding "no" in that section.
62. The Board agreed that the core focus should be on actions moving forward, aligning with the updated People Plan.

TB25/05/10 People Plan Year 4 [TB2025.40]

63. The Chief People Officer gave an overview of the Plan's development, highlighting stakeholders' input on measuring success, which led to the creation of 'I statements' to define key outcomes. Feedback was gathered on achievements and areas needing improvement, with insights from divisional leadership teams presented to the Trust Management Executive (TME). Strategic themes were reviewed and retained as they were still felt to be relevant.
64. Priorities for Year 4 included:
- Enhancing recruitment to streamline processes and attract top talent.

- Fostering a culture of belonging to ensure inclusivity and engagement.
- Optimising workforce planning for efficiency and sustainability.
- Developing targeted interventions based on evolving needs and insights.

65. New metrics were the aim to reach the top quartile in Shelford rankings for career development opportunities and to reduce unwanted sexual behaviour incidents.
66. The final plan was to be designed and launched with ongoing staff engagement events. Strategic interventions would be adapted, as necessary.
67. Concerns were raised about the 20% leaver rate within the first 12 months, particularly in Admin & Clerical (A&C) and Health Support Worker roles. The Chief People Officer explained that the high turnover was partly due to job intensity and competitive salaries in retail. Measures were being developed to clarify job expectations, enhance reward and recognition, and improve workplace experience. While the plan addressed multiple challenges, hot spot areas and specific turnover drivers required further analysis.
68. The Board heard about the progress of A&C succession and development programme by NOTSSCaN division, with 180 attendees at a recent workshop. The initiative aimed to enhance career pathways, as turnover presented a sustainability challenge for services.
69. Concerns about bullying and harassment remained, with numbers still in double figures across the board, though this was not a challenge only for OUH. Despite being framed as kindness and inclusion, a stronger anti-bullying approach was needed as current initiatives might not impact daily experiences, requiring strategic action for meaningful change.
70. The Chief People Officer welcomed Ms Warmington's involvement in the initiative, emphasising the need to strengthen efforts despite some progress. A strategy for elimination was to be developed and reported to TME. Survey data misalignment with reports to FTSU or formal/informal cases, suggested a low level of confidence in reporting mechanisms. Resistance to anti-bullying messaging noted, with anecdotal evidence of pushback. Addressing this required a long-term programme, potentially involving bold decisions. The Board reaffirmed bullying and harassment as a priority, emphasising engagement to achieve organisational goals.
71. Discussions highlighted Healthcare Support Worker (HSW) roles as skilled positions, with recruitment efforts needing to ensure that candidates clearly understood role expectations. However, high turnover continued, mainly due to healthcare learners transitioning to other roles.
72. Understanding staff movement within the sector or Trust was essential for workforce planning, and financial constraints might necessitate strategic adjustments.

ACTION: The Chief People Officer to provide previously agreed metrics, aligned with model hospital standards, for reference and review.

73. Staff engagement and listening remained essential amid external challenges affecting colleagues, with overcommunication key to fostering transparency.
74. Caution was raised regarding the impact of external changes on targets, noting that turnover might decrease due to fewer job opportunities, making relative measures less reliable in an unstable environment.
75. The Chair emphasised the need to clarify why Shelford benchmarks were used in some cases while model hospital metrics were applied in others.
76. The Board approved the Plan, acknowledging the need for refinements, stressing the importance of having a clear strategy to ensure staff could effectively deliver the wider plan.

TB25/05/11 Medical Consultant Pay Progression Policy [TB2025.41]

77. The Trust Board approved the Medical Pay Progression Policy to implement the 2024 amendments to the Terms and Conditions – Consultants (England) 2003 which introduced provisions for a revised pay structure and a new pay progression system.

TB25/05/12 Freedom To Speak Up Update Report [TB2025.42]

78. The Freedom to Speak Up Lead Guardian introduced the new FtSU Guardian on secondment from Here for Health and provided an update on activities from April to December 2024.
79. The launch of the Work in Confidence (WiC) platform had improved awareness of reporting mechanisms and had significantly lowered barriers to speaking up. The Board's support was acknowledged with growing confidence in the system. The importance of fostering a non-retaliatory and supportive environment remained crucial for encouraging openness. All leaders were encouraged to complete the FtSU training available on My Learning Hub covering "speak up," "listen up" and "follow-up."
80. The professionalism of the report and positive impact of the WiC platform was commended. However, the need to balance effective managerial responses with staff confidence in reporting concerns was highlighted. The FtSU Lead reinforced that the FtSU framework was an alternative for individuals who feel unheard or lack confidence in traditional reporting channels, with a focus on maintaining a psychologically safe environment.
81. The Chair stressed the importance of closing the loop on lessons learned, ensuring insights from FtSU drove meaningful organisational improvements.
82. The Chief People Officer informed the Board that structural enhancements to FtSU were under development, with a plan to present them to the Trust Management Executive (TME) and the Board. Executives had received anonymous concerns via WiC, encouraging staff to escalate issues while keeping FtSU accessible.

83. Discussion was held on supporting staff in handling difficult conversations, acknowledging that uncertainty, rather than reluctance, was often the challenge. Training on the BUILD approach was being rolled out through the Better Leaders Programme, supplemented by initiatives such as Leading with Kindness, in partnership with the GMC.
84. Recognising the importance of leadership and management behaviours in fostering a culture of openness and accountability, the need to strengthen leadership development was highlighted as key to proactively addressing workplace challenges.
85. The discussion highlighted concerns about reliance on email-based communication, noting that not all staff might have access to or regularly check emails, with suggestions to explore alternative methods to reach all staff effectively.
86. The Chair expressed appreciation for the update and confirmed that regular reporting on FtSU would continue.

TB25/05/15 Guardian of Safe Working Q4 [TB2025.43]

87. The Chief Medical Officer presented the Q4 Safe Working Hours Report, highlighting the national challenges of an inadequate software platform for reporting. Significant changes in national reporting and monitoring expectations were forthcoming, requiring preparation.
88. A deep dive at the Integrated Assurance Committee (IAC) was planned for later this year to explore the working lives of resident doctors, following previous discussions.
89. The Board recognised that the existing reporting system was inefficient and inadequate, prompting a shift to a divisional approach. However, concerns were raised about whether this decentralisation would lead to better outcomes.
90. Future national changes would help shape improvements, and guardians must have access to the necessary data. Discussions with divisional leads on plans for the coming year would include a review of their reporting systems, and the question of whether a framework for stronger oversight was needed would be revisited.

TB25/05/14 Integrated Performance Report M12 [TB2025.44]

91. The Acting Chief Executive Officer noted progress in developing leading indicators and more up-to-date flash reporting.
92. UEC performance for 4 hours had improved from just over 68% to 75% in Month 1. The Trust was no longer subject to tiering for RTT performance. Progress on cancer standards was noted from February to March. Month 1 Income and Expenditure was on plan, but cashflow was off plan which was understood to be due to timing issues.
93. The Chief Operating Officer would be leading a review of the performance framework and how indicators were presented to the Board.

94. The Chief Operating Officer expressed gratitude to all colleagues for their efforts in reducing long waits. Colleagues across BOB were thanked for the provision of mutual aid via referral redirection and patient choice at the end of the pathway.
95. The discussion on Urgent and Emergency Care (UEC) highlighted the critical role of local initiatives, particularly integrated neighbourhood teams. Pressures extended beyond the organisation, impacting the wider community and primary care services. It was anticipated that winter plans would be finalised during the summer.
96. The organisation was in Tier 2 for cancer alongside other providers in the system, with tiering meeting packs integrated into the IPR. Tiering was approached collaboratively to address waits as a system-wide issue, while discussions focused on distinguishing tasks requiring joint effort from those needing individual action.
97. The Board welcomed the pack redesign, which enhanced visibility of deviations from key assumptions, such as UEC demand. A further review was needed to assess plan variations from initial conditions, taking into account interdependencies and broader impacts.
98. A spike in moderate harm incidents was reported, linked to a newly NICE-approved Parkinson's drug for eight eligible patients. The harm did not stem from the medicine itself but from the inability to provide it, as funding covered the drug costs but not the service requirements for its delivery. Additionally, follow-up appointments lacked tariff funding, and a review paper would be submitted to TME.
99. The importance of addressing the issue was noted, with consideration needed to determine the appropriate response. Patients had been informed of the situation in line with the duty of candour, but reporting currently only accounted for new patients. The unfunded implementation costs for this drug alone amounted to £0.25m, raising concerns given the financial performance framework's restriction on cost increases, while unfunded cost requirements continued to be introduced elsewhere.
100. It was suggested that a thematic review of unfunded challenges would be beneficial. A regular report on NICE TA issues would be developed for Clinical Governance Committee (CGC), and potential Board assurance measures might need to be considered.
101. The Board heard that actions were being developed to respond to the recent enforcement notice from the Information Commissioner's Office (ICO).
102. The Trust Board noted the report.

TB25/05/17 Finance Report M12 [TB2025.45]

103. The Chief Finance Officer reported that performance was slightly better than forecast due to additional income. Accounting corrections had been made in Month 12, with the aim of improving processes such as capitalisation throughout the year, although an artificial spike was noted.

- 104. There was a £3m headline underspend on capital but the increasingly complex capital regime made it challenging to balance various individual capital budgets. The cash position stood at £12m, which was an improvement from the previous month.
- 105. A revised format for financial reporting to the Board was being developed to provide a tighter narrative and a shorter pack.
- 106. The Trust Board noted the report.

TB25/05/18 UEC System Dashboard [TB2025.46]

- 107. The Chair suggested that it would be helpful to indicate how these metrics aligned with expectations.
- 108. The Board noted the report.

TB25/05/19 Board Assurance Framework [TB2025.47]

- 109. The Acting Chief Executive Officer informed the Board of ongoing framework refinements to ensure alignment with the Annual Plan and Risk Appetite. The internal Risk Committee would be reorganised to assess risks more thematically, and relevant issues would be addressed as appropriate.
- 110. The Board noted this regular report.

TB25/5/20 Trust Management Executive Report [TB2025.48]

- 111. The Board acknowledged the report, highlighting the interim AI Policy which was approved, noting that an updated version would be submitted for final approval in the future.

TB25/05/21 Audit Committee Report [TB2025.49]

- 112. The Audit Chair recommended adopting new Standard Financial Instructions (SFIs) subject to a final review of the limits of delegation, especially for Chief Officers.
- 113. Mr Dean highlighted the internal audit report on establishment controls with the outcomes to be discussed further with the internal auditors.
- 114. There was a need to improve stock controls and implement a new pharmacy stock system in order to provide the Board with assurance on the operation of these systems.
- 115. The Trust Board noted the report.

TB25/05/22 Integrated Assurance Committee Report [TB2025.50]

- 116. The Trust Board noted the report.

TB25/05/23 Fit and Proper Persons Annual Assurance [TB2025.51]

117. The Trust Board noted the report.

TB25/05/24 Declarations of Interests, Gifts and Hospitality [TB2025.52]

118. The Trust Board noted the report.

TB25/05/25 Consultant Appointments and Sealing of Documents [TB2025.53]

119. The Board noted the Medical Consultant appointments made by Advisory Appointment Committees under delegated authority and noted the signings that have been undertaken in line with the Trust's Standing Orders since the last report to the Trust Board at its meeting on Wednesday 12 March 2025.

TB25/05/26 Any Other Business

120. No additional business has been highlighted on this occasion.

TB25/05/27 Date of Next Meeting

121. A meeting of the Trust Board was to take place on **Wednesday 9 July 2025**.